

IOWA COUNTY SHERIFF'S OFFICE DIVERSION PROGRAM APPLICATION

PERSONAL INFORMATION						
NAME: LAST			FIRST		MI	DATE:
RESIDENTIAL ADDRESS:			CITY		STATE	ZIP CODE
DATE OF BIRTH:	SEX:	RACE:		HEIGHT:	WEIGHT:	
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?	PHONE:	(HOME)	(CELL)	(E-MAIL)		
ARE YOU THE HOME OWNER?		ARE YOU ON THE LEASE FOR THE RESIDENCE?		ARE YOU CURRENTLY EMPLOYED?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		
MARITAL STATUS: MARRIED DIVORCED SINGLE						
PROVIDE FULL NAMES AND DATE OF BIRTH FOR ALL ADULTS RESIDING AT YOUR RESIDENCE:						
LAST	FIRST	MI		DATE OF BIRTH	RELATIONSHIP	
LAST	FIRST	MI		DATE OF BIRTH	RELATIONSHIP	
LAST	FIRST	MI		DATE OF BIRTH	RELATIONSHIP	
LAST	FIRST	MI		DATE OF BIRTH	RELATIONSHIP	
EMPLOYMENT INFORMATION						
EMPLOYER:					PHONE:	
ADDRESS:					IMMEDIATE SUPERVISOR:	
LENGTH OF EMPLOYMENT:						
WORK SCHEDULE:			LEAVE TIME:	RETURN TIME:		
TRANSPORTATION ARRANGEMENTS: (INCLUDE NAMES, MODE OF TRANSPORTATION)					SALARY/WAGE:	
1		2				
DOES YOUR JOB LOCATION VARY?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
DOES YOUR SUPERVISOR WORK ON SITE WITH YOU?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
DOES YOUR JOB TAKE YOU OUT OF THE COUNTY?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
ARE YOU SELF EMPLOYED? (PROOF REQUIRED)			YES <input type="checkbox"/>	NO <input type="checkbox"/>		

COUNSELING/TREATMENT

HAVE YOU EVER HAD MENTAL HEALTH OR DRUG OR ALCOHOL ABUSE COUNSELING? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, PLEASE EXPLAIN:
WHEN WAS THE LAST TIME ALCOHOL WAS CONSUMED?	HOW FREQUENT?
WHEN WAS THE LAST TIME YOU USED ILLEGAL DRUGS?	IF SO, WHAT TYPE/FREQUENCY?
ARE YOU CURRENTLY ATTENDING ANY TYPE OF GROUP OR INDIVIDUAL COUNSELING/TREATMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, PLEASE LIST TYPE, AGENCY, AND CONTACT PERSON:
ADDRESS:	
CLASS SCHEDULE:	
TRANSPORTATION ARRANGEMENTS: (INCLUDE MODE OF TRANSPORTATION AND TRAVEL TIMES)	
LIST CURRENT MEDICATIONS:	
LIST ANY DISABILITIES, MEDICAL PROBLEMS/CONDITIONS:	

SENTENCE INFORMATION

WHAT IS THE CHARGE(S) YOU ARE SERVING FOR :	LENGTH OF YOUR SENTENCE:	
LIST ANY PENDING CHANGES AND CASE NUMBERS:		
ARE YOU CURRENTLY ON PROBATION/PAROLE? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, FOR WHAT CHARGES:	AGENTS NAME:

ADDITIONAL INFORMATION

DO YOU HAVE ANY SPECIAL FAMILY CIRCUMSTANCES WE SHOULD KNOW ABOUT?

ADDITIONAL INFORMATION

PROVIDE A SHORT EXPLANATION FOR YOUR REASON TO PARTICIPATE IN THIS PROGRAM

REQUIRED INFORMATION

ARE THE ADULTS LIVING AT YOUR RESIDENCE WILLING TO COOPERATE AND ABIDE BY THE CONDITIONS OF THE ELECTRONIC MONITORING PROGRAM? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE THERE ANY FIREARMS IN YOUR RESIDENCE? (ANY DEVICE THAT SHOOTS A PROJECTILE) YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, ARE YOU WILLING TO REMOVE THEM DURING THE TIME YOU PARTICIPATE IN THE ELECTRONIC MONITORING PROGRAM? YES <input type="checkbox"/> NO <input type="checkbox"/>
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AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I hereby certify that the statements herein are true and realize any falsification may result in denial of my application. I also authorize the Sheriff's Office to make whatever contact and investigation deemed necessary to confirm the above information, including contacting my employer or school. In addition, I authorize release to the Sheriff's Office all confidential records and information concerning myself, which would have a bearing on my eligibility for the program. This authorization will terminate upon my final release date or program denial. Consent subject to revocation at any time and will expire automatically upon release.

SIGNATURE:	DATE:
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OFFICE USE ONLY

ACTIVE WARRANTS:	DOMESTIC CONVICTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>	VICTIM NAME(S)
ANY RESTRAINING ORDERS OR INJUNCTIONS:	ANY PAST BEHAVIORAL REPORTS (ATTACH TO APPLICATION):	
RECOMMENDED FOR APPROVAL YES <input type="checkbox"/> NO <input type="checkbox"/>	CO MAKING RECOMMENDATION:	DATE:
APPROVED FOR PROGRAM YES <input type="checkbox"/> NO <input type="checkbox"/>	ADMINISTRATOR APPROVING:	DATE: