

OFFICE OF THE DISTRICT ATTORNEY
Ninth Judicial District
Serving Garfield, Pitkin, and Rio Blanco Counties
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District Attorney

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NAME: _____

CHARGE(S): _____

When you decide to participate in the Adult Diversion Program you retain certain rights. You have the right to an attorney. You may have your attorney present during this intake. If at any time you wish to consult with your attorney before answering any questions you may do so. You have the right to remain silent. Anything you say during this intake can be used against you in court. The Adult Diversion Program is voluntary, if you would prefer to have your case decided in court you may do so. If you cannot afford an attorney, one may be appointed for you.

I understand my rights and that I may have my attorney present at this time. I also understand the Adult Diversion program is voluntary. I will enter into this agreement voluntarily and freely if offered to me with no coercion or duress on the part of anyone.

I understand that failing to complete this program will result in charges being filed against me.

I understand this agreement may last for up to one year. The district Attorney's Office agrees not to file the above charge(s) providing this program is successfully completed. The Diversion Coordinator in charge of this case determines successful completion or noncompliance. This is no recourse concerning his/her decision.

I understand as a participant in the program any written statement I make on Exhibit A, may be used against me in court.

Defendant's signature/Date

Attorney's signature/Date

Diversion Coordinator/Date

ATTACHMENT A

PLEASE READ, INITIAL, SIGN AND DATE IF YOU UNDERSTAND THE CONDITIONS BELOW

- I understand that while in the Diversion Program, I must not violate any municipal, state or federal laws _____.
- I understand that I must inform the Diversion coordinator of any law enforcement contact _____.
- I understand that if my phone number, email, address, or any contact information changes, I will notify the Diversion Coordinator _____.
- I must attend counseling sessions, complete online/individual/group classes and complete drug/alcohol testing if required _____.
- I understand that if I am under the age of 21, and or the Diversion agreement states, I shall not possess or consume alcohol, marijuana, medical marijuana or possess paraphernalia _____.
- I understand I may be drug/alcohol tested at my expense _____.
- I will contact the Diversion Coordinator monthly, by phone or email is acceptable unless otherwise specified in the Diversion agreement _____.
- I understand that it is my responsibility to contact the Diversion Coordinator to get all needed documents in, including class completion certificate(s), community service hours, counseling discharges, Diversion fees, etc. 14 days before review date of the terms of the Diversion agreement _____.
- I understand there is a non-refundable fee of \$50 per month to participate in the Diversion program _____.
- I understand if there is a protection order in place, I will follow all conditions of the protection order through the terms of the Diversion agreement _____.
- I understand I shall not harass, injure, molest, intimidate, threaten, retaliate against or tamper with any witness to or victim of the acts I am charged with committing _____.
- I understand while in the Diversion Program, I must comply with any other requirements of the Diversion Coordinator to meet the conditions imposed by the District Attorney in the Diversion agreement _____.

I understand that if I do not successfully complete the Diversion Program, the District Attorney's Office may prosecute me on the original charges, as well as any new charges that may be added for conduct related to this case _____.

Diversion participant

Date

Name _____ Date _____

PERSONAL DESCRIPTION

Name (Last): _____ (First) _____
(M) _____ Please list any other names you have ever used. _____

Date of Birth _____ AGE _____
Current Physical Address: _____
Current Mailing Address: _____
Email Address: _____ Phone# _____

Please circle the following (Optional information for reporting purposes only)

Race: American Indian
Alaskan Native
Black/African American
Asian/Pacific Islander
Hawaiian/Pacific Islander
White/Caucasian
Multi-Racial (please specify)
Other (please specify)
Unknown.
Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino Unknown (circle one)
Gender: Male Female Other (circle one)
Social Security # _____

How many years have you been at current address? _____
How many addresses in the last two years? _____
Previous residences (City and State) _____
Nearest relatives not living with you- Name _____
Relationship _____ Address _____ Phone _____

City and State	Dates (from-to)
_____	_____
_____	_____

Marital Status: Divorced Separated Never Married Married (circle one)
Height _____ Weight _____ Eye color _____ Hair color _____
Drivers License/ID: _____ State _____ Is license Valid: _____
Do you have tattoos? _____ Please Describe _____

Adult:

Arrest Date/Year City/County/State Type of Offense (Misd. – Felony) Outcome

Have you ever been charged with an offense involving assault or violence (including domestic violence)? Y N

Have you ever been incarcerated? Y N If so, where and when? _____

Were you ever been written up or punished for misconduct while incarcerated? Y N

Reason? _____

FAMILY/MARITAL:

Are you single? Y N

Are you satisfied with your current marriage or relationship? Y N N/A

On a scale of 0 to 3, with 0 being unpleasant, uncaring or hostile lifestyle and 3 being pleasant, highly rewarding and caring lifestyle, how would you score your lifestyle? 0 1 2 3

Spouse/Partner's Name: _____ Age: _____ Length of relationship? _____

Children's Name:

Age: Address:

Occupation (if applicable)

Your Parent's Names:

Father: _____ Age: _____ Address: _____

Mother: _____ Age: _____ Address: _____

Step Father: _____ Age: _____ Step Mother: _____ Age: _____

Describe your relationship with your parents (or person in a parental role): _____

How would you rate your current relationship with your mother? 0 (poor) 1 2 3 (excellent)

How would you rate your current relationship with your father? 0 (poor) 1 2 3 (excellent)

Names and ages of your brothers and sisters (include step siblings): _____

Describe your relationship with your siblings? _____

Any incidents of abuse or neglect in your childhood? Y N If yes, please describe _____

Were you ever placed out of your home as a child? Y N If so, when _____

ACCOMMODATIONS:

How would you rate your living accommodations? 0 (poor) 1 2 3 (excellent)

How many address changes have you had in the last 12 months? _____

Do you live in a neighborhood that seems to have a crime problem (burglaries, drug dealers, etc.)? Y N

EDUCATION:

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

Have you ever been suspended or expelled from school? Y N If so, why? _____

Most recent school attended: _____ Location: _____

Did you graduate? Y N . Degree: _____ What year? _____

Last High School Attended? _____ Location: _____

Did you complete a GED? Y N If so, where and when? _____

Have you completed a vocational training program? Y N Describe: _____

Do you have any learning disabilities? Y N Please describe: _____

Do you have any educational goals you would like to accomplish in the future? Y N Please describe: _____

EMPLOYMENT:

Current Employer: _____ Wage \$: _____ per _____

Address: _____ Phone #: _____

Type of Work: _____ Dates of Employment: _____ to _____

Work hours/days: _____ Supervisor: _____

Previous Employer: _____ Wage \$: _____ per _____

Address: _____ Phone #: _____

Type of Work: _____ Dates of Employment _____ to _____

Reason for Leaving: _____

Previous Employer: _____ Wage \$: _____ per _____

Address: _____ Phone #: _____

Type of Work: _____ Dates of Employment _____ to _____

Reason for Leaving: _____

LEISURE/RECREATION:

What kind of organizations, clubs or associations have you belonged to in your lifetime? _____

How do you spend your free time? _____

COMPANIONS:

How many friends do you have? _____

How often do you participate in activities with them? _____

What kinds of activities do you and your friends participate in? _____

Do you know anyone (other than a friend) who has been in trouble with the law? Y N Please explain: _____

Would you consider your friends to be law-abiding? Y N Explain: _____

Do you believe you would be better off if you had a different group of friends? Y N

Explain: _____

List three people you would use as personal or professional references:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

ALCOHOL/DRUG:

Current Use of alcohol/drugs: _____

Were you using drugs or alcohol at the time of this offense? Y N If yes, what? _____

Would you (or any close friend/relative) say you currently have an alcohol problem? Y N If yes, why do you think he/she believes that? _____

Would you (or any close friend/relative) say you currently have a drug problem? Y N If yes, why do you think he/she believes that? _____

Would you (or any friend/relative) say you ever have had a drug or alcohol problem at any time in your life? Y N If yes, when? _____

Has the use of drugs and/or alcohol in your lifetime contributed to problems in any of the following? (Please circle) Law Violations Marital/Family School Work Medical Financial Other: _____

Please describe your substance use in the table below:

	Age 1 st Use	Last use	How often?	How much?	How used?
Alcohol					
Marijuana					
Cocaine					
Methamphetamine					
Acid/LSD					
Opiates					
Inhalants					
Mushrooms					
Ecstasy					
Current Prescription Medications					
Heroin					

What is your drug of choice? _____

Are you currently using prescription medications? Y N If yes, what? _____

Under what circumstances do you usually use drugs and/or alcohol? _____

How long is your longest period of sobriety? _____ Reason for this period of abstinence? _____

Treatment history:

Name of agency Length Dates Did you complete the program?

Have you participated in AA or NA in your lifetime? Y N

Do you feel the need for treatment at this time? Y N Explain: _____

EMOTIONAL/PERSONAL:

Have you had any recent changes in the past year (divorce, illness, financial or legal problems)?
Y N Explain: _____

Do you suffer from insomnia, worrying, etc., or are you concerned with your lack of general well-being? Y N Explain: _____

Do you have concerns about your emotional stability? Y N Why? _____

Have you been considering or thought about seeking help from a psychologist or psychiatrist or counselor? Y N Explain: _____

Have you ever received any type of mental health treatment Y N If yes, when? _____

Have you ever considered committing suicide? Y N If yes, explain: _____

Have you considered, or has anyone recommended that you participate in a psychological assessment? Y N Explain: _____

HEALTH:

List any major PHYSICAL OR PSYCHIATRIC treatment, including hospitalization:

Reason: _____ Doctor/Agency: _____ Date(s): _____

Reason: _____ Doctor/Agency: _____ Date(s): _____

How would you rate your current overall health? Poor Fair Good Excellent (circle one)

Are you or have you ever been disabled and unable to work? Y N Explain: _____

CERTIFICATION:

I HEREBY CERTIFY THAT ALL THE INFORMATION FURNISHED IN THIS BACKGROUND INFORMATION FORM IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PERSONS LISTED IN THIS FORM MAY BE CONTACTED FOR VERIFICATION.

Signature: _____

Date: _____