



# DAVID P. FORNSHELL

## WARREN COUNTY PROSECUTOR



### FELONY DIVERSION PROGRAM APPLICATION

**Please PRINT or TYPE your answers**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Home Work Cell

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Marital Status: \_\_\_\_\_ If Married, Spouses Name: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Education:**

Highest Grade attended: \_\_\_\_\_ Graduated High School: \_\_\_\_\_

List all high schools, trade schools, or universities attended and dates attended:

\_\_\_\_\_ Dates attended: \_\_\_\_\_  
\_\_\_\_\_ Dates attended: \_\_\_\_\_  
\_\_\_\_\_ Dates attended: \_\_\_\_\_

500 Justice Drive • Lebanon, Ohio 45036 • Phone: 513.695.1325 • Fax: 513.695.2962

Website: [www.co.warren.oh.us/prosecutor](http://www.co.warren.oh.us/prosecutor)

Middletown  
Phone: 513.261.1325  
Fax: 513.261.2962

Cincinnati  
Phone: 513.925.1325  
Fax: 513.925.2962

Dayton  
Phone: 937.425.1325  
Fax: 937.425.2962

Southeast  
Warren County  
Phone: 937.783.4993

**Employment:** List all employment for the past two (2) years.

<u>Employer</u>	<u>Address</u>	<u>Dates Employed</u>	<u>Wages</u>

**Sources of Income:** List all sources of income and the amount earned from each source every month.

<u>Source</u>	<u>Amount Earned</u>

**Expenses:** List all expenses you have, including the amount due and when due (Monthly, weekly, etc.). Please be sure to include expenses for rent/mortgage, utilities, phone, cable, insurance, car payment and/or repairs, medical expenses, child support, daycare, groceries, credit cards, and all other regular expenses.

<u>Expense</u>	<u>Amount</u>	<u>When Due</u>

**Assets:**

Do you have a savings account? \_\_\_\_\_ Yes \_\_\_\_\_ No Bank: \_\_\_\_\_

Do you have a checking account? \_\_\_\_\_ Yes \_\_\_\_\_ No Bank: \_\_\_\_\_

**Transportation:**

Driver's License status (ex: suspended, valid, etc.): \_\_\_\_\_

If suspended, explain why: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State Issued: \_\_\_\_\_

Do you own a car? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide a description (make, model, color, etc.) and license plate number of each vehicle you drive and include the owner of each vehicle:

\_\_\_\_\_ Owner: \_\_\_\_\_

\_\_\_\_\_ Owner: \_\_\_\_\_

\_\_\_\_\_ Owner: \_\_\_\_\_

**Military History:**

Have you ever served in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the following:

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Eligible for GI Benefits? \_\_\_\_\_

**Prior Law Enforcement Involvement (Juvenile, Misdemeanor, Felony, and Military), including all arrests, intervention, diversion, treatment in lieu of conviction, informal adjudication or similar programs:**

Date of Offense                      Offense & Degree                      Court                      Disposition

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**Please attach additional pages, if necessary.**

**Health:**

Please rate your health:        \_\_\_\_\_Excellent        \_\_\_\_\_Good        \_\_\_\_\_Fair        \_\_\_\_\_Poor

Please describe any physical problems: \_\_\_\_\_

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If you are under a doctor's care, please provide the following:

Doctor Name                                      Address                                      Phone Number

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If you are currently taking any prescribed medications, please provide the following:

Prescribing Physician                      Name of Medication                      Pharmacy

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Please provide any additional information that you feel would be helpful in determining your eligibility for the Diversion Program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE TO DEFENSE COUNSEL:** Please provide any additional information that you believe would be helpful in determining your client’s eligibility for the Diversion Program:

\_\_\_\_\_  
\_\_\_\_\_

**I certify that the above information is true and accurate to the best of my knowledge.**

**ANY FALSE STATEMENTS OR INCOMPLETE INFORMATION WILL BE THE BASIS FOR REJECTION OF THE APPLICANT FOR THE DIVERSION PROGRAM OR REVOCATION OF THE APPLICATION FOR DIVERSION.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Defense Attorney (Required)**

\_\_\_\_\_  
**Date**

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**FOR INTERNAL USE ONLY**

Prosecutor Initials: \_\_\_\_\_

Approved? \_\_\_\_\_

Date: \_\_\_\_\_

Diversion Officer Initials: \_\_\_\_\_

Approved? \_\_\_\_\_

Date: \_\_\_\_\_