

QUESTIONNAIRE/APPLICATION for the Juvenile Diversion Program

- A. Explain why you believe the Juvenile Diversion Program would benefit you in preventing you from committing another offense.
- B. Explain, in detail, why you feel you could successfully complete the diversion program.
- C. Have you ever participated in any type of a diversion program for any other offense? Yes No
If yes, please list below the location, date, and nature of the offense.
- D. Please list all prior offense(s). List where and when the offense(s) occurred.

I have read the above application and hereby swear or affirm that I have answered all questions truthfully and correctly. I understand that if any of the foregoing information I have given is not true and correct, this will be a basis for denial or termination from participation in the diversion program.

Applicant's Printed Name

Signature

Date

Custodial Parent's/Guardian's Printed Name

Signature

Date

*Non-custodial parent CANNOT sign for juvenile. If the parents have joint custody, please complete the following information:

Father: Name _____ Address _____ Phone# _____

Mother: Name _____ Address _____ Phone# _____