

LEAVENWORTH COUNTY ADULT/JUVENILE DIVERSION OFFICE

JUSTICE CENTER

601 SOUTH THRID STREET

LEAVENWORTH, KANSAS 66048

PHONE (913) 684-0480

PERSONAL HISTORY STATEMENT

It has been requested to prepare a Diversion Screen on you. The Following questions are the first step in the preparation of that report.

It is most important that you answer every question carefully and accurately. If there are any questions which do not apply to you, simply put N.A. (not applicable) in the blank. All answers will be confidential. Do not leave any question blank. Bring this complete form with you for your interview.

FULL Name: _____ YOUR ATTORNEY: _____

ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

PHONE NUMBER HOME: _____ WORK: _____

CELL OR MESSAGE PHONE NUMBER: _____

DATE OF BIRTH: _____ BIRTHPLACE: _____ AGE: _____

EDUCATION: Highest Grade Completed: _____

Did You Graduate? _____ GED: _____

Driver's License Number _____

SOCIAL SECURITY NUMBER: _____

MARITAL STATUS (CIRCULE ONE)

SINGLE

MARRIED

DIVORCED

COMMON LAW

WIDOWED

\$40.00 SCREENING FEE

DUE AT TIME OF SCREENING

HAVE YOU EVER BEEN ON DIVERSION, PROBATION OR PAROLE BEFORE? _____ IF YOU HAVE, LIST THE OFFENSES(S), DATES(S), PLACES, OF SUPERVISION:

LIST ALL PRIOR OFFENSES (Include traffic, misdemeanors and felonies)

OFFENSE	DATE	LOCATION	DISPOSITION
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PERSONAL AND FAMILY DATA:

Father's Name: Address: Age: Occupation:

Mother's Name: Address: Age: Occupation:

Spouse's Name: Address: Age: Occupation:

LIST ALL CHILDREN (Include step) with ages:

Name: Age: Name: Age:

Name: Age: Name: Age:

Name: Age: Name: Age:

HAVE YOU EVER BEEN IN THE MILITARY? _____ WHAT BRANCH? _____

DATES IN: _____ OUT: _____ HIGHEST RANK: _____

TYPE OF DISCHARGE: _____

EMPLOYMENT:

ARE YOU EMPLOYED? _____ EMPLOYER: _____

EMPLOYER PHONE: _____ ADDRESS: _____

DATE OF HIRE: _____ CURRENT RATE OF PAY: \$ _____

PREVIOUS EMPLOYMENT:

EMPLOYER: _____ DATES EMPLOYED: _____

REASON FOR TERMINATION: _____

ALCOHOL / DRUG HISTORY:

CHECK ALL BOXES THAT APPLY TO USE OF ALCOHOL, AND DRUGS USED AT ANY TIME IN YOUR LIFE:

- BEER WINE LIQUOR MARIJUANA SPEED
 DOWNERS LSD PCP METH OPIUM
 VALIUM COCAINE OTHER _____

HAVE YOU EVER ATTENDED ALCOHOLICS ANONYMOUS? _____ NARCOTICS ANONYMOUS? _____

HAVE YOU EVER SOUGHT INPATIENT OR OUTPATIENT TREATMENT? _____

WAS THE CURRENT OFFENSE COMMITTED UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS? _____

SHORT VERSION OF YOUR SIDE OF THE STORY:

TODAYS DATE: _____ SIGNATURE: _____