

Rock County Sheriff's Office  
Diversion Program  
3506 N Hwy 51, Building B  
Janesville, WI 53545  
Office 608-373-3880



## Application

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

How long lived at above address \_\_\_\_\_ rent or own (circle one)

Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_ Marital Status \_\_\_\_\_

Scars/Marks/Tattoos/Etc. \_\_\_\_\_

Name of persons living with you	DOB	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is anyone living in the residence on probation or parole?  Yes  No

If so, list their names \_\_\_\_\_

List any weapons kept in the home \_\_\_\_\_

Do you have childcare privileges? \_\_\_\_\_ Do you have special circumstances? \_\_\_\_\_

Explain: \_\_\_\_\_

Do you have any disabilities or special medical conditions? \_\_\_\_\_

Explain: \_\_\_\_\_

Are you currently taking a prescribed medication? \_\_\_\_\_ Doctor \_\_\_\_\_

Name of medication(s) \_\_\_\_\_

Have you ever been treated for drug or alcohol abuse? \_\_\_\_\_ If so, when? \_\_\_\_\_

Location and reason for treatment \_\_\_\_\_

Do you have regularly scheduled appointments besides work (treatment, counseling)? \_\_\_\_\_

Explain: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Are you self-employed (proof required)?  Yes  No Federal Employer # \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Supervisors name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Length of employment \_\_\_\_\_ Hourly wage or salary \_\_\_\_\_  
Pay period \_\_\_\_\_ Weekly work hours (days/time) \_\_\_\_\_  
Does your supervisor work on site with you? \_\_\_\_\_ Does your job location vary? \_\_\_\_\_  
Explain \_\_\_\_\_  
Does your job take you out of the county? \_\_\_\_\_  
Explain \_\_\_\_\_  
Do you have transportation? \_\_\_\_\_ Explain \_\_\_\_\_

**CRIMINAL INFORMATION:**

What is the current charge(s) you are in jail for? \_\_\_\_\_  
What is the length of your sentence? \_\_\_\_\_  
Do you have any charges pending? \_\_\_\_\_ List charges & jurisdiction \_\_\_\_\_  
\_\_\_\_\_  
Are you currently on probation/parole? \_\_\_\_\_ Agents name and phone # \_\_\_\_\_  
If yes, what charge(s) are you on probation/parole for? \_\_\_\_\_  
Have you ever been convicted of a domestic abuse charge? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
Who is the victim? \_\_\_\_\_ Have you been charged with a crime against a person? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
Do you have, or have you ever had, any restraining orders/injunctions against you? \_\_\_\_\_  
If yes, explain \_\_\_\_\_

List all previous criminal charges: (Use the back of the sheet if necessary)

Charge	Date	Jurisdiction	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In the space provided, give a short explanation as to why you should be eligible for this program:

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I agree that the above information is true and accurate. Any information that I provide that misleads the monitoring officer will result in me being disqualified from the program and will result in disciplinary actions against me.

I also understand that completion of this application DOES NOT guarantee that I will be accepted to the Diversion Program.

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Inmate Signature

Date

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Receiving Officer

Date