**CITY OF CARBONDALE PROSECUTOR'S OFFICE**

Application for Diversion

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. \_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 Digits of SS# \_\_\_\_\_\_\_\_\_\_\_\_

Male \_\_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_\_ Race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status \_\_\_\_\_\_\_\_ Single \_\_\_\_\_\_\_\_\_ Married

\_\_\_\_\_\_\_\_ Widowed \_\_\_\_\_\_\_\_\_ Separated

If married, give spouse's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_

Dependants \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_

Offense charged \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of offense \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Highest grade completed in school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last school you attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When \_\_\_\_\_\_\_\_\_\_ List any degrees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vocational schools attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORK EXPERIENCE**

Present job \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per \_\_\_\_\_\_\_\_\_\_

**PREVIOUS WORK EXPERIENCE**

Previous job \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per \_\_\_\_\_\_\_\_\_\_

List the reason why you left \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you lived at the present address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the places you have lived and the dates you lived there, for the last five years

Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL HISTORY** (please list briefly)

Physical \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any previous (or current) psychiatric or psychological treatment or counseling received. Please state where and when (attached additional page if necessary).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FINANCIAL STATUS** (if unemployed, list any source of income)

Income from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIABILITIES**

How many dependents are living at home \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rent, mortgage payment per month $ \_\_\_\_\_\_\_\_\_\_\_\_

Car payment per month $ \_\_\_\_\_\_\_\_\_\_\_\_

Insurance payment per month Medical $ \_\_\_\_\_\_\_\_\_\_\_\_ Automobile $ \_\_\_\_\_\_\_\_\_\_\_\_

Food expense (estimate) per month $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utility payments per month $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Debts (loans, credit cards, etc.) per month $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Court ordered debts per month $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other expenses per month $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREVIOUS CRIMINAL RECORD** (attach additional page if needed)

Please list offense, where and when.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please answer the following:

Do you drink alcoholic beverages \_\_\_\_\_ YES \_\_\_\_\_ NO

If so, what \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At what age did you start drinking \_\_\_\_\_\_\_\_\_\_\_\_

Do you drink alcoholic beverage (circle one)

Daily Weekly Social Occasions

Were you drinking before or when the present offense occurred \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you still drinking \_\_\_\_\_ YES \_\_\_\_\_ NO

Has anyone ever told you that you drink too much \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever thought you might be drinking too much \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, when and where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MITIGATING CIRCUMSTANCES**

Please state any mitigating factors concerning the crime with which you are charged

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Please explain why you would like to be in the Diversion Program and why you would be successful if placed on Diversion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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With what offense(s) have you been charged? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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State in detail the facts which caused charges to be filed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I have read the foregoing application. All of the information is true and correct. I understand that if I am accepted for Diversion, I will be required to give up my right to a speedy trial and that I will be required to stipulate in the Diversion Agreement to the facts on which the case is based. I also understand that in the event the Diversion Agreement is revoked for my failure to comply with the terms of the Diversion Agreement, I give up my right to a jury trial and the trial to the court will be based on the stipulation of facts contained in the Diversion Agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT**