

Green
Y.A.R.D.
PROGRAM
 YOUNG ADULT REDIRECTION & DIVERSION

Section 1

Defendant's Name _____ Interview Date: _____ Time: _____

Address _____
Street City State Zip

Length at present address _____ Length in Dallas/Fort Worth Area _____

Phone Number _____ Driver License or I.D. Number _____

Date of Birth ____/____/____ Place of Birth _____ Social Security Number _____

Wt _____ Ht _____ Hair _____ Age _____ Sex _____ Race _____

AIS# _____ SID# _____ BNO# _____

Current Offense: _____ **Cause#:** _____

Class: _____ Bond Amount: _____ Agency: _____

Current Offense: _____ **Cause#:** _____

Class: _____ Bond Amount: _____ Agency: _____

Current Offense: _____ **Cause#:** _____

Class: _____ Bond Amount: _____ Agency: _____

Section 2 -List current employment

Current Employer _____ Job Title _____
 Address _____ Phone Number _____
 Supervisor's Name _____ Weekly Salary _____
 Length of Employment _____ years/ _____ months

Section 3- Education, Training and Experience

****If already graduated, attach copy or picture of high school and/or college diploma**

****If currently enrolled in school, provide copy of student identification and proof of enrollment status**

High School: _____ Years completed: _____

Address: _____ City, State, Zip: _____

Did you graduate? ()Y or ()N Degree/Diploma earned: _____

College/University: _____ Years completed: _____

Address: _____ City, State, Zip: _____

Did you graduate? ()Y or ()N Degree/Diploma earned: _____

Vocational School: _____ Years completed: _____

Address: _____ City, State, Zip: _____

Did you graduate? ()Y or ()N Degree/Diploma earned: _____

Section 4

<p>Race</p> <p><input type="checkbox"/> American Indian/ Alaskan Native</p> <p><input type="checkbox"/> Asian/Indian</p> <p><input type="checkbox"/> Black/African American/African decent</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> White Caucasian</p> <p>Heritage</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Non-Hispanic</p> <p>Primary Language _____</p>		<p style="text-align: center;">Additional Notes</p>
<p>Marital Status</p> <p><input type="checkbox"/> Common Law</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated (SP)</p>	<p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Widowed</p>	
<p>Health: Current Past Physical Condition _____ Length of Illness _____</p> <p>Medication Taken? Yes No - Prescription? Yes No - Name of Medicine _____</p>		<p>Aliases: _____</p> <p>_____</p> <p>_____</p>

Section 5 -PLEASE READ INSTRUCTIONS CAREFULLY!—List three (3) names, address, and telephone numbers of relatives or friends who would know your whereabouts at all times. The references must be local (Dallas/ Fort Worth Area).

1.	_____	_____	_____	_____
	Name	Address	Home Phone No.	Relationship
2.	_____	_____	_____	_____
	Name	Address	Home Phone No.	Relationship
3.	_____	_____	_____	_____
	Name	Address	Home Phone No.	Relationship

I certify that the information contained in this document represent the totality of information requested and or obtained from this inmate.

Name

Date



VOLUNTARY AUTHORIZATION AND WAIVER OF CONFIDENTIALITY

I, _____, waive my rights of confidentiality and authorize any and all Green Y.A.R.D. Program representatives to request and or receive information or records from any persons including myself, or any agency having information or records concerning my drug/alcohol, medical, psychological or psychiatric history and any information or records pertaining to diagnosis, condition or treatment of a medical, drug/alcohol, psychological or psychiatric nature.

I further waive my rights of confidentiality and authorize Green Y.A.R.D. Program representatives to disclose any and all acquired information or records to the following:

1. The Judge having authority over my case and the personnel of that Court.
2. Other Green Y.A.R.D. Program representatives involved in the supervision and maintenance of the program record.
3. Representative of any residential facility or outpatient program in which I may be committed and / or confined.
4. Representative from District Attorney's Office and any attorney of record representing me in this case/s for which I am in the Green Y.A.R.D. Program.

This waiver is limited to communication made to and among the persons or agencies referenced above, and I do not waive my rights of confidentiality in regard to any other individual or agency not so included. I understand the purpose of this waiver is to facilitate the supervision of my participation in the Green Y.A.R.D. Program and I may revoke this waiver at any time.

On this date _____, I have read or had read to me the terms and conditions of this agreement and fully understand same, do hereby freely agree to those terms and conditions.

Applicant

Assistant Public Defender