

APPLICATION FOR PRE-TRIAL DIVERSION PROGRAM
(Please type or print clearly - ALL answers must be complete.)

Defense Attorney: _____ Court Date: _____
Case #: _____
Charge(s) _____

Full Name: _____ Phone: _____

Address: _____
Street City State Zip

Time at present address: _____ Living with _____ Relationship: _____

Age: _____ Birthdate: _____ Birthplace: _____ Sex: _____ Race: _____

Social Security #: _____ Driver License #: _____ State: _____

Present Employer/ Address/Phone _____

Occupation: _____ Date employed: _____ Salary/Wages \$ _____

Employment History (List all employment in the past 2 years)

| Employer | Dates of Employment | Reason for Leaving |
|----------|---------------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other Income \$ _____ Source: _____

List ALL prior criminal charges and arrests in this court or any other court:

Have you ever participated in a diversion program? _____ If yes, where and for what charges:

Do you have other charges pending in this court or any other court? _____ If yes, where and for what charges?

Have you ever participated in an alcohol/drug treatment program or other counseling (anger/shoplifting/money management etc)? _____ If yes, where and when? _____

State in your own words why the charges against you have been filed: _____

Marital Status: _____ Spouse's Name: _____ Occupation: _____

Number of dependents: _____ Names and ages: _____

Highest Grade or degree of education/vocational training completed: _____

Branch of military (if any): _____ Type & date of discharge: _____

Nearest contact (name/address/phone): _____

| Personal references: Name | Address | Phone |
|---------------------------|---------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Name of auto insurance company: _____ Policy #: _____
Agent's name & phone #: _____ Expiration Date: _____

I hereby apply for status as a participant in the diversion program and 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 City Prosecutor's office to conduct an investigation to determine eligibility for the program. I understand that any information furnished by me or authorized by me to be furnished to the investigator 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 this program or removal after placement in the program, in which case the City Prosecutor will resume prosecution of the original charges.

Date

Applicant's Signature

I authorize the City Prosecutor to conduct a background check of my past employment record and I authorize my present and previous employers to furnish the City Prosecutor's office with any information they request.

Date

Applicant's Signature