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

_____
_____
_____
_____

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

_____
_____
_____

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.

_____
_____
_____
_____

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

_____
_____
_____
_____

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

_____
_____
_____
_____

With what offense(s) have you been charged? _____

_____
_____
_____

State in detail the facts which caused charges to be filed _____

_____
_____
_____
_____

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