

DANE COUNTY SHERIFF'S OFFICE

Jail Diversion Application

PERSONAL INFORMATION

Name:				Date:	
Residence Address:		City:		State:	Zip code:
Date of Birth:	Phone: (Home)	(Cell)	(E-Mail)		
Are you the Home Owner?	Are you on the lease for the residence?		Are you currently employed?		Are you a Veteran?
Yes No	Yes No		Yes No		Yes No
Full names of the adults who will be living at your residence: (include FULL names and middle initial with dates of birth)					
1.	Last name	First name	Middle Initial	Date of Birth	Relationship
2.	Last name	First name	Middle Initial	Date of Birth	Relationship
3.	Last name	First name	Middle Initial	Date of Birth	Relationship
4.	Last name	First name	Middle Initial	Date of Birth	Relationship

EMPLOYMENT INFORMATION

Employer:			Phone:		
Address:		Immediate Supervisor:			
Work Schedule:		Leave for work:		Return:	
Transportation Arrangements: (Include Names, Mode of transportation)			Salary/Wage:		
1.	2.				

EMPLOYMENT INFORMATION

Employer:			Phone:		
Address:		Immediate Supervisor:			
Work Schedule:		Leave for work:		Return:	
Transportation Arrangements: (Include Names, Mode of transportation)			Salary/Wage:		
1.	2.				

SCHOOL INFORMATION (complete section ONLY if currently enrolled)

School			Phone:		
Address:		Contact person:			
Class Schedule:					
Transportation Arrangements: (Include mode of transportation and travel times)					

COUNSELING/TREATMENT INFORMATION

Have you ever had mental health or drug or alcohol abuse counseling?

 Yes No

If YES, please explain:

When was the last time alcohol was consumed:

How frequent:

When was the last time you used illegal drugs:

If so, what type/frequency:

**TREATMENT /COUNSELING INFORMATION
(complete section ONLY if currently enrolled)**

Are you currently attending any type of group or individual counseling/treatment?

 Yes No

If yes, please list type of treatment, agency, and contact person:

Address:

Class Schedule:

Transportation Arrangements: (Include mode of transportation and travel times)

When was the last time Alcohol was consumed:

If so, what type/frequent:

When was the last time you used illegal drugs:

If so, what type/frequent:

Please list current medication:

List any disabilities, medical problems / conditions:

REQUIRED INFORMATION

Are the adults living at your residence willing to cooperate with the conditions of Diversion program?

 Yes No

Are there any firearms in your residence? (any device that shoots a projectile)

 Yes No

If YES, are you willing to remove them during the time you participate in the Jail Diversion Program?

 Yes No**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

I hereby certify that the statements herein are true and realize any falsification may result in denial of my application. I also authorize the Sheriff's Office to make whatever contact and investigation deemed necessary to confirm the above information, including contacting my employer or school. In addition, I authorize release to the Sheriff's Office all confidential records and information concerning myself, which would have a bearing on my eligibility for the Program. This authorization will terminate upon my final release date or program denial. Consent subject to revocation at any time and will expire automatically upon release.

Signature:

Date:

INDIGENCY / REDUCED FEES

Certain individuals may be eligible for reduced fees. Individuals applying for indigent status or reduced fees will be required to provide proof of their financial status. If you feel you may be eligible, please request an indigent / reduced fees form from the Jail Diversion staff. It is incumbent upon the inmate to provide the appropriate documentation. Failure to do so may result in disqualification for reduced/waived fees.

Any Additional Comments: