

**COLORADO COMMUNITY CORRECTIONS  
SPECIALIZED OFFENDER SERVICES FUND  
APPLICATION  
DIVERSION CLIENT**

<b>Application Date</b>	
<b>Applying Agency (Board or Program)</b>	
<b>Agency Contact (Your Name)</b>	<b>Phone</b> <span style="float:right"><b>FAX:</b></span>
<b>Offender Name</b>	<b>Offender Case No.</b> <b>District of Conviction</b>
<b>Brief Description of Offender's Needs or Problems that must be addressed to allow continued community placement (attach additional pages if more space is needed).</b>	
<b>Description of the Specialized Services to be provided with funds.</b>	
<b>Identification of the Service Provider</b>	<b>Credentials/Qualifications</b>
<b>Name</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Cost per Service/Session (REQUIRED)</b>	
<b>Estimated Monthly Cost</b>	<b>Estimated Length of Service</b>
<b>Total Estimated Costs for Services (REQUIRED)     \$</b>	
<p><b><u>Please E-MAIL This Request to:</u></b> <b><u>mindy.miklos@state.co.us</u></b></p>	