



# OFFICE OF THE COUNTY ATTORNEY HUNT COUNTY, TEXAS

## APPLICATION FOR PRETRIAL INTERVENTION

Date

Defense Attorney:

Your Client:

Cause Number(s): CR

Your client has been approved to make application for the Pretrial Intervention Program with regards to the aforementioned criminal case(s) that are pending in this office. Your client's approval for application only means that he or she has been authorized for application; it does not mean that he or she has been approved for entry into the program.

Should your client wish to make application, please complete the application attached hereto and return it to this office within 14 days from the date of this letter. Failure to return the application in the aforementioned time frame will result in the forfeiture of his or her consideration for the program.

If the application is conditionally approved by the prosecutor, a court date will be set to finalize the agreement.

### Warnings

In the event that your client is not accepted into the Pretrial Intervention Program, any information obtained in the application may be used to impeach your client should he or she choose to testify at trial or to impeach any other witness that may testify at trial.

Additionally, should your client enter the program but fail to complete the program, the criminal case(s) will be placed back on the court's docket for an "open plea" to the court for sentencing. Finally, please advise your client that the Hunt County Community Supervision and Corrections Department will decide whether or not your client will receive a Certificate of Successful Completion of the Pretrial Intervention Program, not the judge. The judge is not a party to the Pretrial Intervention Program. The decision of the Hunt County Community Supervision and Corrections Department as to issuing a Certificate of Successful Completion of the Pretrial Intervention Program is final and absolute and cannot be appealed.

<i>THIS SECTION SHALL BE COMPLETED BY THE OFFICE OF THE HUNT COUNTY ATTORNEY:</i>				
<b>OFFERED BY:</b>				
<b>RECEIVED BY:</b>		<b>DATE:</b>		
<b>REVIEWED BY:</b>		<b>DATE:</b>		<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED
<b>Pretrial Intervention Program Offer:</b>				
_____ Months		\$ _____	Pretrial Intervention Program Fee within 90 days	
Community Service: <input type="checkbox"/> 30 hrs <input type="checkbox"/> 60 hrs		\$ _____	Court Appointed Attorney Fee within 90 days	
\$ 60.00 Monthly Supervision Fee		\$ _____	Restitution within 90 days	

## PERSONAL INFORMATION

Last Name		Suffix	<input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V
First Name		Middle	
Maiden Name		Nick Name	
Home Address		City, State Zip	
Home Number	(    )	Cell Phone	(    )
How long have you lived at this address?			
Have you ever legally changed your name or assumed another name?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what was the prior name			

Date of Birth		Age		Sex		Race	
State of Birth		City of Birth					
SSN Number		CITIZEN / LEGAL RESIDENT		<input type="checkbox"/> Yes <input type="checkbox"/> No			
DL Number		DL State		DL is <input type="checkbox"/> VALID <input type="checkbox"/> SUSPENDED			
Marital Status	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> COMMON LAW						
If Married or Common Law:							
Name of Spouse						Phone Number	
Number of Dependents				Age(s) of Dependents			
Do Dependents reside with you	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Emergency Contact (other than spouse):

Name		Address	
City State Zip		Phone	(    )

## EMPLOYMENT INFORMATION

Applicant's Employment Status:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> DISABLED <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> STUDENT			
Name of Employer			Telephone	(    )
Address			City, State Zip	
Wages / Salary			Date Hired	
Supervisors Name				
If unemployed, Reason for unemployment				

Spouse's Employment Status:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> DISABLED <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> STUDENT			
Name of Employer			Telephone	(    )
Address			City, State Zip	
Wages / Salary			Date Hired	
Supervisors Name				
If unemployed, Reason for unemployment				

## EDUCATION BACKGROUND

### LAST HIGH SCHOOL

Name		City		State	
Dates Attended		GPA		Rank	
Graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, are you currently attending:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### LAST COLLEGE / TRADE SCHOOL

Name		City		State	
Dates Attended		Major			
Graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, are you currently attending:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## CRIMINAL HISTORY

LIST ALL PRIOR ARRESTS (REGARDLESS IF THE ARREST RESULTED IN A CONVICTION OR WAS EXPUNGED):

Date of Arrest	Location (City, County, State)	Offense	Disposition

HAVE YOU EVER HAD A FAMILY VIOLENCE PROTECTIVE ORDER ISSUED AGAINST YOU?  YES  NO  
IF YES

Date of Protective Order	Cause Number	County and State	Name of Protected Party(ies)

## SUBSTANCE ABUSE HISTORY

CHECK THE APPROPRIATE BOX IF YOU HAVE EVER USED ANY OF THE BELOW LISTED DRUGS AND INDICATE LAST USE

Drug(s)	Date Last Used		
<input type="checkbox"/> Methamphetamine			
<input type="checkbox"/> Cocaine			
<input type="checkbox"/> Heroin			
How many alcoholic drinks do you drink?	Daily		Weekly
Have you abused or are you addicted to a prescription drug?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Substance?
Are you currently or have you been through a substance abuse program?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Substance?
When	Where		
Inpatient	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outpatient	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you successfully Discharged	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently or have you ever been in AA/NA	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **MENTAL HEALTH HISTORY**

Have you been diagnosed with a mental health illness/disease in the last 5 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when		Name of treating Physician	
Diagnosis			
Are you taking medication for your diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What medication(s) are you taking?	
Have you ever been involuntarily committed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when		Where	

### **MILITARY HISTORY**

Are you a member of the U.S. Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED
If yes, what Branch	<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE	<input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD
Are you a member of the Texas Military Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED
If yes, what Branch	<input type="checkbox"/> TEXAS ARMY NATIONAL GUARD <input type="checkbox"/> TEXAS AIR NATIONAL GUARD	<input type="checkbox"/> TEXAS STATE GUARD

### **ATTACHMENT A**

PROVIDE AND ATTACH A STATEMENT BY YOU THAT ADDRESSES THE FOLLOWING:

- (A) WHAT YOU HAVE LEARNED FROM THE EXPERIENCE;
- (B) HOW YOUR CRIME HAS AFFECTED YOUR VICTIM(S) & THE COMMUNITY;
- (C) WHY YOU DESERVE TO BE ACCEPTED INTO THE PRETRIAL INTERVENTION PROGRAM.

### **ATTACHMENT B (OPTIONAL)**

PROVIDE AND ATTACH NO MORE THAN 5 LETTERS OF SUPPORT FROM ANY INDIVIDUAL(S) SUPPORTING YOUR ENTRY INTO THE PRETRIAL DIVERSION PROGRAM. THE LETTERS SHOULD STATE WHY THEY BELIEVE YOU ARE AN APPROPRIATE CANDIDATE FOR THE PROGRAM.

**CERTIFICATE AND AUTHORIZATION**

I, the undersigned Applicant, state that I have true answers made to all of the foregoing questions contained in the Application for Pretrial Diversion. In order that the Office of the Hunt County Attorney may be fully informed about my history and character, I refer the Office of the County Attorney to my employers, past and present, and to all persons who may have information about me and authorize the Office of the County Attorney to contact those persons for the purpose of verifying my answers and gathering information about me. I do, hereby, release the Office of the County Attorney and the government of Hunt County, Texas and all agents thereof and all persons who furnish information about me from all liability and any damages whatsoever on account of obtaining or furnishing or verifying information about me.

Further, I understand that if my application is not approved, for any reason whatsoever, that any information obtained in the application may be used to impeach me should I testify at trial or to impeach any other witnesses that may testify at trial.

Signed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**DEFENDANT**

**AFFIDAVIT**

**BEFORE ME,** the undersigned authority, personally appeared \_\_\_\_\_, who, being by me duly sworn, deposed as follows: I am over the age of 18. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

\_\_\_\_\_  
**AFFIANT**

**SWORN TO AND SUBSCRIBED** before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC, STATE OF TEXAS**