

HOMELESS PERSONS CRIMINAL DIVERSION PROGRAM

PARTICIPANT AUTHORIZATION

I authorize my case manager to share this information with the Program Coordinator, Homeless Persons Criminal Diversion Program, SEPH; Homeless Persons Representation Project, State's Attorney's Office, appointed pro bono attorney or the Office of the Public Defender so that my case(s) may go before the Homeless Persons Criminal Diversion Program in lieu of District Court.

I understand that those agencies may run searches on judicial information systems.

I understand that participation in the Homeless Persons Criminal Diversion Program is voluntary and that should I withdraw or fail to complete my service agreement, I would return to the court's regular docket. I understand that participating in this program requires I agree to an action plan in lieu of in lieu of traditional prosecution of my case.

Signature

Date