

# APPLICATION FOR PRE-TRIAL DIVERSION PROGRAM

## APPLICANT INFORMATION

NAME:

DATE OF BIRTH:

AGE:

SSN:

CURRENT ADDRESS:

CITY:

STATE:

ZIP CODE:

SEX: Female  Male

Place of Birth:

MARITAL STATUS: Never Married  Married  Widow/Widower   
 Separated  Divorced

NUMBER OF DEPENDENTS: 1  2  3  4  5  more than 6

PRESENT LIVING ARRANGEMENTS: Alone  With Parent(s)  With Spouse   
 With Relative(s)  With Friend(s)

EDUCATION: Less than 8th Grade  Less than 12th Grade  High School Graduate   
 College Graduate  Other

If less than 12th Grade, reason for leaving school \_\_\_\_\_  
 \_\_\_\_\_

MILITARY SERVICE: Yes  No

Branch: \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Date of Discharge \_\_\_\_\_

## NEAREST CONTACT: (Person who would usually know your whereabouts)

NAME:

PHONE NUMBER:

ADDRESS:

CITY:

STATE:

ZIP CODE:

RELATIONSHIP TO DEFENDANT:

## DEFENSE ATTORNEY

NAME:

PHONE NUMBER:

ADDRESS:

CITY:

STATE:

ZIP CODE:

## PRESENT EMPLOYER

OCCUPATION:

SALARY:

EMPLOYER:

ADDRESS:

PHONE:

CITY:

STATE:

ZIP CODE:

DATE EMPLOYED:

EMPLOYMENT HISTORY (*begin with last previous place of employment)		
*List employment for the past 6 years. If you need additional space, use a blank sheet of paper)		
(1) NAME OF EMPLOYER:		PHONE:
DATES EMPLOYED: From _____ to _____		OCCUPATION:
ADDRESS:		
CITY:	STATE:	ZIP CODE:
REASON FOR LEAVING:		
(2) NAME OF EMPLOYER:		PHONE:
DATES EMPLOYED: From _____ to _____		OCCUPATION:
ADDRESS:		
CITY:	STATE:	ZIP CODE:
REASON FOR LEAVING:		
(3) NAME OF EMPLOYER:		PHONE:
DATES EMPLOYED: From _____ to _____		OCCUPATION:
ADDRESS:		
CITY:	STATE:	ZIP CODE:
REASON FOR LEAVING:		
(4) NAME OF EMPLOYER:		PHONE:
DATES EMPLOYED: From _____ to _____		OCCUPATION:
ADDRESS:		
CITY:	STATE:	ZIP CODE:
REASON FOR LEAVING:		
(5) NAME OF EMPLOYER:		PHONE:
DATES EMPLOYED: From _____ to _____		OCCUPATION:
ADDRESS:		
CITY:	STATE:	ZIP CODE:
REASON FOR LEAVING:		
(6) NAME OF EMPLOYER:		PHONE:
DATES EMPLOYED: From _____ to _____		OCCUPATION:
ADDRESS:		
CITY:	STATE:	ZIP CODE:
REASON FOR LEAVING:		

**SOURCE OF INCOME**

Employment (self)     Employment (spouse)   
 Unemployment Compensation  Amount:\$\_\_\_\_\_

Public Assistance  Amount:\$\_\_\_\_\_

Parents     Relatives     Friends     Other

**FINANCIAL INFORMATION:** The Financial Statement of Debtor form attached to this application must also be completed.

**PRIOR OFFENSE RECORD**

None     Juvenile     Adult

**DETAILED CRIMINAL HISTORY**  
(begin with first arrest)

DATE:	PLACE:	CHARGE(S):
DISPOSITION:		
DATE:	PLACE:	CHARGE(S):
DISPOSITION:		
DATE:	PLACE:	CHARGE(S):
DISPOSITION:		
DATE:	PLACE:	CHARGE(S):
DISPOSITION:		
DATE:	PLACE:	CHARGE(S):
DISPOSITION:		
DATE:	PLACE:	CHARGE(S):
DISPOSITION:		
DATE:	PLACE:	CHARGE(S):
DISPOSITION:		
DATE:	PLACE:	CHARGE(S):
DISPOSITION:		

SIGNATURES

I hereby apply for status as a participant in the pre-trial diversion program and request that the United States Attorney consider this applicant.

I understand that the final decision to resume or defer prosecution in my case rests entirely with the United States Attorney.

I understand that it is important to immediately discuss this matter fully and completely with my attorney. I understand my participation in this program will constitute a waiver of certain rights afforded to me by the Constitution. Specifically, I understand that I must waive my Constitutional and statutory right to a speedy trial. I understand that I must waive my right to have my case proceed under the statutorily mandated time requirements. I understand that I must also agree to file, upon application to the Pretrial Diversion Program, a motion for continuance of the trial and discovery requirements, until a decision on my application has been made. I understand that if I am accepted into the Pretrial Diversion Program, I must file a motion asking the Court to toll the prosecution and discovery deadlines in my case, pending completion of the Pretrial Diversion process.

I authorize the Diversion Coordinator to conduct an investigation to determine suitability for this program. I understand that any information by me or authorized by me that is furnished to the program coordinator in connection with this investigation will be kept confidential.

I understand that a false answer to any question in this application may be grounds for recommendation against placement into this program or removal after placement in the program, in which case, the United States Attorney will resume prosecution on the original charges.

SIGNATURE OF PARTICIPANT:

Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

-----  
NOTARY PUBLIC

(SEAL)



U.S. Department of Justice  
 Financial Statement of Debtor  
 (Submitted for Government Action on  
 Claims Due the United States)

**NOTE:** Use additional sheets where space on this form  
 is insufficient or continue on back of last page.

**FINANCIAL STATEMENT OF DEBTOR**

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. 301, 901 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. 501, *et seq.*; 31 U.S.C. 951, *et seq.*; 44 U.S.C. 3101; 4 CFR 101, *et seq.*; 28 CFR 0.160, 0.171 and Appendix to Subpart Y. Fed.R.Civ.P. 33(a), 28 U.S.C. 1651, 3201 *et seq.*

The principal purpose for gathering this information is to evaluate your ability to pay the Government's claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File Systems published in Vol. 42 of the Federal Register; Justice/CIV-001 at page 5332; Justice/TAX-001 at page 15347; Justice/USA-005 at pages 53406-53407; Justice/USA-007 at pages 53408-53410; Justice/CRIM-016 at page 12274. Disclosure of the information is voluntary. If the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal methods.

**Section 1**  
 Personal  
 Information

1. Full Name(s) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County of Residence \_\_\_\_\_  
 How long at this residence? \_\_\_\_\_

1a. Home Telephone: (\_\_\_\_) \_\_\_\_\_  
 Best Time to Call \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
 1b. Cellular Number: (\_\_\_\_) \_\_\_\_\_

2. Marital Status:  
 Married       Separated  
 Unmarried (single, divorced, widowed)

3. Your Social Security No. (SSN) \_\_\_\_\_  
 4. Spouse's Social Security No. \_\_\_\_\_

3a. Your Date of Birth (mm/dd/yy) \_\_\_\_\_  
 4a. Spouse's Date of Birth (mm/dd/yy) \_\_\_\_\_

5.  Own Home    Rent    Other (specify, i.e. share rent, live with relative) \_\_\_\_\_

6. List the dependants you can claim on your tax return: (Attach sheet if more space is needed)

First Name	Relationship	Age	Does this person live with you?	First Name	Relationship	Age	Does this person live with you?
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Section 2**  
 Your  
 Business  
 Information

7. Are you or your spouse self-employed or operate a business? (Check "Yes" if either applies)  
 No    Yes   If yes, provide the following information:

7a. Name of Business \_\_\_\_\_  
 7b. Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7c. Employer Identification No: \_\_\_\_\_  
 7d. Do you have employees?    No    Yes  
 7e. Do you have accounts receivable?  No    Yes  
 If yes, please complete section 8 on page 5.

**ATTACHMENTS REQUIRED:** Please provide proof of self-employment income for the **prior 3 months** (e.g. invoices, commissions, sales records, income statement).

**Section 3**  
 Employment  
 Information

8. Your employer \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Work telephone no. (\_\_\_\_) \_\_\_\_\_  
 May we contact you at work?  No       Yes

9. Spouse's Employer \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Work telephone no. (\_\_\_\_) \_\_\_\_\_  
 May we contact you at work?  No       Yes


8a. How long with this employer? \_\_\_\_\_  
 8b. Occupation \_\_\_\_\_

9a. How long with this employer? \_\_\_\_\_  
 9b. Occupation \_\_\_\_\_

**ATTACHMENTS REQUIRED:** Please provide proof of gross earnings and deductions **for the past 3 months from each employer** (e.g. pay stubs, earnings statements). If year-to-date information is available, send only 1 such statement as long as a **minimum of 3 months** is represented.

**Section 4**  
Other  
Income  
Information

10. Do you receive income from sources other than your own business or your employer? (Check all that apply.)  
 Pension       Social Security       Other (specify, e.g. child support, alimony, rental) \_\_\_\_\_

 **ATTACHMENTS REQUIRED:** Please provide proof of pension/social security/other income for the past 3 months from each payor, including any statements showing deductions. If year-to-date information is available, send only 1 statement as long as **3 months** is represented.


**Section 5**  
Banking,  
Investment,  
Cash, Credit  
and Life  
Insurance Information

11. **CHECKING ACCOUNTS.** List all checking accounts. (If you need additional space, attach a separate sheet.)

	Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
11a.	Checking	Name _____ Address _____ City/State/Zip _____	_____	\$ _____
11b.	Checking	Name _____ Address _____ City/State/Zip _____	_____	\$ _____
11c.	Total Checking Accounts Balances			\$ <span style="background-color: yellow;">                    </span>

12. **OTHER ACCOUNTS.** List all accounts, including brokerage, savings and money market, not listed in 11.

	Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
12a.	_____	Name _____ Address _____ City/State/Zip _____	_____	\$ _____
12b.	_____	Name _____ Address _____ City/State/Zip _____	_____	\$ _____
12c.	Total Other Account Balances			\$ <span style="background-color: yellow;">                    </span>

 **ATTACHMENTS REQUIRED:** Please include your current bank statements (checking, savings, money market and brokerage accounts) for the past **3 months** for **all** accounts.

13. **INVESTMENTS.** List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposits and retirement assets such as IRAs, Keogh and 401(k) plans.

	Name of Company	Number of Shares/Units	Current Value	Loan Amount (if any)	Used as collateral on loan?
13a.	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13b.	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13c.	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13d.	Total Investments			\$ <span style="background-color: yellow;">                    </span>	

14. **CASH ON HAND.** Include any money that you have that is not in the bank.

14a. Total Cash on Hand \$

**Section 5**  
continued

15. **AVAILABLE CREDIT.** List all lines of credit, including credit cards. ( If you need additional space, attach a separate sheet.)

	<u>Full Name of Credit Institution</u>	<u>Credit Limit</u>	<u>Amount Owed</u>	<u>Minimum Payment</u>
15a.	Name _____ Address _____ City/State/Zip _____	_____	_____	\$ _____
15b.	Name _____ Address _____ City/State/Zip _____	_____	_____	\$ _____

15c. **Total Minimum Payments** \$ \_\_\_\_\_

16. **LIFE INSURANCE.** Do you have life insurance with a cash value?  No  Yes  
(Term Life Insurance does not have a cash value.)


16a. Name of Insurance Company \_\_\_\_\_

16b. Policy Number(s) \_\_\_\_\_

16c. Owner of Policy \_\_\_\_\_

16d. Current Cash Value \$ \_\_\_\_\_ 16e. Outstanding Loan Balance \$ \_\_\_\_\_

**Subtract "Outstanding Loan Balance: line 16e from "Current Cash Value" line 16d = 16f \$** \_\_\_\_\_

 **ATTACHMENTS REQUIRED:** Please include a statement from the life insurance companies that includes type and cash/loan value amounts. If currently borrowed against, include loan amount and date of loan.

**Section 6**  
Other

17. **OTHER INFORMATION.** Respond to the following questions related to your financial condition:  
(Attach a separate sheet if you need more space.) Information

- 17a. Do you have a safe deposit box?  No  Yes  
If yes, please include the name and address of location of box, the box number and the contents below:  
\_\_\_\_\_  
\_\_\_\_\_
- 17b. Do you have a will?  No  Yes; if yes, where is it kept? \_\_\_\_\_
- 17c. Are there any garnishments against your wages?  No  Yes  
If yes, who is the creditor? \_\_\_\_\_ Date of Judgment \_\_\_\_\_ Amount of debt \$ \_\_\_\_\_
- 17d. Are there any judgments against you?  No  Yes  
If yes, who is the creditor? \_\_\_\_\_ Date of Judgment \_\_\_\_\_ Amount of debt \$ \_\_\_\_\_
- 17e. Are you a party to a lawsuit?  No  Yes  
If yes, amount of suit \$ \_\_\_\_\_ Possible completion date \_\_\_\_\_ Court \_\_\_\_\_  
Subject matter of suit \_\_\_\_\_
- 17f. Did you ever file bankruptcy?  No  Yes  
If yes, date filed \_\_\_\_\_ Date discharged \_\_\_\_\_
- 17g. In the past 10 years did you transfer any assets out of your name for less than their actual value?  
 No  Yes  
If yes, what asset? \_\_\_\_\_ Value of asset at time of transfer \$ \_\_\_\_\_  
When was it transferred? \_\_\_\_\_ To whom was it transferred? \_\_\_\_\_
- 17h. Do you anticipate any increase in household income in the next 2 years?  No  Yes  
If yes, why will the income increase? \_\_\_\_\_ (Attach sheet if you need more space.)  
How much will it increase? \_\_\_\_\_
- 17i. Are you a beneficiary of a trust or an estate?  No  Yes  
If yes, name of the trust or estate \_\_\_\_\_ Anticipated amount to be received \$ \_\_\_\_\_  
When will the amount be received? \_\_\_\_\_
- 17j. Are you a participant in a profit sharing plan?  No  Yes  
If yes, name of plan \_\_\_\_\_ Value in plan \$ \_\_\_\_\_

**Section 7**  
Assets and  
Liabilities


**18. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

\*Current Value is the amount you could sell the asset for today

	Description (year, make, model)	*Current Value	Current Loan Balance	Name of Lender	Purchase Date	Monthly Payment
18a.	_____	\$ _____	\$ _____	_____	_____	\$ _____
	_____					
	_____					
18b.	_____	\$ _____	\$ _____	_____	_____	\$ _____
	_____					
	_____					

**LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

	Description (year, make, model)	Lease Balance	Name and Address of Lessor	Lease Date	Monthly Payment
18c.	_____	\$ _____	_____	_____	\$ _____
	_____				
	_____				
18d.	_____	\$ _____	_____	_____	\$ _____
	_____				
	_____				

 **ATTACHMENTS REQUIRED:** Please include your current statement from lender with monthly car payment and current balance of the loan for each vehicle purchased or leased.

**20. REAL ESTATE.** List all real estate you own. (If you need additional space, attach a separate sheet.)

Street Address, City State, Zip, County Lender/Lien Holder	Date Purchased	Purchase Price	*Current Value	Loan Balance	Monthly Pymt
20a. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____					
_____					
20b. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____					
_____					

**21. PERSONAL ASSETS.** List all personal assets below. (If you need additional space, attach a separate sheet.)

*Furniture/Personal effects* includes the total current market value of your household such as furniture and appliances

*Other Personal Assets* includes all artwork, jewelry, collections, antiques or other assets

Description	Current Value	Loan Balance	Lender	Monthly Payment	Date of Final Pymt
21a. Furniture/Personal Effects Other: (List below)	\$ _____	\$ _____	_____	\$ _____	_____
21b. Artwork	\$ _____	\$ _____	_____	\$ _____	_____
21c. Jewelry	\$ _____	\$ _____	_____	\$ _____	_____
21d. _____	\$ _____	\$ _____	_____	\$ _____	_____
21e. _____	\$ _____	\$ _____	_____	\$ _____	_____



**Section 7**

continued

**22. BUSINESS ASSETS.** List all business assets and encumbrances below, include Uniform Commercial Code filings. (If you need additional space, attach a separate sheet.) *Tools used in Trade or Business* includes the basic tools or books used to conduct your business, excluding automobiles. *Other Business Assets* includes machinery, equipment, inventory or other assets.

	<u>Description</u>	<u>Current Value</u>	<u>Loan Balance</u>	<u>Lender</u>	<u>Monthly Payment</u>	<u>Date of Final Pymt</u>
22a.	Tools used in Trade/ Business	\$ _____	\$ _____	_____	\$ _____	_____
	Other: (List below)					
22b.	Machinery	\$ _____	\$ _____	_____	\$ _____	_____
22c.	Equipment	\$ _____	\$ _____	_____	\$ _____	_____
22d.	_____	\$ _____	\$ _____	_____	\$ _____	_____
22e.	_____	\$ _____	\$ _____	_____	\$ _____	_____

**Section 8**Accounts/  
Notes  
Receivable

**23. ACCOUNTS/NOTES RECEIVABLE.** List all accounts separately, including contracts awarded, but not started. (If you need additional space, attach a separate sheet.)

*Use only if  
needed*

	<u>Description</u>	<u>Amount Due</u>	<u>Date Due</u>	<u>Age of Account</u>
23a.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23b.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23c.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23d.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23e.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23f.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days

Add "Amount Due" from lines 23a through 23f = 23g \$ \_\_\_\_\_

**Section 9**

Monthly  
Income and  
Expense  
Analysis

**If only one  
spouse has  
a debt, but  
both have  
income, list  
the total  
household  
income and  
expenses.**

**Total Income**

<u>Source</u>	<u>Gross monthly</u>
24. Wages (yourself)	\$ _____
25. Wages (spouse)	_____
26. Interest - Dividends	_____
27. Net Business Income	_____
28. Net Rental Income	_____
29. Pension/Social Security	_____
30. Pension/Social Security (Spouse)	_____
31. Child Support	_____
32. Alimony	_____
33. Other	_____
<b>34. Total Income</b>	<b>\$ _____</b>

**Total Living Expenses**

<u>Expense Items<sup>1</sup></u>	<u>Actual Monthly</u>
35. Rent/Mortgage	\$ _____
36. Electric	_____
37. Natural Gas	_____
38. Cable TV	_____
39. Telephone	_____
40. Water	_____
41. Food	_____
42. Car Payment	_____
43. Gasoline	_____
44. Car Insurance	_____
45. Cell Phone/Pager	_____
46. Other Utilities	_____
47. Clothing & Misc.	_____
48. Health Care	_____
49. Court Ordered Payments	_____
50. Child/Dependant Care	_____
51. Life Insurance	_____
52. Other secured debt	_____
53. Other expenses	_____
54. Education Expenses	_____
<b>55. Total Living Expenses</b>	<b>\$ _____</b>



**ATTACHMENTS REQUIRED:** Please include;

- A copy of your last Form 1040 with all Schedules
- Proof of all current expenses that you paid for the last 3 months, including utilities, rent, insurance, property taxes, etc.
- Proof of all non-business transportation expenses (e.g car payments, lease payments, fuel, oil, insurance, parking, registration)
- Proof of payments for health care, including health insurance premiums, co-payments and other out-of-pocket expenses
- Copies of any court order requiring payment and proof of such payments for the past 3 months

**CERTIFICATION**

I declare that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct, and complete, and I further declare that I have no assets, owned either directly or indirectly, or income of any nature other than as shown in this statement, including any attachment.

Signature \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date \_\_\_\_\_

**WARNING**

**False statements are punishable up to five years imprisonment, a fine of \$250,000, or both pursuant to 18 U.S.C. §1001.**

<sup>1</sup>Expenses generally not allowed: We generally do not allow you to claim tuition for private schools, public or private college expenses, charitable donations, voluntary retirement contributions, payments on unsecured debts such as credit card bills and other similar expenses. However, we may allow these expenses, if you can prove that they are necessary for the health and welfare of you or your family.