





**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: 8<sup>th</sup> 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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: \_\_\_\_\_





**ADULT DIVERSION PROGRAM – VOLUNTARY DIVERSION AGREEMENT**

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APPLICANT:

APPLICANT’S ATTORNEY:

ADULT DIVERSION:

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On this date the above named person having made an application for the status of Diversion Participant, and having been recommended for that status by the Adult Diversion Program, and the County Attorney believing that this person is not likely again to engage in an offensive or criminal course of conduct and that the public good does not require that this person be prosecuted at this time.

THEREFORE, the County Attorney accepts the said person’s application and agrees that he/she be placed on Voluntary Diversion Participation Status under the supervision of the above named department/program, and on the conditions set forth below.

IT IS FURTHER AGREED by the County Attorney that said person, during the diversion participation period herein fixed, shall abide by the following conditions, which conditions he/she has voluntarily agreed to as attested by his signature below.

I, \_\_\_\_\_, hereby voluntarily agree to abide by the following conditions of Diversion Participation for a period of \_\_\_\_\_ months from and after the date approved herein by the County Attorney.

- 1) To make a truthful report to the Diversion Director, and make a written statement regarding my culpability in the Diversion offense, and I understand that this Statement of Facts can be used against me in any Court proceeding if I should not satisfactorily complete the program, for any reason.
  
- 2) To participate in \_\_\_\_\_ hours of community restitution/service as directed and to hold harmless the County of Cochise, a body politic of the State of Arizona, its board members, officers, employees, agents and other officials and any employer to whom I am assigned to perform any work, or any employee or agent thereof, from all, damages, losses, expenses, or claims for bodily injury, sickness, disease, death, personal injury or property damage sustained by me and arising out of, resulting from the performance or furnishing of work or services under this Agreement.
  
- 3) To attend counseling sessions and/or complete an educational program that will be administered independently of the Adult Diversion Program, as directed. I understand the type of counseling and/or classes to be completed are at the sole discretion of the Adult Diversion Program, and that non-attendance or failure to complete the counseling/classes will be good cause to terminate me from the Adult Diversion Program. Furthermore, I understand that attending counseling and/or classes will be done at my own expense and that the Adult Diversion Program will not assist me with any resulting fees, transportation or any other costs arising from my attendance.

- 4) To be subjected to random testing, at the sole discretion of the Adult Diversion Program. I understand that the Adult Diversion Program may require that I provide a sample of my urine or bodily fluid for evaluation by an independent agency, and that I will be responsible for any fees, transportation and other expenses related to this testing. The tests may be required more than once, and must be completed within 24 hours of the request. I understand that failure to be tested within 24 hours of the request and/or failing the said test will result in my termination from the Adult Diversion Program.
  
- 5) To remain fully employed while in the Adult Diversion Program. I understand that it is my responsibility to be a productive citizen by maintaining full time employment (40 hrs/wk) or its equivalent (as determined by the Adult Diversion Program), and that my failure to do so will result in my termination from the Adult Diversion Program.
  
- 6) To pay all Adult Diversion fees in full prior to my successful release from the program, and to pay all restitution as directed prior to my successful release from the program. I understand that failure to pay will result in my termination from the Adult Diversion Program.
  
- 7) To abide by all other terms and/or conditions required of me by the Adult Diversion Program, including but not limited to law abiding behavior and the reporting of any law enforcement contact. I understand that entry into the program is an opportunity that represents my chance to correct my mistake and take full responsibility for my prior illegal behavior/s.

I have read the foregoing diversion participation agreement and acknowledge receipt of a copy thereof. I have discussed with my attorney all of the ramifications associated with participation in this program, including waivers of applicable constitutional rights, and I understand that my agreement to abide by the above conditions of diversion participation is voluntarily made on my part. I fully understand that should I fail to abide by all of the above conditions I shall, thereby, have voluntarily terminated my status as a Diversion Participant.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Attorney: \_\_\_\_\_

Date: \_\_\_\_\_

Adult Diversion: \_\_\_\_\_

Date: \_\_\_\_\_

