

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

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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