Steele County Pre-Trial Diversion
Application & Information

Court File	

Full Name	
Date of Birth	
Address	
Phone Number	
Email	
Employer	
Days/Hours of Work	

Defense Attorney	
Prosecutor	

1. My attorney or I have made contact with the Steele County Attorney's Office before making this application.
2. I understand and agree that I must provide truthful and fully accurate information to Steele County Community Corrections as part of my screening and supervision.
3. I have received, read, and fully understand the Steele County Diversion Policy.
4. I understand that if I wish to discontinue participation in the program, I will resume the traditional criminal process.

_____ Dated: _____

Defendant
Name: