

Pretrial Diversion Monthly Report

Orange County Corrections Department***Community Corrections Division
Mailing Address: P.O. Box 4970, Orlando, FL 32802-4970***Physical Address: 3723 Vision Blvd., Orlando, FL 32839

Please PRINT all information and COMPLETE form

Today's Date : _____

Name: _____

Officer Name: _____

MNI#: _____ PO#: _____

Offense: _____

Contract Expiration Date: _____ *

Email: _____

*** DOCUMENTATION OF ALL CONDITIONS MUST BE RECEIVED AT
LEAST THIRTY (30) DAYS PRIOR TO TERMINATION (OR SOONER
IF DIRECTED)**

**VERIFY EMPLOYMENT BY COPY OF PAY STUB
VERIFY STUDENT STATUS BY COPY OF SCHEDULE**

Home Address: _____

Employment Status: **Full Time Part Time Unemployed**
Employer: _____

City, State, Zip: _____

Employer Address: _____

Telephone #: _____ (Home)

City, State, Zip: _____

Telephone #: _____ (Cell)

Work Telephone: _____

Is this a change of address? **Yes or No (circle one)**

Is this a change of employment? **Yes or No (circle one)**

Mailing Address: _____

Employment Student Status verified? **Yes or No**

City, State, Zip: _____

(Verify employment and/or Student Status within 30 days)

Reside with? _____

Student Status: **Full Time or Part Time** at _____ (School Name)

HAVE YOU BEEN ARRESTED, SUMMONED, RECEIVED A CITATION, OR SERVED WITH AN INJUNCTION SINCE APPLICATION TO THIS PROGRAM?
Yes or No

HAVE YOU BOUGHT OR USED ANY ILLEGAL – CONTROLLED SUBSTANCES? Yes or No

(X) Mark All Conditions Applicable to your Case. Indicate Date or Number of Sessions Completed.

() **Community Service:** _____ **Hours/ Hours Completed:** _____ ACS Officer: _____

() Cost of Supervision Paid to date: \$ _____ Balance Due: _____

() Intake (\$20) Fees: Paid to date: \$ _____ Balance Due: _____

() Drug Test (\$17) Fees: Paid to date: \$ _____ Balance Due: _____

() Telephone Reporting (postal money order). Paid to date \$ _____ Balance Due: _____ Last Call: _____

() State Attorney (\$50) Fee to Clerk Paid to date: \$ _____ Balance Due: _____

() Restitution/ Inv. Fees Paid to date: \$ _____ Balance Due: _____

() **Impulse Control/ Date Completed:** _____ Agency: _____

() Anger Management/Date Completed: _____ Agency: _____

() Substance Abuse Evaluation/Date Completed: _____ Agency: _____

() Substance Abuse Treatment/ # of Sessions Completed: _____ Agency: _____

() Random Urinalysis: Last Date: _____ Results provided to agency on: _____

() Mental Health/Sex Offender Assessment/STD Class _____ Agency: _____

() Letter of Apology/ Date Completed: _____

() Batterer's Intervention: # of Sessions Completed: _____ Agency: _____

() GED or ESOL ? Last class Attended: _____ Agency: _____

() Other: _____ Date: _____ Agency: _____

() **Victim Awareness/ Impact Date Completed:** _____

() **DWICAS Level I Date Completed:** _____ Treatment Required? _____

() Vehicle Impoundment/ Date Completed: _____ Agency: _____

() \$ 500/\$1000 (DUI) Contribution/ Date Completed: _____ Agency: _____

() Ignition Interlock/ Date Completed: _____ Agency: _____

NEXT APPOINTMENT DATE & TIME: _____ **Problems/Issues to Discuss? Yes or No?**
Explain on back.

Signature _____ **/Signature certifies information is true and complete**