



Participant Information

(Return this form with your registration.)

This information is confidential under federal law 42CFR- part 2.

All fields must be completed.

Today's Date: _____

Name _____

Mailing Address _____ Phone (home): _____

_____ # Street _____ Phone (work): _____

City State Zip

Town in which offense occurred _____

Date of offense _____ Age at time of offense _____

Nature of offense _____

Referring Source: Parent/Guardian School Court System

Police Department _____

Have you ever completed a diversion program? No Yes (Please complete below)

Date completed: _____ Length: _____ hrs. Location: _____

Are you currently in School? No Yes (fill out below)

Name of school _____

Location _____ (town, state)

