

State vs. _____, Case # _____
Cochise County GRACE Program case # _____

GRACE PROGRAM OBLIGATIONS

The following is a list of obligations that you must understand before you can make an application for the Cochise County Attorney's GRACE Program. These conditions will also apply if you are accepted into the Program.

1. _____ Involvement in the Program is voluntary. I may withdraw from consideration or participation in the Program at any time and understand that I will then return to Court for this offense.
2. _____ Truthfulness is important in determining acceptance into the Program. All information given in the application and during the interview will be reviewed and verified. Any intentional falsifications or omissions may result in rejection or revocation. It should also be understood that during GRACE program consideration and/or participation there is no confidentiality of information.
3. _____ Should I be rejected from the Program, information I may have given or the fact that I applied would not be used against me by the prosecutor in the case.
4. _____ I must not leave the State without first receiving consent from this office and from the court through my attorney.
5. _____ I must not violate the law again or I may be prosecuted for both the new offense and for this offense.
6. _____ I must cooperate with and report to this office as requested. I must meet all of the conditions of my individual program, and I must also cooperate with any agency to which I am referred.
7. _____ I understand that failure to fulfill any of these obligations may be considered sufficient cause for my rejection or revocation by the Cochise County Attorney's GRACE Program, and that I may then have to return to court for this offense, or a warrant may be issued for my arrest.

Signature of Applicant: _____

Date: _____

What is your current relationship with: (Circle One)

Father: Good Adequate Indifferent Bad None

Mother: Good Adequate Indifferent Bad None

Brother/s: Good Adequate Indifferent Bad None

Sister/s: Good Adequate Indifferent Bad None

Are your parents aware of your present offense? Yes _____ No _____

EDUCATION:

Do you have a high school education? Yes ____ No ____ GED ____

Circle highest grade completed:

Less than: 8th 9 10 11 12 College: 1 2 3 4+

List any high school, colleges, business schools, trade schools attended starting with the most recent one.

SCHOOL NAME	ADDRESS	DATES ATTENDED/DIPLOMA
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOUSING:

With whom are you living at the present time? _____

Alone with parents spouse friend (name)

Amount of rent/mortgage \$ _____

How long have you resided at the present address? _____

How long have you resided in Cochise County? _____

How many places have you lived in the past year? _____

EMPLOYMENT HISTORY: (Circle One)

Employed Unemployed

Are you satisfied with your present employment? Yes _____ No _____

Starting with your present employment, list your employment for the last two years. If unemployed, start with your most recent employment.

Employer	Address	Type of work	From - To
_____	_____	_____	_____
_____	_____	_____	_____

FIXED INCOME AND EXPENSES:

<u>Net Monthly Income</u> <u>After Deductions</u>	<u>Fixed Monthly Expenses</u>
Yours \$ _____	Mortgage or Rent \$ _____
Spouse \$ _____	Utilities (average) \$ _____
Child Support \$ _____	Car Payment \$ _____
Interest / Dividends \$ _____	Insurance \$ _____
Other \$ _____	Other \$ _____

PREVIOUS INVOLVEMENT WITH LAW ENFORCEMENT:

Have you ever been arrested before as an adult? Yes _____ No _____

If so, charge/s: _____

Where? _____ Date: _____

Disposition: _____

Where? _____ Date: _____

Disposition: _____

Where? _____ Date: _____

Disposition: _____

Where? _____ Date: _____

Disposition: _____

Do you have any outstanding traffic tickets? Yes _____ No _____

If so, citation/s: _____

Where? _____ Date: _____

PHYSICAL AND EMOTIONAL HEALTH: (Circle One)

Excellent Good Poor (Explain) _____

Do you have any disabilities, chronic illness or problem? _____

If so, please list: _____

Are you presently under a doctor's care? Yes _____ No _____

Have you ever had psychiatric or other mental health care? Yes _____ No _____

ALCOHOL AND DRUG USE:

Describe your drinking habits – Past and Present _____

_____ Have you
ever used Marijuana, Narcotics or Dangerous Drugs of any Kind?

Yes _____ No _____ If so, please describe _____

MILITARY HISTORY:

Branch of Service _____ Date Entered _____

Date of Separation _____ Type / Discharge _____

Are you eligible for G. I. benefits? Yes _____ No _____

I certify that the information I have provided is truthful and accurate, and I understand that providing the GRACE Program with inaccurate or dishonest information may be sufficient cause to reject my application or later revoke me from the GRACE Program.

Signature of Applicant

Date

GRACE PROGRAM – VOLUNTARY AGREEMENT

PRINT APPLICANT’S NAME

PRINT APPLICANT’S ATTORNEY’S NAME

On this date the above-named person having made an application for the status of GRACE Participant and having been recommended for that status by the GRACE Program, and the County Attorney believing that this person is not likely again to engage in an offensive or criminal course of conduct and that the public good does not require that this person be prosecuted at this time.

THEREFORE, the County Attorney accepts the said person’s application and agrees that he/she be placed on Voluntary Participation Status under the supervision of the above-named department/program, and on the conditions set forth below.

IT IS FURTHER AGREED by that said person, during the GRACE Program participation period, shall abide by the following conditions, which conditions he/she has voluntarily agreed to as attested by his signature below.

I, _____, hereby voluntarily agree to abide by the following conditions of GRACE Program Participation for a period of _____ months from and after the date approved herein by the County Attorney.

- 1) To participate in _____ hours of community restitution/service as directed, and to hold harmless the Cochise County, its board members, officers, employees, agents and other officials, and any employer to whom I am assigned to perform any work, or any employee or agent thereof, from all, damages, losses, expenses, or claims for bodily injury, sickness, disease, death, personal injury or property damage sustained by me and arising out of, resulting from the performance or furnishing of work or services under this Agreement.

- 2) To attend all treatment and medical appointments as directed, which will be administered independently of the GRACE Program. I understand that failure to remain in treatment or to remain in contact with the Mental Health Program Coordinator may be good cause to terminate me from the GRACE Program. Furthermore, I understand that attending counseling and/or classes will be done at my own expense and that the GRACE Program will not assist me with any resulting fees, transportation or any other costs arising from my attendance.

- 3) To be subjected to random drug testing, at the sole discretion of the GRACE Program. I understand that the GRACE Program may require that I provide a sample of my urine or bodily fluid for evaluation by an independent agency, and that I will be responsible for any fees, transportation and other expenses related to this testing. The tests may be required more than once and must be completed within 24 hours of the request. I understand that failure to be tested within 24 hours of the request and/or failing the said test will result in my termination from the GRACE Program.

- 4) To pay all restitution as directed, prior to my successful release from the program. I understand that failure to pay will result in my termination from the GRACE Program.

- 5) To abide by all other terms and/or conditions required of me by the GRACE Program, including but not limited to law abiding behavior and to report any contact with law enforcement. I understand that entry into the program is an opportunity that represents my chance to obtain necessary treatment to ensure a productive life in the future.

I have read the foregoing GRACE Program participation agreement and acknowledge receipt of a copy thereof. I have discussed with my attorney all the consequences associated with participation in this program, including waivers of applicable constitutional rights, and I understand that my agreement to abide by the above conditions of GRACE Program, participation is voluntarily made on my part. I fully understand that should I fail to abide by all of the above conditions I shall, thereby, have voluntarily terminated my status as a GRACE Participant.

Signature of Applicant: _____ Date: _____

Applicant's Attorney: _____ Date: _____