

**7<sup>th</sup> JUDICIAL DISTRICT ADULT DIVERSION PROGRAM**  
**APPLICATION FORM**

The information you provide in this application will not be used as evidence against you in any prosecution. It is imperative to be completely truthful and thorough in completing this application to receive appropriate and full consideration. Save and then email Application to [mcrick@deltacounty.com](mailto:mcrick@deltacounty.com).

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
(if different): \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have a current arrest or charge in the 7<sup>th</sup> Judicial District?      Yes      No

Years of Education: \_\_\_\_\_ Are you enrolled in any education/training programs?      Yes      No  
List any degrees, special training, or certifications that you currently have:

Are you employed?      Yes      No      If yes, where: \_\_\_\_\_  
Do you have children?      Yes      No      Are you married?      Yes      No  
Do you have obligations to pay support (child support, alimony, etc.)?      Yes      No  
Are you responsible for the care or financial support of anyone besides yourself? If so, please explain:

Do you have family or friends who you believe would be willing to assist or support you in completing the Adult Diversion Program? If so, please explain:

Do you have a stable place to live? \_\_\_\_\_ Do you rent or own? \_\_\_\_\_  
Monthly cost of rent/mortgage: \_\_\_\_\_ Number of housemates, if any: \_\_\_\_\_  
Any income other than from employment? \_\_\_\_\_  
Other debt besides housing costs or support payments, such as credit card debt, vehicle loans, student loans, bank loans, medical bills, etc.? \_\_\_\_\_  
Do you own a vehicle suitable for regular commuting in your area? \_\_\_\_\_  
Do you have reliable access to a computer or device for internet access? \_\_\_\_\_

Do you have any form of health insurance?      Yes      No  
Do you have a primary medical doctor?      Yes      No  
Do you have a therapist or other mental health provider?      Yes      No  
Do you have any health condition (physical, emotional, or mental) that you believe interferes with your ability to live the life you want to have or that you believe causes you problems with the law? If so, please explain:

Have you ever received any services for substance abuse or mental health issues? If so, please explain:

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Have you ever been arrested or charged with any crime other than a minor traffic ticket? If so, please explain:

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Have you even been sentenced to jail?      Yes      No

Have you ever been on probation?      Yes      No

Please describe what you believe are the factors that most contribute to you being involved in the criminal justice system:

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What do you hope to achieve in the Adult Diversion Program?

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What would your challenges or difficulties be if you are accepted into the Adult Diversion Program?

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Date of Submission: \_\_\_\_\_