

**22<sup>nd</sup> JDC DIVERSION APPLICATION FOR A HARDSHIP DISCOUNT**

*As a requirement for receiving a discount, you may be required to gain employment within 90 days.*

Date \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_ Soc Sec # \_\_\_\_\_  
 Employer \_\_\_\_\_ Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  
 Employer Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 If unemployed, last date of employment \_\_\_\_\_ Name of Former Employer \_\_\_\_\_  
 Number of Adults in Household \_\_\_\_\_ Number of Children in Household \_\_\_\_\_  
 Will you be paying for your Diversion? If no, then who? \_\_\_\_\_  
 Relationship \_\_\_\_\_ Do you qualify for a Public Defender? \_\_\_\_\_  
 Do you receive public assistance such as Medicaid, food stamps, or disability assistance? \_\_\_\_\_

Is your household income equal to or below the following monthly criteria based on the number of persons in your household? \_\_\_\_\_ If yes, please circle the income category that represents your household.

- 1 person - <\$2,023 per month      2 people - <\$2,743 per month      3 people - <\$3,463 per month**  
**4 people - <\$4,183 per month      5 people - <\$4,903 per month      6 people - <\$5,623 per month**

Please provide documentation such as tax returns, pay stubs, social security payments, disability payments, etc. for the past 2 years when you submit this application.

Please provide the following information. Income is monthly and before taxes.

Monthly Income		Monthly Expenses			
Your Salary		Mortgage/Rent		Tuition	
Spouse / Significant Other		Phone & Cable		Student Loans	
Public Assistance		Utilities (Water, Gas, Electric)		Child care	
Unemployment		Home Insurance		State & Federal Taxes	
Child Support		Car Payments		Alimony	
Alimony		Car Insurance		Child Support	
VA Benefits		Fuel		Attorney	
Disability		Groceries		Credit Cards	
Worker's Comp		Medical Insurance		Medical Bills	
Other		Other		Other	
<b>TOTAL INCOME</b>	<b>\$</b>			<b>TOTAL EXPENSES</b>	<b>\$</b>

***Under penalty of perjury and possible prosecution, I declare that, to the best of my knowledge and belief, this application is true, correct and complete.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Office Use Only:*

Authorized Payment Plan \_\_\_\_\_ Initials \_\_\_\_\_