

OFFICE OF THE
COCHISE COUNTY ATTORNEY
ADULT DIVERSION PROGRAM

P.O. Drawer CA
Bisbee, Arizona 85603



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COCHISE COUNTY ADULT DIVERSION PROGRAM

REPORT FORM

MAIL/DELIVER AS DIRECTED

(Failure to report can result in revocation from the program)

Name: _____ Email: _____

Address _____ / _____
(Street/P.O. Box) (City) (State) (Zip) (Phone)

1. I live: Alone/ With Parents/ Spouse/ Friend (Name) _____
(Circle One) _____

2. Means of transportation: (Circle One) Car/ Bus/ Motor Cycle/ Bicycle/
Other _____

3. I am reporting for the month of _____

4. I am/am not employed. Place: _____

5. Type of work I am doing: _____

6. Earnings: \$ _____ per: Hour/ Week/ Month (Circle One)

Have you been arrested during the past month? _____

Have you had any problems or difficulties during the past month? _____
(Yes/No)

If the answer is "Yes" describe details on reversed side.

Are you enclosing a payment on restitution and/or supervision fee? _____
(Payment must be made payable to "Adult Diversion Program" (Yes/No)
by **Money Order ONLY** no checks or cash accepted.)

If not, why not? _____
(If not, please include an explanation on the back of this form detailing how when you intend to become current.)

Signature _____

Date _____