

PRETRIAL DIVERSION PROGRAM FORM

Pretrial Diversion Program Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____ Social Security Number: _____

Charge: _____ Cause Number: _____

1. Have you ever been convicted of a crime? Yes No

If yes, explain: _____

2. Have you ever been charged or arrested for a crime? Yes No

If yes, explain: _____

3. Have you ever participated in a Pretrial Diversion Program before this incident? Yes No

If yes, explain when and where: _____

4. Are you represented by legal counsel? Yes No

If yes, whom? _____

Next court date: _____