Tom Caldwell

Wilson County Attorney 1420 THIRD STREET ~ FLORESVILLE, TEXAS 78114 ~ (830) 393-7305; FAX (830) 393-7358

ADULT MISDEMEANOR PRE-TRIAL INTERVENTION PROGRAM (PTIP) APPLICATION

All sections of this application MUST be completed or the application may be rejected. Additional information that would assist the County Attorney in his assessment of a Defendant's suitability for the program may be submitted on additional sheets attached to this application.

	CASE INFORMATION
Defendant's Name	
Defendant's E-Mail	
Cause Number(s)	
Offense(s)	
Offense Date(s)	
Attorney's Name	
Attorney's E-Mail	
Next Court Setting	

My client is not fluent in English and is requesting an accommodation for the following language:_____

PART I. PERSONAL DATA SHEET

Personal Information

First Name	Middle Name	Last Name
Maiden Name	Nickname or Alias	Date of Birth
Highest Education	Marital Status	Number of Dependents
Social Security Number	Driver's License Number	DL State DL

Race	Place	of Birth	Citizenship	
Address	Apt	City	State	Zip Code
County	How long have yo	ou lived at this physica	I address?	

Home Phone	Mobile Phone	E-mail Address (required for participation

Employment Information

Employment Status (circle one):	Full-time	Part-time	Not employed	Seasonal
	Student	Retired	Disabled	Homemaker

Employer			Position/Title		
Address	Suite	Citv		State	Zip Code
Work Phone	Superv	visor's	Name	Lenath of En	nplovment

• Please provide the names, addresses, and telephone numbers of two persons, unrelated to you, that can provide a reference as to the information contained within this application and of your suitability for this program (WILL BE CHECKED):

Name:	
Address:	
Telephone:	
Relationship:	
Name:	
Address:	
Telephone:	
Relationship:	

If you are a student, what school are you attending? ______

•	If unemployed,	when and	where wer	re you las	t employed?
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<u> </u>	you currently on any pre ES I NO f yes, please list those n		tions?	
ΠY	/ou currently or have yo ES	u ever been throu	ugh a substance	e abuse program?
	ype of Program: Date(s) attended:	Inpatient	Outpatient	AA/NA
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PART II.: PRIOR CONTACTS WITH CRIMINAL JUSTICE SYSTEM

Prior contacts with the criminal justice system include but are not limited to juvenile records (*regardless of disposition*), adult arrests or citations (*regardless of disposition*), out-of-state arrest or citations (*regardless of disposition*), offenses for Minor in Possession of Alcohol, Minor in Consumption of Alcohol, Public Intoxication, Class "C" Assault, and Possession of Drug Paraphernalia (*regardless of disposition*). The application must be supplemented if contact with the Criminal Justice System occurs after the *PTIP Application* is filed. This section does not include traffic citations.

NOTE- Please disclose in full. Past contacts with the criminal justice system is not an automatic bar to someone being accepted into the PTIP. However, *withholding past contacts from this application IS.*

Date of Arrest/Citation	Place of Arrest/Citation	Offense	Disposition

PART III. DEFENDANT'S STATEMENT OF THE OFFENSE

Defendant must, in his or her own words, complete this written statement about the circumstances of the offense and why Defendant is guilty of the offense. Defendant must be willing to take full responsibility for his or her actions and confess to the offense. Merely stating "I accept full responsibility for the offense" is insufficient. Minimizing one's actions and blame-shifting are not indicators of a strong candidate for PTIP. Once the application is submitted, **NO RE-WRITES ARE ALLOWED**. If a Defendant requires more space for their statement, they may attach additional sheets to this application.



PART IV: ACKNOWLEDGMENTS

Attorney of Record

____as attorney of record for Defendant, certify that I Ι, have explained to Defendant about the consequences of waiving certain Constitutional rights to gain admission in the PTIP including the requirement for Defendant to confess to the offenses charged in writing. I have explained to Defendant that if accepted, he or she must attend and complete all assessments, classes, and other requirements specified in the PTID Contract. I have also informed Defendant that if he or she is accepted into the program, he or she will be required to pay certain fees for any required assessments, classes, or other requirements specified in his/her Contract, ignition interlock (or other alcohol monitoring devices), a program fee determined by the County Attorney that may be up to \$500.00, a \$300.00 court-appointed attorney fee (if applicable), and any restitution owed on the case (including DPS Lab testing fees). I explained to Defendant any weapon seized for any reason as a part of this case may require forfeiture in order to gain admission in PTIP. I furthermore affirm that the offenses charged are those eligible for this program, and I am submitting this Application within six (6) months of Defendant's arrest or at least ten (10) business days prior to Defendant's first trial setting, whichever occurs first.

DATE:_____

ATTORNEY FOR DEFENDANT

Defendant Applicant

I,_____, have been advised by my attorney of record about PTIP. I have been advised of my Constitutional rights as a criminal defendant, and I understand participation in PTIP will require me to voluntarily waive said constitutional rights.

I understand that if accepted, I must pay a program fee which could be up to **\$500.00**. This program fee will be due in full **on the day the** *PTIP Contract* is signed. If I do not successfully complete PTIP, I understand said fee is non-refundable and will not be credited toward any fines, courts costs, or probations fees. If I am represented by a court-appointed attorney, I will be required to pay a court-appointed attorney fee in the amount of **\$300.00**.

I understand I must complete the required assessments, classes, and other requirements specified in the PTID Contract. I understand that failure to complete the required assessments, classes, and other requirements specified in the PTID Contract are grounds to be terminated as an unsatisfactory participant in the program and have my case prosecuted to the fullest extent of the law.

If I am terminated as an unsatisfactory participant, I understand that the information obtained from me while in PTIP can be used against me in any future prosecution of my offense.

I understand the final decision to proceed with or to divert from prosecution of my case rests with the County Attorney's Office.

I understand if I am accused of Driving While Intoxicated and I am accepted into PTIP, successfully complete PTIP, and the case against me is dismissed, I agree not to seek expunction of the arrest or charge from my criminal history.

I certify the information contained in this application is true and correct, and I understand that providing false information or withholding information shall be grounds for denial into or removal from the program.

DEFENDANT/APPLICANT

DATE:_____