

**OFFICE OF THE DISTRICT ATTORNEY**  
Ninth Judicial District  
*Serving Garfield, Pitkin, and Rio Blanco Counties*  
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NAME: \_\_\_\_\_ CHARGE(S): \_\_\_\_\_

The Adult Diversion Program is an alternative to prosecution. It provides opportunities for offenders to take responsibility for their actions, repair and restore harm caused through restorative processes, and to engage in programs that promote behavioral growth and change.

The Adult Diversion Program is voluntary. If you prefer to have your case decided in court, you may do so. When you decide to participate in the Adult Diversion Program you retain certain rights. You have the right to an attorney. If you cannot afford an attorney, one may be appointed for you. You have the right to consult with your attorney before answering any questions in the attached intake paperwork. Exhibit A is your statement of responsibility. It is admissible as impeachment evidence in criminal proceedings should you fail to fulfill the terms of the diversion agreement and criminal proceedings are resumed.

Your statements in a diversion conference including the intake assessment interview and evaluation, or in any other discussion of a proposed diversion agreement, shall not be admissible as evidence in criminal proceedings on the crimes charged or facts alleged.

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I understand participation in the Adult Diversion Program is voluntary. I understand my right to an attorney. I understand I have the right to consult with my attorney before answering any questions.

I understand as a participant in the program that non-compliance of the diversion agreement or any new violations of the law could result in my case being reinstated for prosecution.

I understand as a participant in the program any written statement I make on Exhibit A may be used against me in court as impeachment evidence should I fail to fulfill the terms of the diversion agreement and criminal proceedings are resumed.

I understand any statements I make in a diversion evaluation, conference or in any other discussions of a proposed agreement, outside of the written statement in Exhibit A, are not admissible as evidence and cannot be used against me in court.

I understand that upon satisfactory completion of and discharge from the Adult Diversion Program, the court shall dismiss with prejudice all charges against me and automatically seal the case.

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Defendant's signature/Date

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Attorney's signature/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)

\_\_\_\_\_

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

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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? \_\_\_\_\_

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**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)

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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 <sup>st</sup> 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: \_\_\_\_\_