

College: _____ Highest Year/Degree Achieved: _____

MEDICAL HISTORY:

Are you presently under supervised medical care for any reason? _____

List any physical injuries which are of significance to this criminal/traffic case:

Psychological Services received, please list dates and providers:

CRIMINAL HISTORY:

Please list all offenses for which you have been arrested or charged with at any time and in any jurisdiction (including any pending criminal/traffic actions filed against you). Include offense(s) expunged, juvenile offenses adjudicated and alcohol related traffic offenses. This section applies even if the charges were dismissed or someone told you the charges would not be on your record.

MITIGATING FACTORS:

Please state any facts concerning the crime which might excuse your actions. _____

OTHER FACTORS TO CONSIDER:

Explain why you feel you could successfully complete the Diversion Program. (To be completed in the Defendant's own handwriting:

State in detail the facts which cause the charges to be filed. (To be completed in the Defendant's own handwriting). _____

ATTORNEY INFORMATION:

Please mark one of the following:

I am represented by counsel. My attorney's name and information is as follows:

Name of Attorney: _____ Phone: _____
Street Address: _____
City/State: _____ Zip Code: _____

I am not represented by counsel at this time.

I, solemnly swear that I have read the foregoing Diversion Application and all of the information is true and correct to the best of my knowledge. I understand that if any false or incorrect information provided on this form will result in a denial of diversion or revocation of the diversion agreement, if granted.

SIGNATURE OF DEFENDANT

Subscribed and sworn to me this _____ day of _____, 200__.

My Appointment Expires: _____

NOTARY PUBLIC

For Office Use Only:

\$25.00 Non-refundable fee received: _____ Receipt #: _____

Date Application received in office: _____

Next Court Date: _____