APPLICATION FOR PARTICIPATION IN THE CLARK COUNTY PROSECUTOR'S DIVERSION PROGRAM

GENERAL NAME _ PHONE First Middle Last Maiden Home PHONE ADDRESS Cell Number Street City State Zip Code SOCIAL SECURITY NUMBER ____-_ BIRTHDATE ____ HEIGHT WEIGHT SEX RACE List another person through whom you can be reached: Relationship Phone Name Street City State Zip Code Are you a resident of Clark County? _____ If yes, how long? _____ Where were you born? Have you ever lived outside of Clark County? ____ Where? ____ Are there any other charges pending against you in this or any other court? If yes, what and where are those charges? Do you have a valid Ohio driver's license? ____ License # ____

Do you own an automobile? License Plate #

Year ____ Make ___ Model ____

FAMILY BACKROUND

Marital Status (Check	•			Single Widowe			•	ated		
Current Residence (Ch				_Apartm				Dc	ormitory	
What amount do you pay	y per montl	h to live	there?_						-	
How long have you live	d there?								-	
Prior Residence?									_	
Who do you live with?	Name			Age		Relation				
Your children who do NOT live with you?	Name				Age					
EDUCATION										
Check last year complete	ed:1	2	_34	5	_6	_78	9	_10	_11	12
College:	1	2	34	4						
Fechnical:	1	2	34	4	Did y	ou grad	uate?			
Name, address and dates	of school	s attend	ed:							
High School:				From			to			
College :				From			to			,
Oth one				Erom			to			

EMPLOYMENT		
Present Employment		
Past Employment- Lis	st recently held posi	tions and duties performed:
Name of Company	Date	Description of Duties & Responsibilities
		·
If you are currently work	ing, how much do y	ou earn per month?
If you are receiving unemper month?		ation or welfare, how much to you receive
What skills or special train	ning to you have? _	
		nent, Welfare, ADC, disability income, contributions, etc):
Source		Amount per month

debts, charge accounts, etc.)	
Monthly bills	Amount paid per month
	Total:
HEALTH	
Rate your health (Check one):E	xcellentGoodFairPoor
Rate your health (Check one):E	
•	xcellentGoodFairPoor l problems that you have:
Briefly describe any physical or emotional	
Briefly describe any physical or emotional	l problems that you have:
Briefly describe any physical or emotional	l problems that you have:
Briefly describe any physical or emotional Do you have a family physician?	l problems that you have:
Briefly describe any physical or emotional Do you have a family physician? Doctor's name and address:	Are you under a doctor's care?
Do you have a family physician? Doctor's name and address: Do you feel you may have a drug or alcohology.	Are you under a doctor's care?
Do you have a family physician? Doctor's name and address: Do you feel you may have a drug or alcohology.	Are you under a doctor's care? ol problem? attment for the use of drugs or alcohol?
Briefly describe any physical or emotional Do you have a family physician? Doctor's name and address: Do you feel you may have a drug or alcoholated the sound of agency: If so, name of agency:	Are you under a doctor's care? ol problem? attment for the use of drugs or alcohol?
Briefly describe any physical or emotional Do you have a family physician? Doctor's name and address: Do you feel you may have a drug or alcoholate you ever received counseling or treatif so, name of agency: Have you ever seen a psychiatrist or psych	Are you under a doctor's care? ol problem? atment for the use of drugs or alcohol?

PRIOR RECORDS			
Adult Prior Records	Date	City & State	Result
		C'to 8 State	
		City & State	
State in your own words wh	at <u>YOU DID</u> a	nd how <u>YOU</u> became in	volved in THIS

MILITARY SERVICE

Branch and Activity	Dates
	duties that you performed:
Type of discharge:	
Are you eligible for any G.I. Benefits?	If so, what?
	the reasons?
I CERTIFY THAT ALL OF THE ABOVE I TO THE BEST OF MY KNOWLEDGE.	NFORATION IS TRUE AND CORRECT
	Signature
	Date