

**FRANKLIN COUNTY
JUVENILE DIVERSION APPLICATION**

In order for this application to be considered it must be received by: _____ (date)

Def. Attorney: _____ Returned by _____ Receipt No. _____

IN THE INTEREST OF:

DOCKET NO:

A MINOR UNDER THE AGE OF 18 YEARS

DIVERSION CASE NO:

DOB:

APPLICANT INFORMATION For FORMAL DIVERSION APPLICATION

1. Legal Name: _____

Any other names by which the juvenile has been known (alias/ step-parent):

2. Current Address: _____

Mailing Address: _____

City and State: _____

3. Telephone Number: Work _____ Home: _____

4. Social Security Number: _____

5. Race: _____ Sex: _____ Weight: _____ Height: _____

6. Date of Birth: _____ Place of Birth: _____

7. Age: _____ School: _____ Grade: _____

8. Parents: Father's Name: _____

Address: _____

Mother's Name: _____

Address: _____

9. Are parents divorced: _____ Which parent is custodial: _____

10. With whom do you make your home: _____

What is their relationship to you: _____

11. Nature of charges filed against you: _____

12. Respondent's statement of facts as to the charges: _____

13. Restitution: _____ Amount: \$ _____ Victim: _____

14. Court Date: _____

15. Have you been on Diversion before: _____ When: _____

What was the offense(s): _____

16. Have you ever been on Probation or Intensive Supervision before: _____

When: _____ What was the offense(s): _____

17. List all contacts with law enforcement:

18. Are you enrolled in school? Yes No

If yes, where are you currently enrolled in school? _____
(Please attach a copy of your most current grades to your application for diversion.)

If no, have you received a diploma or a GED and if so, when? _____
(Please attach a copy of your diploma or GED.)

19. Do you have any unexcused absences, tardies or disciplinary suspensions from school?

Yes No

If yes, please list all dates and/or the nature of the absence, tardy or suspension and a brief explanation:

20. If you are not attending school are you employed? Yes No

If yes, where are you employed? _____

How many hours a week do you work? _____ What is your rate of pay? _____

If no, why aren't you employed? _____

21. Attorney _____ Address: _____

City/State/Zip: _____ Phone: () _____

Fax: () _____ Appointed _____ Retained _____

Applicant Signature: _____

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

NOTARY PUBLIC