

Application for Diversion Programs

Full Name of Defendant: _____

Date of Birth: _____ Social Security: _____

Case Number: _____

Next Court Date and Judge: _____

In Custody or Out of Custody

Out of Custody Phone Number: _____

Please mark which program you would like to apply for:

- Drug Court
- DUI Court
- Mental Health Court
 - Current diagnosis: _____
 - Where/who diagnosed them: _____

*****Application CANNOT be made to MHC without the above information!*****
- Female Diversion
- ReMerge
 - List number of children and ages: _____
 - Is the defendant currently pregnant? Yes No
- Veterans Diversion Program / Veterans Treatment Court

*****Please begin the process of obtaining a DD-214!*****
- Community Sentencing

Notes: _____

- Please return this application to **Kimberly Biard** in the Public Defender's Office.
- It is the responsibility of out of custody clients to complete an Offender Screening.
- Applications will be forwarded on to the appropriate program upon receipt of the Offender Screening.

Attorney: _____ Date: _____

Phone Number: _____ Email Address: _____