

**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**