

## APPLICATION FOR PRETRIAL DIVERSION PROGRAM

(ALL ANSWERS MUST BE COMPLETE)

1. NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

LENGTH OF RESIDENCE AT PRESENT ADDRESS \_\_\_\_\_

2. AGE \_\_\_\_\_ 3. DATE OF BIRTH \_\_\_\_\_ 4. PLACE OF BIRTH \_\_\_\_\_

5. SEX \_\_\_\_\_ 6. RACE \_\_\_\_\_ 7. SOCIAL SECURITY NUMBER \_\_\_\_\_

8. MARITAL STATUS \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

9. NUMBER OF DEPENDENTS \_\_\_\_\_ NAMES AND AGES \_\_\_\_\_

10. EDUCATION: (List school name, location and grade or degree completed)

11. VOCATIONAL TRAINING \_\_\_\_\_ YES \_\_\_\_\_ NO TYPE \_\_\_\_\_

12. MILITARY SERVICE \_\_\_\_\_ YES \_\_\_\_\_ NO BRANCH \_\_\_\_\_

13. NEAREST CONTACT: RELATIONSHIP TO DEFENDANT \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

14. DEFENSE ATTORNEY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

15. PRESENT EMPLOYER \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE EMPLOYED \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ SALARY \_\_\_\_\_ WK/MO/YR

16. EMPLOYMENT HISTORY (Begin with last previous employer)

NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

17. PRESENT SOURCES OF INCOME: DEFENDANT'S EMPLOYMENT \_\_\_\_\_ SPOUSE'S EMPLOYMENT \_\_\_\_\_  
UNEMPLOYMENT COMPENSATION \_\_\_\_\_ PUBLIC ASSISTANCE \_\_\_\_\_ PARENTS \_\_\_\_\_  
RELATIVES \_\_\_\_\_ FRIENDS \_\_\_\_\_ OTHER \_\_\_\_\_ TOTAL MONTHLY INCOME \$ \_\_\_\_\_ WK/MO/YR

18. PRIOR OFFENSE RECORD: \_\_\_\_\_ NONE \_\_\_\_\_ JUVENILE \_\_\_\_\_ ADULT  
CRIMINAL HISTORY (Begin with first arrest and include traffic violations only if they involve liquor and drugs, i.e., DUI, transporting an open container, etc.)

19. PERSONAL REFERENCES (Name, address, telephone and relationship to you of 2 references you have known at least 1 year)

## INDEPENDENCE MUNICIPAL COURT

### APPLICATION FOR PRETRIAL DIVERSION PROGRAM

I hereby apply for status as a participant in the Diversion Program and request that the City Attorney delay trial against me in order to permit consideration of my application. I understand that the decision to commence criminal proceedings or to defer prosecution rests entirely with the City Attorney.

I understand that a false answer to any question in my application may be grounds for denial of Diversion or revocation of Diversion, if granted. If Diversion is denied or revoked, the City Attorney may resume prosecution of the charges pending.

I authorize court personnel, including, without limitation, \_\_\_\_\_, ADSAP, or his designee, to conduct an investigation to determine my suitability and eligibility for Diversion. I understand that information furnished by me or authorized by me to be furnished in connection with this investigation will be kept confidential.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Diversion Program Coordinator