



JUVENILE APPLICATION FORM

Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____ E-Mail Address: _____

Ethnicity (please circle): Hispanic/Latino Black/African American White/Caucasian
American Indian Asian/Pacific Islander Unspecified (Other)

FAMILY CIRCUMSTANCES AND PARENTING

List your family members (indicate relationship):

_____ live at home? [] Yes [] No
_____ live at home? [] Yes [] No
_____ live at home? [] Yes [] No
_____ live at home? [] Yes [] No
_____ live at home? [] Yes [] No
_____ live at home? [] Yes [] No

Are your parents divorced? [] Yes [] No

If yes, who has custody of you? [] Mother [] Father [] Other _____

Describe the type of person your father is: _____

Describe your relationship with your father: _____

Describe the type of person your mother is: _____

Describe your relationship with your mother: _____

How do you feel about your parents? _____

Do you get along with your parents? Do you argue or fight alot? If so, what about? _____

How did your parents react to your current offense? _____

Describe your relationship with your brothers and sisters: _____

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: _____

EMPLOYMENT/EDUCATION

Are you employed? Yes No If yes, please check: full-time part-time

Name of employer _____ Work Phone: _____

Name of School: _____ Grade: _____

PowerSchool Login: _____ PowerSchool Password: _____

How would you describe your attendance in school during the past year? (Circle one)

Poor Good Could be better Average Excellent

Are you currently failing any subjects in school? Yes No

If yes, please list: _____

Have you ever had any disciplinary problems, been suspended, or expelled from school? _____

How do you feel about school? _____

What are your plans after you graduate from high school? _____

PEER RELATIONS

How many close friends do you have? None 1-3 3-5 5-10 More than 10

How would your friends describe you? _____

Who are your closest friends? (Please List First and Last Name and Age)

What do you do for fun with your friends? _____

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: _____

Have you used any other drugs? Yes No

If yes, indicate first time used and last time used: _____

Were you under the influence of drugs or alcohol when you committed your offense? _____

LEISURE/RECREATION

What clubs or organizations are you involved in at school? _____

Do you have any hobbies or things that really interest you? _____

PERSONALITY AND BEHAVIOR

How would you describe your personality? _____

How would your parents describe you? _____

What do you like about yourself? _____

What would you like to change about yourself? _____

Do you think you generally get along with others? Yes No

Have you ever hurt someone or harmed something because you lost control of your anger? Yes No

If yes, describe an incident: _____

ATTITUDES/ORIENTATIONS

How do you feel about your offense? _____

Do you feel like you need any type of help? Yes No

What do you hope to gain from the diversion program? _____

What goals do you have for yourself? _____

=====

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.

Signed _____
(Diversion participant)

Date _____



PARENT APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

Name of Employer: _____ Position: _____

Can you be contacted at work? [] Yes [] No Work Phone: _____

Child's Ethnicity (please circle): Hispanic/Latino Black/African American White/Caucasian
American Indian Asian/Pacific Islander Unspecified (Other)

What is your approximate household income?

[] \$0-\$9,999 [] \$10,000-\$24,999 [] \$25,000-\$39,999 [] more than \$40,000

FAMILY CIRCUMSTANCES AND PARENTING

Marital Status:

[] Married [] Divorced [] Separated [] Single [] Other _____

If divorced, are you willing to allow the custodial or non-custodial parent to be present with you and your child at diversion meetings or educational classes? [] Yes [] No

If no, please indicate the reason: _____

Describe the consequences your child has received in regards to the current offense: _____

HEALTH

Is your child currently taking any medication? [] Yes [] No

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

EDUCATION

Please list any concerns regarding your child's education (attendance, grades, attitudes or behaviors)?

PEER RELATIONS

How many close friends does your child have? None 1-3 3-5 5-10 More than 10

Who are your child's closest friends? (Please List Full Names and Ages)

SUBSTANCE ABUSE

Has your child smoked or used smokeless tobacco products? Yes No

Has your child consumed alcohol? Yes No

If yes, indicate first time used and last time used: _____

Have your child used any other drugs? Yes No

If yes, indicate first time used and last time used: _____

LEISURE/RECREATION

Does your child have any hobbies or things that really interest him/her? _____

PERSONALITY AND BEHAVIOR

How would you describe your child? _____

ATTITUDES/ORIENTATIONS

How do you feel about your child's offense? _____

Do you feel like your child needs any type of help? Yes No

Please list any other issues or concerns that you may have with your child: _____

Signature _____
(Parent/Guardian)

Date _____



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.

Diversion Participant's Signature Date

Parent's/Guardian's Signature Date

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 (State the offense) Date of Citation

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 (participant) Date

Signed (parent/significant adult-indicate relationship) Date



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, or County Attorney) regarding your participation in the program.

After completion of Pretrial Diversion, confirmation can be given to agencies of your completion of the Pretrial Diversion Program.

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

PARTICIPANT_____

DATE_____

PARENT/GUARDIAN_____

DATE_____



AUTHORIZATION TO RECEIVE/RELEASE OF INFORMATION

CLIENT IDENTIFICATION

Name: _____ Date of Birth: ____/____/____

Address: _____

City/State/Zip: _____

I, _____ hereby authorize Seward County Pretrial Diversion to receive [] and/or release [] information to:

Name: _____
Address: _____
City/State/Zip: _____

The information to be provided shall include the following:

- Checkboxes for: Prior or current treatment, Evaluations/Assessments, Criminal History, Education Records, Psychological Evaluations, Other

The purpose for which the information is to be received/released is for participation in the Seward County Pretrial Diversion Program.

This authorization to release information will be effective for one (1) year from the date of this release. This authorization is not to exceed 30 days from discharge. I further understand that I may revoke this authorization in writing any time except to the extent that the program, agency, or person requested to release the above information has previously acted in reliance upon it. This information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected.

I hereby release Seward County Pretrial Diversion Program from all legal liability that might arise from the acceptance or disclosure of information requested above.

I consider a photocopy of this authorization to be as valid as the original.

I have read and received a photocopy of this document.

Signature of Client

Date

Parent Signature (if client is a minor)

Date

Pretrial Diversion Representative

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
Class Instructors
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 Juvenile 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 _____



SEWARD COUNTY PRETRIAL DIVERSION
Serving Adults and Youth in Seward County

COMMUNITY SERVICE FORM

Name: _____

Total Hours: _____

Denise Janssen – Diversion Director

Casey Tiemann - Program Coordinator

Business Name: _____

Address: _____

Phone Number: _____

Contact Person: _____

Complete all sections of this form. Supervisor signing off on hours must be able to verify hours were completed. If hours are not confirmed and/or the work performed was not acceptable, you may not receive credit for your community service hours.

PLEASE FILL OUT A NEW FORM WITH EACH NEW BUSINESS/ORGANIZATION

Date	Hours	Duties/Task completed	Supervisor Signature

SEWARD COUNTY PRETRIAL DIVERSION CURFEW EXTENSION PERMISSION SLIP

I, _____, am requesting an extension of my curfew on _____.
(Name of Participant) (Date)

My regular curfew is set for _____ p.m. I am requesting to stay out until _____ p.m. for the following reason: _____

List names and phone numbers of people you will be with: _____

Participant Signature

Date

Phone Number

Parent Signature

Date

Phone Number

Date Received: _____

Approved: YES NO