

Troy Municipal Court
Application for Admittance Into The Pre-Trial Diversion Program

Please Print

☐ **Granted** ☐ **Denied**

Full Name: (last, first, middle) _____

DOB: _____ Age: _____ Sex: _____ Social Security #: _____

Driver's License #: _____ Is it valid? ☐ Yes ☐ No Is it CDL? ☐ Yes ☐ No

Address: _____
City State Zip

Phone: Home: _____ Cell: _____ Work: _____

Email Address: _____

Charge(s): 1. _____ Case Number: _____

2. _____ Case Number: _____

3. _____ Case Number: _____

Will you be requesting or already have legal representation? ☐ Yes ☐ No

If yes, please provide Attorney's Name: _____ Phone: _____

I waive the right to be represented by legal counsel: *(Please Initial if so)* _____

Have you ever been arrested, charged, or convicted of any crime, including DUIs and minor traffic offenses?

☐ Yes ☐ No

If yes, please list ALL past arrests, charges, complaints, youthful offender charges, and criminal convictions.

1. _____ Date: _____ Jurisdiction: _____

2. _____ Date: _____ Jurisdiction: _____

3. _____ Date: _____ Jurisdiction: _____

Are you on any type of probation? ☐ Yes ☐ No

Do you currently have any criminal charges pending? ☐ Yes ☐ No

Do you have transportation? ☐ Yes ☐ No

Any medical conditions that may impact your ability to complete the program? ☐ Yes ☐ No

If yes, please list: _____
