

In the matter of, _____, Cochise County Adult Diversion Program

case # _____

ADULT DIVERSION PROGRAM OBLIGATIONS

The following is a list of obligations that you must understand before you can make an application for the Cochise County Attorney's Adult Diversion Program. These conditions will also apply if you are accepted into the Program.

1. _____ Involvement in the Program is voluntary. I may withdraw from consideration or participation in the Program at any time and understand that I will then return to Court for this offense.
2. _____ Truthfulness is important in determining acceptance into the Program. All information given in the application and during the interview will be reviewed and verified. Any intentional falsifications or omissions may result in rejection or revocation. It should also be understood that during diversion consideration and/or participation there is no confidentiality of information.
3. _____ Upon **acceptance** into the Program, I will have to make a Statement of Facts in writing and/or on tape, admitting the offense. Should I not, for any reason, satisfactorily complete the Program, or should prosecution be resumed against me, **THE STATE INTENDS TO USE THE STATEMENT AGAINST ME IN ALL FUTURE COURT PROCEEDINGS.**
4. _____ Should I be **rejected** from the Program, information I may have given or the fact that I applied would not be used against me by the prosecutor in the case but may be used for impeachment purposes if I tell a different story in court.
5. _____ I must not leave the State without first receiving consent from this office and from the court through my attorney.
6. _____ I must not knowingly associate with persons who violate the law, and I must not violate the law again or I may be prosecuted for both the new offense and for this offense.
7. _____ I must cooperate with and report to this office as requested. I must meet all of the conditions of my individual program, and I must also cooperate with any agency to which I am referred.
8. _____ I understand that failure to fulfill any of these obligations may be considered sufficient cause for my rejection or revocation by the Cochise County Attorney's Adult Diversion Program, and that I may then go to court for this offense.
- 9.

Signature of Applicant: _____ Date: _____

**APPLICATION FOR THE COCHISE COUNTY ATTORNEY'S
ADULT DIVERSION PROGRAM**

All questions must be answered completely; if the question does not apply, mark N/A which means not applicable. Be **ACCURATE, COMPLETE** and **TRUTHFUL**.

PLEASE PRINT

Name: _____
 first middle last

Address: _____
 Street/P.O. Box City State Zip

Hm. Tel. No.: _____ Wk. Tel. No.: _____ Mobile: _____

Primary Email address: _____

If unable to reach me contact:

Name _____ Relationship _____

Address _____ Tel. No. _____

Who is your attorney? _____ (No Attorney) (Private) (Appointed)

PERSONAL DATA:

Age _____ Date of Birth _____ Place of Birth _____

Gender _____ Height _____ Weight _____ Hair _____ Eyes _____

Social Security Number _____ Dr. Lic. No. _____

MARITAL HISTORY: (Circle One)

Single / Married / Divorced / Separated / Widowed / Other _____

Present Spouse _____ Maiden Name _____

Age _____ Address _____

No. of years married to present spouse _____

Nature of relationship with spouse (Circle One): Good / Adequate / Poor

CHILDREN: Indicate the relationship to you (you and your spouse’s children, your Children from a previous marriage, your spouse’s children from a previous marriage, foster children.)

Full Name	Sex	Age	Address

FAMILY HISTORY:

Father _____ Age _____ Place of Birth _____

Address _____ Occupation _____

Street City State

Mother _____ Age _____ Place of Birth _____

Address _____ Occupation _____

Street City State

Stepparent _____ Age _____ Place of Birth _____

Address _____ Occupation _____

Street City State

BROTHERS / SISTERS:

NAME	M/F	AGE	ADDRESS

What is your current relationship with: (Circle one answer)

Father:	Good	Adequate	Indifferent	Bad	None
Mother:	Good	Adequate	Indifferent	Bad	None
Brother/s:	Good	Adequate	Indifferent	Bad	None
Sister/s:	Good	Adequate	Indifferent	Bad	None

Are your parents aware of your present offense? Yes _____ No _____

EDUCATION:

Do you have a high school education? Yes ___ No ___ GED ___

Circle highest grade completed:

Less than: 8th 9 10 11 12 College: 1 2 3 4+

List any high school, colleges, business schools, trade schools attended starting with the most recent one.

SCHOOL NAME	ADDRESS	DATES ATTENDED/DIPLOMA
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HOUSING:

With whom are you living at the present time? _____

Alone with parents spouse friend (name) _____

Amount of rent/mortgage \$ _____

How long have you resided at the present address? _____

How long have you resided in Cochise County? _____

How many places have you lived in the past year? _____

EMPLOYMENT HISTORY: (Circle One)

Employed Unemployed Occupation _____

Are you satisfied with your present employment? Yes___ No___

Starting with your present employment, list your employment for the last two years. If unemployed, start with your most recent employment.

Employer	Address	Type of work	From - To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FIXED INCOME AND EXPENSES:

<u>Net Monthly Income</u> <u>After Deductions</u>	<u>Fixed Monthly Expenses</u>
Yours \$ _____	Mortgage or Rent \$ _____
Spouse \$ _____	Utilities (average) \$ _____
Child Support \$ _____	Car Payment \$ _____
Interest / Dividends \$ _____	Insurance \$ _____
Other \$ _____	Other \$ _____

PREVIOUS INVOLVEMENT WITH LAW ENFORCEMENT:

Have you ever been arrested before as an adult? Yes ___ No ___

If so, charge/s: _____

Where? _____ Date: _____

Disposition _____

Do you have any outstanding traffic tickets? Yes ___ No ___

If so, citation/s: _____

Where? _____ Date: _____

PHYSICAL AND EMOTIONAL HEALTH: (Circle One)

Excellent *Good* *Poor* (Explain) _____

Do you have any disabilities, chronic illness or problem? _____

If so, please list: _____

Are you presently under a doctor's care? Yes ___ No ___

Have you ever had psychiatric or other mental health care? Yes ___ No ___

ALCOHOL AND DRUG USE:

Describe your drinking habits – Past and Present _____

Have you ever used Marijuana, Narcotics or Dangerous Drugs of any Kind?

Yes ___ No ___ If so, please describe _____

MILITARY HISTORY:

Branch of Service _____ Date Entered _____

Date of Separation _____ Type / Discharge _____

Are you eligible for G. I. benefits? Yes ___ No ___

I certify that the information I have provided is truthful and accurate, and I understand that providing the Adult Diversion Program with inaccurate or dishonest information may be sufficient cause to reject my application or later revoke me from the Diversion Program.

Signature of Applicant

Date

