

**THIRD JUDICIAL DISTRICT ATTORNEY'S OFFICE  
AMY ORLANDO, DISTRICT ATTORNEY  
845 North Motel Blvd., Second Floor, Suite D.  
Las Cruces, NM 88007  
(575) 524-6370 FAX: (575) 524-6379**

**JUVENILE PRE-PROSECUTION DIVERSION PROGRAM  
APPLICANT QUESTIONNAIRE**

Date: \_\_\_\_\_

**Answer all questions thoroughly and accurately. You may write on the backs of the pages if you require extra space to complete your answers. Omission or falsification of information may result in the rejection of your application to the JPPD Program.**

**NAME:** \_\_\_\_\_  
Last First Middle Maiden

Other names you are known by or you have used: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Sex: \_\_\_\_\_ Race or Ethnic Origin: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Driver's License# and State Issued: \_\_\_\_\_

Scars/Tattoos/Marks: \_\_\_\_\_

Health Insurance: Type of Coverage: (circle) Medicaid: \_\_\_\_\_

Other: \_\_\_\_\_

**PHYSICAL**

Street City State Zip Code

**ADDRESS:**

**MAILING**

Street/Box # City State Zip Code

**ADDRESS:**

Provide directions to where you live. If necessary, use the back of this page to draw a map:

Type of residence: (check one) \_\_\_\_\_ House \_\_\_\_\_ Mobile Home \_\_\_\_\_ Apt. \_\_\_\_\_ Other

Persons living at this residence and their relation to you: \_\_\_\_\_

Do you have any plans to relocate? If yes, explain: \_\_\_\_\_

**HOME PHONE NUMBER:** \_\_\_\_\_ Other numbers where you can be reached or receive messages: \_\_\_\_\_

**EMPLOYER:**

Name of Company Address Phone

Your job title: \_\_\_\_\_ Work schedule: \_\_\_\_\_

Number of work hours per week: \_\_\_\_\_ Monthly income: \_\_\_\_\_

Does your employer know that you are currently facing criminal charges? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Revised February 2006)

**CRIMINAL CHARGE:**

Current criminal charge(s) against you:

Defense Attorney: \_\_\_\_\_ Public Defender \_\_\_\_\_ Private Attorney \_\_\_\_\_  
 Date of offense: \_\_\_\_\_ Date of arrest: \_\_\_\_\_  
 Co-Defendant(s): \_\_\_\_\_

**PRIOR CRIMINAL RECORD:**

List all previous contacts you have with any law enforcement agency. Include any time you were detained, questioned, arrested, received a summons or citation, or were found guilty of any crime.

Date	Charge	City/State	Disposition

Have you ever been the **victim** of a crime? If yes, provide details:

**RESIDENTIAL HISTORY:**

List all of the places that you have lived during the past 5 years. Begin with your current address and work backwards.

City/State	Dates of Residence

**MARITAL HISTORY:**

Current Status: (Circle) Single Engaged Married Divorced Separated Common Law Widowed  
 Give information about your present spouse/fiancé or common law relationship:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Employment: \_\_\_\_\_

Date and place of marriage: \_\_\_\_\_

Do you have any children? Yes No If yes, provide your children's name(s) and ages: \_\_\_\_\_

**FAMILY:**

( )Father ( )Stepfather ( )Guardian

( )Mother ( )Stepmother ( )Guardian

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
DOB: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
INCOME: \_\_\_\_\_ HEALTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
DOB: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
INCOME: \_\_\_\_\_ HEALTH \_\_\_\_\_

**MARITAL STATUS (natural parents):**

Married: ( ) When: \_\_\_\_\_ Where: \_\_\_\_\_  
Divorced:( ) Separated( ) Deceased( ) When: \_\_\_\_\_ Where: \_\_\_\_\_  
Father: Remarried( ) Spouse's name: \_\_\_\_\_  
Mother: Remarried( ) Spouse's name: \_\_\_\_\_

**CHILDREN IN YOUR HOUSEHOLD:**

Name	Sex	DOB	POB	Occupation
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

Does any member of your family have a criminal record? If yes, give details:  
Briefly describe your childhood. What was it like to grow up in your family?  
Were you ever abused as a child? If yes, provide details:  
How has your family reacted to your present trouble with the law?  
What type of relationship do you have with your family?

**EDUCATION:**

**SCHOOL** (If Attending): \_\_\_\_\_  
Name of School City State  
When do you expect to finish school? \_\_\_\_\_  
What plans do you have after graduation? \_\_\_\_\_  
What grade are you in? \_\_\_\_\_ What grades do you earn?  
Are you in regular education or any special education programs? \_\_\_\_\_

Other School(s) You Have Attended	City/State	Grade Levels

If you dropped out of school prior to high school graduation, explain why:  
Awards/Activities in school:

Discipline problems in school(include attendance problems) \_\_\_\_\_

Do you have any plans to further your education or training?

**ALCOHOL USE:**

Is the criminal charge against you related to the use of alcohol? If yes, give details:

Do you drink alcoholic beverages? If yes, explain how often and how much you drink:

Have you ever received treatment for alcohol abuse? If yes, indicate when and where you were treated and for how long:

**DRUG USE:**

Is the criminal charge against you related to the use of drugs? If yes, give details:

Have you ever used drugs? If yes, give details (indicate what drugs you have used, how often you used drugs and when was the last time you used drugs):

Have you ever received treatment for drug use? If yes, advise when and where you were treated and for how long:

**GANG:**

Are you affiliated with any type of gang? Yes No

If so, what is the name of the gang and describe your involvement?

Was your crime gang related? Yes No

**HEALTH:**

Describe the present state of your **physical health:** (circle) excellent good fair poor

If your answer to any of these questions is yes, please give details:

Do you currently have any illness or disability? \_\_\_Yes \_\_\_No

Are you currently under a doctor's care? \_\_\_Yes \_\_\_No

Are you taking prescribed medication? \_\_\_Yes \_\_\_No

Have you ever suffered a serious accident or illness? \_\_\_Yes \_\_\_No

Describe the present state of your **mental health:** (circle) excellent good fair poor

Have you ever seen a counselor, psychologist or psychiatrist? \_\_\_Yes \_\_\_No If yes, please provide dates of service and location(s) where services obtained.

How do you feel about participating in counseling or other treatment for mental health or substance abuse if it is recommended as a requirement of your participation in the JPPD Program?

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**ACTIVITIES:**

What activities or hobbies do you enjoy in your spare time:

**OTHER:**

Why are you a good candidate for the JPPD Program?

**The information in this application is true and correct to the best of my knowledge.**

**I understand that if I provide false information or omit information on any documents relating to my application to the JPPD Program, this will be sufficient reason for my rejection from the JPPD Program.**

**I further understand that if I provide false information or omit information on any subsequent documents after being accepted into the JPPD Program, this will be sufficient reason for my termination from the JPPD Program.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Respondent

**THIRD JUDICIAL DISTRICT ATTORNEY'S OFFICE  
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LAS CRUCES, NEW MEXICO 88007  
(505) 524-6370**

**JUVENILE PRE-PROSECUTION DIVERSION PROGRAM  
AUTHORIZATION FOR RELEASE OF INFORMATION**





STATE OF NEW MEXICO  
COUNTY OF DONA ANA  
THIRD JUDICIAL DISTRICT

STATE OF NEW MEXICO,

Plaintiff,

vs.

\_\_\_\_\_

Respondent

No. D-307-JR-  
Judge

WAIVER OF TIME LIMITS

I have been informed of the charge(s) against me and my right to pursue an adjudicatory hearing.

I desire to apply to the District Attorney's Juvenile Pre-Prosecution Diversion Program and have had the process explained to me including the consequences of violation(s) once accepted in the program.

I therefore freely and voluntarily waive my right to an adjudicatory hearing during the pendency of my participation in the Pre-Prosecution Diversion Program.

Furthermore, I knowingly, voluntarily and intelligently waive all the time limits imposed by the Children's Court Rules and Children's Code.

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
Parents and/or Guardians

\_\_\_\_\_  
Defense Attorney

cdd/JV-