



APPLICATION FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

What is your approximate household income?

Income options: \$0-\$9,999, \$10,000-\$24,999, \$25,000-\$39,999, more than \$40,000

Ethnicity (Please Circle): Hispanic/Latino, Black/African American, White/Caucasian, American Indian, Asian/Pacific Islander, Unspecified (Other)

Are you currently or have you ever been enlisted in any branch of the military? Yes No

EMPLOYMENT/EDUCATION

Are you employed? Yes No

If yes, please check: full-time part-time

Name of employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you a student? Yes No

If yes, please check: full-time part-time Name of School: \_\_\_\_\_

Did you graduate from high school? Yes No

If no, please explain: \_\_\_\_\_

HEALTH

How would you rate your health? Excellent Average Poor Very Poor

Are you currently taking any medication? Yes No

If yes, please list the medications and reason for use: \_\_\_\_\_

Do you have any physical limitations or have you been diagnosed with a mental health disorder or substance abuse disorder? Yes No

If yes, please explain: \_\_\_\_\_

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**SUBSTANCE ABUSE**

Do you smoke or use smokeless tobacco products?  Yes  No Packs per day? \_\_\_\_\_

Have you consumed alcohol?  Yes  No

If yes, indicate first time used and last time used: \_\_\_\_\_

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Have you used any other drugs?  Yes  No

If yes, indicate first time used and last time used: \_\_\_\_\_

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Were you under the influence of drugs or alcohol when you committed your offense?  Yes  No

If yes, please explain: \_\_\_\_\_

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**ASSURANCES**

I have completed this application and the information I have provided is true. I understand that any misrepresentation of the information I have provided may constitute rejection of my application for the Pretrial Diversion Program or may cause immediate termination from the Pretrial Diversion Program at any time after I am accepted.

Participant's Signature

Date

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**ACKNOWLEDGEMENT OF PROGRAM IMMUNITY**

I acknowledge that the employees, volunteers and community service providers involved in the Seward County Pretrial Diversion program are not liable for any personal injury I may sustain while working to complete the requirements of the program.

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Diversion Participant's Signature

Date

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Parent's/Guardian's Signature

Date

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Parent's/Guardian's Signature

Date



Constitutional Rights Assurances

The purpose of this questionnaire is to assure that you understand your legal rights before entering the Pretrial Diversion Program. Please complete the following:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Citation \_\_\_\_\_ Date of Citation \_\_\_\_\_
(State the offense)

Circle the appropriate response:

- 1. Do you understand that the program is voluntary and that you are under no legal obligation to participate in the Pretrial Diversion Program? YES NO
2. Do you understand that you are not admitting guilt by entering the Pretrial Diversion Program? YES NO
3. Do you understand that if you so choose, you have the right to appear in court on this offense? YES NO
4. Do you understand that if you choose to go to court, you have the right to:
a. A speedy trial? YES NO
b. Confront and cross-examine your accusers? YES NO
c. To summon witnesses on your behalf? YES NO
d. To remain silent or to testify? YES NO
e. To an attorney? YES NO
f. To have the State prove your case beyond a reasonable doubt YES NO
5. Do you understand that you are voluntarily setting aside your right to a speedy trial on this offense while participating in the Pretrial Diversion Program YES NO
6. Do you understand that if you are accepted and successfully complete this program, the County Attorney will not prosecute you for this offense? YES NO
7. Do you understand that if you knowingly give false or incomplete information, or if you withhold any information to questions asked of you at any time (including written questions), you may be dropped from the program and immediately referred back to the County Attorney for prosecution of this offense? YES NO
8. Do you understand that if you do not complete the program successfully, or if you voluntarily withdraw from the program before it is successfully completed, your case will be immediately referred back to the County Attorney for prosecution of this offense? YES NO
9. Do you fully understand all of the questions you have been asked? YES NO

Signed \_\_\_\_\_ Date \_\_\_\_\_
(participant)

Signed \_\_\_\_\_ Date \_\_\_\_\_
(parent/significant adult-indicate relationship)



**Record Retention/Statement of Disclosure**

Upon completion of the Pretrial Diversion Program, your file will be retained for five (5) years. After the time period has lapsed, your file will be destroyed except for a copy of the completion certificate.

If you are terminated from Pretrial Diversion, arrested or commit another criminal offense after Pretrial Diversion is completed, information can be released to proper authorities (Law Enforcement, Probation Officers, County Attorney or other Pretrial Diversion Programs) regarding your participation in the program.

After successful completion of Pretrial Diversion, confirmation can be given to proper authorities of your completion of the Pretrial Diversion Program. Proof of your completion may be provided pursuant to a lawful request.

Your signature on this form signifies and consents to the policy outlined.

PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_



RELEASE OF INFORMATION

The purpose of client information is to determine participant's needs in the diversion program, and to document progress. All client information is confidential. No information may be released to third parties without written authorization as expressed below, except in cases of suspected child abuse and neglect and court subpoenas.

I hereby authorize: Seward County Pretrial Diversion, 261 S 8th Street, #211, Seward, NE 68434

Empty square box for signature or mark

To release information to:

- Deputy Seward County Attorney or Seward County Attorney
School Personnel K-12
Mental Health Care Providers
Medical Health Care Providers
Drug and Alcohol Treatment Providers
Other

Purpose or need for disclosure: Case Planning, Insurance, Follow up, Court Proceedings, and Pretrial Diversion Services.

This authorization to release information will be effective for 1 year from the date of this release. I further understand that this authorization may be revoked by me at any time by my notice in writing, to the Seward County Pretrial Diversion Program Director.

Signed \_\_\_\_\_ Date \_\_\_\_\_
(Diversion Participant)

Signed \_\_\_\_\_ Date \_\_\_\_\_
(parent/significant adult-indicate relationship)

Signed \_\_\_\_\_ Date \_\_\_\_\_
(parent/significant adult-indicate relationship)

Diversion Representative \_\_\_\_\_ Date \_\_\_\_\_