

LICKING COUNTY MUNICIPAL COURT

DIVERSION PROGRAM



Judge David N. Stansbury

Judge B. Matthew George

Law Director – Tricia M. Moore

Director of Adult Probation – Kevin K. Saad

40 West Main Street
Newark, Ohio 43055
Phone (740) 670-7825 Fax (740) 670-7759

Appointment: _____ Time: _____

DIVERSION PROGRAM

- You have been charged with an offense in the Licking County Municipal Court.
- If you qualify, you may be allowed to avoid prosecution by participating in a Diversion Program. The program consists of a maximum probationary period of one year, during which you will be required to successfully complete some or all of the following components: counseling, education, community service work, treatment, restitution, and other rehabilitation efforts.
- You must attend an assessment interview and complete the following packet. Your criminal/traffic arrest record will be reviewed by probation staff to determine whether you are an eligible offender.
- If you complete the Diversion Program successfully, the Court will **DISMISS** the charge(s) against you.

Eligibility Criteria

The following individuals are not eligible for the Diversion Program:

1. Repeat offenders or dangerous offenders;

“Repeat Offender” means a person who, in this court or any other court of competent jurisdiction, has plead guilty to or been found guilty of any offense for which jail time was or could have been imposed.

“Dangerous Offender” means a person who has committed any offense, whose history, character, and condition reveal a substantial risk that the person will be a danger to others, and whose conduct has been characterized by a pattern of repetitive, compulsive, or aggressive behavior with heedless indifference to the consequences.

2. Persons charged with offenses under the following Ohio Revised Code sections:

- 2903.13 Assault
- 2919.25 Domestic Violence
- 2919.27 Violation of Protection Order
- 2903.21 Aggravated Menacing
- 2903.22 Menacing
- 2909.03 Arson
- 2917.31 Inducing Panic

3. All traffic offenses including offenses under R.C. 4511.19 (OVI).

- **EXCEPTION:** Hit skips charged under R.C.4549.05 – 4549.03 are eligible for diversion if the offender meets all other criteria for admission.

4. Persons charged under chapter 2925 and 3719 of the Ohio Revised Code, any drug related offense, or those individuals determined to be drug dependent persons or persons in danger of becoming drug dependent persons, as defined in section 3719.011 of the Revised Code are not eligible for diversion. However, this division does not affect the eligibility of such persons for intervention in lieu of conviction pursuant to section 2951.041 of the Revised Code.

5. Persons facing any other criminal charges in any other court of competent jurisdiction other than those arising out of the same case/set of facts.
6. Person who has previously participated in an Adult diversion program in any jurisdiction.

All other offenses in which a period of incarceration may result from a plea or finding of guilty to the charge may be eligible for the diversion program at the discretion of the prosecuting attorney and in consideration of the factors listed in R.C. 2935.36(2)(a-e).

Potential Diversion Terms

The following are basic program guidelines which you should consider in deciding whether or not to apply for the Diversion Program:

1. You will be required to pay a **minimum** court cost of \$ 83.00 and a Diversion supervision fee of \$ 200, as well as possible restitution to a victim if damages were caused by the offense, treatment costs, and/or fees associated with community service if so ordered.
2. You must enter a guilty plea accepting responsibility for your criminal behavior. After the plea is accepted by the judge, the plea will be held in abeyance pending the successful completion of the diversion program.
3. You may be required to participate in an intensive or educational counseling program.
4. You may be required to refrain from using alcohol during the course of your treatment.
5. You will be required to refrain from using any controlled substances, except those prescribed by a physician. You will not be permitted to abuse any prescription medication.
6. You will refrain from ingesting any substances via “huffing” to obtain any altered state of mind.
7. You may be required to refrain from contacting the victim in this case for a specified time period and/or pay restitution.
8. You will be required to obey all federal, state and local laws during the course of your program.
9. You may be prohibited from possessing weapons during the period of your program.
10. Agree to complete all requirements and conditions of the individual offender’s program agreement and attend all meetings, sessions, and appointments associated with rehabilitation efforts.

An accused that enters a Diversion Program shall be required to do the following:

1. Enter a plea of guilty to the offense and waive, in writing, the accused's right to a trial by jury, the right to trial in a timely fashion (speedy trial) and all other rights accompanying the right to a bench or jury trial.
2. Agree in writing, to the tolling of all statutes of limitation established by statute or rule of court while in the program.
3. Agree, in writing, to pay any reasonable fee for supervision services established by the prosecuting attorney.

If you believe you are eligible for this program and you wish to apply, notify the court directly or through your attorney if you have obtained counsel, schedule an assessment with the Licking County Municipal Court Adult Probation Department to determine your eligibility for the program, and complete the attached application.

**THE LICKING COUNTY MUNICIPAL COURT
DEPARTMENT OF ADULT PROBATION**

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DIVERSION PROGRAM APPLICATION

Name: _____
(First) (Middle) (Last) (Maiden)

Street Address: _____ Telephone: _____
(Home &/or Cell)

City, State and Zip Code: _____

Email Address: _____

Social Security #: _____ DOB: _____ Age: _____ Race: _____

Sex: Male Female Place of Birth: _____

Valid Operator's License No.: _____

Any Identifying Marks (scars/tattoo): _____

CASE INFORMATION

Case No: _____

Offense/Charge(s): _____ ORC Section: _____

Attorney: (please include address/phone no.) _____

Appointed: _____ Retained: _____ Date of Arrest: _____

Original Arraignment Date: _____

Judge: _____ Prosecuting Attorney: _____

Arresting Agency: _____

Victim's Name: _____

Your Relationship to the victim (if applicable): _____

Explain why you feel you could successfully complete the Diversion Program: _____

EMPLOYMENT & FINANCIAL INFORMATION

Present Employer: _____

Address: _____ Telephone: _____

Street

City State Zip County

Job Title: _____ Length of Employment: _____

Approximate Salary: _____

If unemployed, last place worked, how long, and reason for leaving? : _____

Are you currently receiving SSI/SSDI disability payments: Yes No Amount? _____

Bills/Debts Payment Amount Balance Past Due (Y/N)?

RESIDENTIAL HISTORY

How long have you resided at your current address? _____

Do you? Own: _____ Rent: _____ Other: _____

How long have you lived in Licking County, Ohio? _____

If different than Licking Co, please note current County of residence: _____

Who else resides at the above current address?

| <u>Name</u> | <u>Age</u> | <u>Relationship</u> |
|-------------|------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

MARITAL HISTORY

Present Status: Married _____ Divorced _____ Single _____ Separated _____
Engaged _____ Common Law _____ Widowed _____ How Long? _____

If unmarried, Name and Address of significant other:

_____ Phone #: _____

| Marriages: | <u>Spouse's Name</u> | <u>Address</u> | <u>Date of Marriage</u> |
|------------|----------------------|----------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| <u>Children:</u> | <u>Name</u> | <u>Age</u> | <u>Birth Parent (other than yourself)</u> |
|------------------|-------------|------------|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PRIOR ADULT/ JUVENILE ARREST RECORD

List all offenses for which you have been charged and/or arrested, including all jurisdictions at any time, sealed charges, expunged court records, dismissed charges, or offenses which you had been advised would not be on your record.

Juvenile: If you have ever been in Juvenile Court, (including sealed expunged records) list the following information:

| <u>Date</u> | <u>Arresting Agency</u> | <u>Offense</u> | <u>Court Finding</u> |
|-------------|-------------------------|----------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Name of Juvenile Probation/Aftercare/Parole Officer(s): _____

Adult: If you have ever been arrested or cited as an adult, (including sealed/expunged records) list the following information:

| <u>Date</u> | <u>Arresting Agency</u> | <u>Offense</u> | <u>Court Finding</u> |
|-------------|-------------------------|----------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Names of adult Probation/Parole Officer(s) (past and present): _____

EDUCATION INFORMATION

Name of High School attended (include city and state): _____

Did you graduate? _____ If so, what year? _____

If not, last grade level completed: _____ what year? _____

Reason for quitting: _____

Were you ever identified in any of the following categories?

- Special Education Student (SPED) Yes No
- Learning Disability (LD) Yes No
- Attention Deficit Hyperactivity Disorder (ADHD) Yes No
- Severe Behaviorally Handicapped (SBH) Yes No
- Other: _____

Any disciplinary action? (Suspension, expulsion, etc.) explain: _____

Post High School Education/vocational training/ College: (Where/ Course of study/ graduated, etc...?)

MILITARY HISTORY

Branch of Service: _____ Dates Served: _____

Service No.: _____ Discharge: _____
(Type and Date)

Rank attained: _____ Occupational specialty: _____

PHYSICAL HEALTH

Your physical health condition: Excellent _____ Good _____ Fair _____ Poor _____

Have you ever been hospitalized? _____ Why? _____

Describe any physical problems: _____

Are you currently under medical care? _____ Physician's Name _____

Address

City

Zip

Phone

Are you currently taking any type of medication? Yes No

If yes, list medication and what it was prescribed for:

MENTAL HEALTH

Describe any emotional or mental health issues/concerns: _____

Have you ever been treated in an inpatient psychiatric hospital? Yes ___ No ___ If yes, list the date, location and give a brief explanation.

Are you currently experiencing, have experienced or been diagnosed with any of the following?

Please check all that apply:

- _____ Severe anxiety
- _____ Clinical/extreme Depression (thoughts of hopelessness, despair)
- _____ Periods of extreme energy
- _____ Periods of isolation or withdrawal
- _____ Have gone without sleep for several days
- _____ Self-inflicted wounds or cuts
- _____ Suicidal or homicidal ideation or actions
- _____ Have seen things or heard voices/sounds that no one else could
- _____ Periods of time that involve disorganized thoughts or difficulty Concentrating

List all psychotropic medication: _____

Prescribing Physician: _____

Name

Agency (if applicable)

Phone #

Have you attended or currently attending mental health counseling? Yes _____ No _____

If yes, list agency, approx date(s) attended and counselor's name: _____

ALCOHOL/DRUG HISTORY

Do you use or have you ever-used alcohol? _____ When last used/ how much? _____

How much alcohol on average do you consume per week? _____

How much money do you spend on alcohol per week? _____

Have you ever used any non-prescribed/illegal drug in your **lifetime**? If so, which ones? _____

Have you ever-injected drugs by use of a syringe? _____ If yes, what drug? _____

Are you currently using illegal drugs? Yes__ No_____ If yes, what drug(s)?: _____

If yes, when was your last use of this drug? _____

How often do you use this drug? _____

If you are **not** currently/actively using, when was your last use of any illegal drug and what used? _____

Do you feel you have or been told that you have an alcohol/drug issue? Yes No If yes, what is your Alcohol/Drug of choice? _____

Have you ever participated in "huffing" any substances to reach a euphoric state? Yes No If yes, please explain: _____

Have you ever attended a drug or alcohol treatment program at any of the following counseling agencies?

Check all that apply:

- _____ Licking Co Alcohol Prevention Program (LAPP)
- _____ Step One (Freedom program)_____ Options_____ Educational Series
- _____ Individual TX_____ New Day Treatment (NDT)
- _____ Women's Intensive Outpatient Program (IOP)
- _____ Adolescents Program_____ Group Series, Type: _____
- _____ Shepherd Hill
- _____ Maryhaven

- _____ Spencer House
- _____ Alcohol (AA) or Narcotics (NA) Anonymous
- _____ Genesis
- _____ Other counseling agency: _____

Name

Address

Phone

Counselor's Name: _____

Approximate date(s) of attendance? _____

Was the program completed? _____ If no, why? _____
