

# YOUTH SERVICE SYSTEM

OF SAUNDERS COUNTY, INC.

Pam Lausterer, Program Director

426 N. BROADWAY, WAHOO, NE 68066 (402) 443-8169

## APPLICATION FOR YOUTH SERVICES DIVERSION

**These questions are to be answered by youth:**

1. Explain why you believe the diversion program would help to prevent you from committing another offense?

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2. Explain in detail why you feel you could successfully complete the diversion program.

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3. Have you ever been in a **diversion** program before? \_\_\_\_\_ If yes, please complete the following information.

Offense	Date of Offense	County of Offense
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4. Please state any previous offense(s) that you have been convicted of:

Offense	Date of Offense	County of Offense
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I have read the foregoing application. All information is true and correct. I understand that if any of the foregoing information is not true and correct, this will be a basis for denial or revocation of diversion.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Signature of Custodial Parent

## **ADDITIONAL INFORMATION TO BE PROVIDED BY CUSTODIAL PARENT:**

### **Name, Address and Phone Number of Parent(s):**

Mother: \_\_\_\_\_ Street \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Father: \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Work Phone # \_\_\_\_\_

Step Mother: \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Work Phone # \_\_\_\_\_

Step Father: \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Work Phone # \_\_\_\_\_

Custodial Family income:   \_\_\_ Less than \$10,000                                   \_\_\_ \$10,000 - \$24,900  
   \_\_\_ \$25,000 - \$39,000                                   \_\_\_ \$40,000 - over

**Information on Youth:**

Youth Cell Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name of person who has legal custody of the youth? \_\_\_\_\_

\_\_\_\_\_  
Social Security Number \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Number of siblings in current household \_\_\_\_\_  
Name of School: \_\_\_\_\_ Current Grade \_\_\_\_\_  
If not in school did youth graduate / receive GED / attending college \_\_\_\_\_  
Where: \_\_\_\_\_ Date: \_\_\_\_\_  
Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_