

**Pre-Trial Diversion Program Applicant
Contact Information and Checklist**

Notice: Please print legibly. We must be able to contact you in a reasonable period of time. We will not spend a lot of time trying to find you. If we can't contact you, you probably won't be a good candidate for this program.

Full Name _____

Cause No. _____ : **Offense:** _____

Date of Birth _____ **Sex** _____ **Race or Ethnicity** _____

Social Security Number _____ **Drivers License #** _____

Your Address _____

Home Phone# _____ **Cell Phone#** _____

EMAIL Address _____

Place of work _____

Work Phone# _____ **What is your weekly take home salary?** _____

Nearest Relative or Friend _____

Phone _____ **Work Phone#** _____

Attorney's Name _____

For Office use only below this line

APPLICATION AND WAIVER _____

AGREEMENT DOCUMENT _____

STIPULATION OF EVIDENCE _____

COURT NOTIFICATION _____

PROSECUTOR NOTIFICATION _____

DEFENSE ATTORNEY NOTIFICATION _____

CCH or RAP _____ Copy to Probation _____

ILEADS RAP _____

SOD _____

TCSO _____ ATTORNEY WAIVER _____

ADMIN FEE PAID _____

FLAG ODYSSEY FOR PTD _____