

APPLICATION FOR PRE-TRIAL DIVERSION PROGRAM

(All answers must be completed to the best of your ability for consideration)

1. NAME: _____ PHONE: (_____) _____

ADDRESS: _____
(Street) (City) (State) (Zip Code)

LENGTH OF RESIDENCE AT CURRENT ADDRESS: _____

2. AGE: _____ DATE OF BIRTH: ____/____/____

3. GENDER: M / F RACE: _____

4. PLACE OF BIRTH: _____
(City) (State)

5. SOCIAL SECURITY NUMBER: _____ - _____ - _____

6. MARITAL STATUS: _____

SPOUSE'S NAME: _____ AGE: _____

SPOUSE'S EMPLOYMENT: _____

7. NUMBER OF CHILDREN: _____

NAMES: _____ AGES: _____

8. EDUCATION:

SCHOOL: _____ LOCATION: _____ GRADE OR DEGREE: _____

9. VOCATIONAL TRAINING: Y / N TYPE: _____

10. MILITARY SERVICE: Y / N BRANCH: _____

TYPE OF DISCHARGE: _____ DATE OF DISCHARGE: _____
(from active duty)

11. EMERGENCY CONTACT:

NAME: _____ PHONE: (_____) _____

ADDRESS: _____

RELATION TO DEFENDANT: _____

12. DEFENSE ATTORNEY:

NAME: _____ PHONE: (_____) _____

ADDRESS: _____

13. EMPLOYMENT: (MOST CURRENT TO PRESENT)

COMPANY NAME: _____ PHONE: (_____) _____

COMPANY ADDRESS: _____

DATE(S) EMPLOYED: _____ SALARY: _____

OCCUPATION: _____

14. PREVIOUS EMPLOYMENT HISTORY (List employment history for past two years)

PRIOR COMPANY NAME: _____ PHONE: (_____) _____

DATE(S) EMPLOYED: _____ SALARY: _____

REASON LEFT: _____

PRIOR COMPANY NAME: _____ PHONE: (_____) _____

DATE(S) EMPLOYED: _____ SALARY: _____

REASON LEFT: _____

15. PRESENT SOURCE OF INCOME:

DEFENDANTS INCOME: _____ SPOUSES INCOME: _____

UNEMPLOYMENT COMPENSATION: _____ PUBLIC ASSISTANCE: _____

PARENTS: _____ RELATIVES: _____ FRIENDS: _____ OTHER: _____

16. PRIOR OFFENSE RECORD: NONE / JUVINILE / ADULT

CRIMINAL HISTORY: (Begin with your first arrest. Include traffic violations only if they involve liquor and/or drugs; example – DUI, Transport Open Container, DWS, etc.)

17. PARENTIAL INFORMATION:

FATHER'S NAME: _____ PHONE: (_____) _____

ADDRESS: _____

DESCRIBE CURRENT RELATIONSHIP: _____

MOTHER'S NAME: _____ PHONE: (_____) _____

ADDRESS: _____

DESCRIBE CURRENT RELATIONSHIP: _____

18. SUMMARY: (State in your own words any details about this incident, the arrest/ticket, and why you would be a good candidate for the diversion program.)

I hereby apply for status as a participant in the diversion program. I request that the City Prosecutor temporarily delay trial against me in order to permit consideration of this application. I understand that the final decision to commence criminal proceedings or to defer prosecution in my case rests entirely with the City Prosecutor.

I authorize the diversion coordinator to conduct an investigation to determine suitability for this program. I understand that any information furnished or authorized by me in connection with this investigation will be kept confidential.

A false answer to any question in this application may be grounds for recommendation against placement into the diversion program or removal after placement, in which case, the City Prosecutor will resume prosecution of all original charges.

(APPLICANT'S SIGNATURE)

(DATE)

I authorize the City Prosecutor to conduct a background check which may include any past employment record. Additionally, I authorize any present and/or previous employers to furnish the City Prosecutor's Office any information upon request.

(APPLICANT'S SIGNATURE)

(DATE)

***** PERSONAL REFERENCES *****

NAME: _____ **PHONE:** (_____) _____

ADDRESS: _____

RELATIONSHIP TO DEFENDANT: _____

NAME: _____ **PHONE:** (_____) _____

ADDRESS: _____

RELATIONSHIP TO DEFENDANT: _____