

**WINONA COUNTY MISDEMEANOR DIVERSION PROGRAM
APPLICATION & TRACKING FORM**

APPLICATION (to be completed by Applicant)

Name: _____
 Date of Birth: _____ Sex: _____ Race: _____
 Social Security Number: _____
 Previous Names? _____
 Phone Number: _____
 E-Mail: _____

Mailing Address: _____

 Permanent Address: _____

Preferred Communication (may still be contacted by mail)

PHONE EMAIL MAIL

By my signature below, I am certifying:

- That I am the above-named individual;
- That I have read and understand the Tennessee Warning regarding my rights as a subject of government data; AND,
- That I hereby authorize the Winona County Diversion program to obtain and review my criminal history record information from the Minnesota Bureau of Criminal Apprehension, and to disseminate the information contained therein to a review panel, for the purpose of determining my eligibility. This authorization shall expire one year from the date of this application.

_____ Date: _____

Tennessee Warning

In accordance with Minnesota Statute §13.04, subd. 2, we must inform you of your rights as a subject of data. The data you have provided above is needed to identify you, contact you, and assist us in determining whether you are eligible to participate in the Winona County Misdemeanor Diversion program. The data may be distributed to a review panel to determine eligibility. If you are eligible, the information supplied herein will be distributed to the Department of Corrections for purposes of supervision. You are not legally required to provide any of the information we ask you for; however, refusal to supply the requested information may result in ineligibility for the program. The questions regarding sex and race are for statistical analysis purposes and may be left blank without consequence.

ADMINISTRATION

Diversion File: _____
 Court File: _____
 Court Date: _____
 Suspended: YES NO
 Prosecutor: _____
 Defense: _____
 Agency: _____
 ICR: _____
 History: _____
 Restitution: YES NO
 Notice: _____
 Affidavit: _____

INITIAL REVIEW

Date: _____ By: _____

- No History
- Ineligible Offense
- Prior/Pending FE/GM/TM Conv./Adj.
- Panel/Unlisted Offense
- Prior/Pend. Misd. Conv./Adj.
- Prior/Pend. Div./CFD/Stay Adj./DL Ret.
- Prior/Pend. Petty/Juv. Petty
- Prior/Pend. Traffic Offense(s)
- Lack of Cooperation/Warrant Required
- ELIGIBLE** **INELIGIBLE** **PANEL REVIEW**

PANEL REVIEW

LE input: _____
 Sent: _____
 Decision: _____
 ELIGIBLE **INELIGIBLE**

FINAL ELIGIBILITY

ELIGIBLE **INELIGIBLE**

Override:

Offender Letter: _____
 Appointment: _____
 Referral: _____

NOTES:

DISCHARGE RECOMMENDATION

Date: _____

- RETURNED** (pre-agreement):
- Declined Denied FTA New Offense
- SUCCESSFUL**
- UNSUCCESSFUL** (specify conditions violated):

FINAL OUTCOME

DISMISSED **PROSECUTED** Notice: _____