

**COWETA JUDICAL CIRCUIT**

**PRETRIAL DIVERSION PROGRAM APPLICATION**

Date of Application: County where offense occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Arrest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADA: Defense Attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT INFORMATION**

Applicant’s Full Name: Race/Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: SSN: County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Residential Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact Person (in case Applicant cannot be reached)

Their Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Their Relationship to You:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Their Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently incarcerated? Y / N Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently on probation? Y / N

If so, for what, and where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer’s Telephone Number:

Your Immediate Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever participated in any pretrial diversion type program before? Y / N

-If so, when and for what charge(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Have you previously resolved any charge with First Offender? Y / N

-If so, when and for what charge(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously resolved any charge with Conditional Discharge? Y / N

-If so, when and for what charge(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many times have previously been *arrested*? \_\_\_\_\_\_\_

How many prior misdemeanor convictions (including nolo pleas) do you have? \_\_\_\_\_\_

How many prior felony convictions do you have? \_\_\_\_\_\_

Do you have any other pending criminal charges? Y / N

-If so, when and for what charge(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a High School Diploma or GED? Y / N

Do you have the ability to maintain employment and earn income during your participation in the Pretrial Diversion Program? Y / N

-If any explanation to your response is necessary, you may provide it here:

Do you have sufficient transportation to report in person as directed to your Pretrial Diversion Program supervisor? Y / N

Do you have the financial ability to pay for the costs of participation in the Pretrial Diversion Program, including an administrative program fee of $1000, associated program costs (such as any costs for drug screening, counseling, etc.), and any restitution owed (if any)? Y / N

-If any explanation to your response is necessary, you may provide it here and attach any supporting documentation with this application (such as your most recent tax return, recent pay stubs, recent bills, etc.):

Are you currently taking any prescribed medication? Y / N

-If so, what medications are you taking and for what?

|  |  |
| --- | --- |
| Prescribed Medication | Reason for Medication |
|   |   |
|   |   |
|   |   |
|   |   |
|   |  |

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**For District Attorney’s Office Use only**:

Does the case involve any victims? Y / N

Do any and all victims support pretrial diversion for this defendant? Y / N / Not Applicable

(If any victims do not, it requires approval from the District Attorney or Chief Assistant District Attorney to admit the defendant into the Pretrial Diversion Program)

Do any of the victims have any express wishes for the Pretrial Diversion Program contract? Y / N

If so, please include them here.

How much restitution is owed, if any, and to whom?

IN THE SUPERIOR COURT OF \_\_\_\_\_\_\_\_\_\_\_ COUNTY

STATE OF GEORGIA

STATE OF GEORGIA \*

 \* CASE NUMBER:

v. \*

 \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \*

 \*

DEFENDANT \*

**WAIVER OF ATTORNEY’S PRESENCE**

For the duration of my participation in the Pretrial Diversion Program, I knowingly and voluntarily waive my right to have an attorney present for any communications between myself and the assigned Assistant District Attorney monitoring my progress, which are related to supervising my participation in the Pretrial Diversion Program. I understand this waiver will last only for the duration of my participation in the Pretrial Diversion Program and will terminate either upon my successful completion of the program or my termination from it.

This the \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney for Defendant

IN THE SUPERIOR COURT OF \_\_\_\_\_\_\_\_\_\_\_ COUNTY

STATE OF GEORGIA

STATE OF GEORGIA \*

 \* CASE NUMBER:

v. \*

 \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \*

 \*

DEFENDANT \*

**WAIVER OF SPEEDY TRIAL**

Given my participation in the Pretrial Diversion Program will take 12 months to complete, I knowingly and voluntarily waive my right to a Speedy Trial guaranteed under the United States and Georgia Constitutions. I further understand this waiver will remain in effect in the event I am terminated from the Pretrial Diversion Program.

This the \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney for Defendant

IN THE SUPERIOR COURT OF \_\_\_\_\_\_\_\_\_\_\_ COUNTY

STATE OF GEORGIA

STATE OF GEORGIA \*

 \* CASE NUMBER:

v. \*

 \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \*

 \*

DEFENDANT \*

**FOURTH AMENDMENT WAIVER**

For the duration of my participation in the Pretrial Diversion Program, I knowingly and voluntarily waive my rights concerning searches and seizures guaranteed by the Georgia Constitution and the Fourth Amendment of the United States Constitution, to the extent that I consent to allowing any law enforcement officer to search my person, property, place of residence, vehicle, or personal effects at any time with or without a warrant, in furtherance of supervising my participation in the Pretrial Diversion Program or whenever law enforcement has reasonable cause to believe evidence of illegal activity will be found from the search. I further consent to the use of any evidence seized during such a search in any prosecution that may arise as a result.

This the \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney for Defendant

IN THE SUPERIOR COURT OF \_\_\_\_\_\_\_\_\_\_\_ COUNTY

STATE OF GEORGIA

STATE OF GEORGIA \*

 \* CASE NUMBER:

v. \*

 \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \*

 \*

DEFENDANT \*

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION**

For the duration of my participation in the Pretrial Diversion Program, and to facilitate my participation in and the supervision of the same, I knowingly and voluntarily consent to the release of any information and records regarding my medical, psychological, or substance abuse history among any of the following individuals: any evaluator or counselor, physician, psychiatrist, or psychologist who participates in any counseling or treatment required as a condition of my participation in the Pretrial Diversion Program, any representative of the District Attorney’s Office, and my attorney. I further consent to the release of the results of any drug testing required as a condition of this program to the individuals described above. If any providers require that I sign any further releases to effectuate this waiver, I agree to promptly sign and agree to such releases.

This the \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney for Defendant



**Pretrial Diversion Program**

**Travel Request Form**

Participant’s Name: Date:

Address:

Phone Number: Form of Travel:

Departure Day/Date/Time:

Return Day/Date/Time:

Court appointments/group meetings/check-in that will be missed:

Destination (please be as specific as possible):

Travel Purpose/Reason for Travel Request:

Persons traveling with you:

**All requests should be submitted to your Pretrial Diversion Program Supervisor no less than 2 weeks prior to the anticipated departure date.**

**………………………………………………………………………………………………………………………………**

**(This section is to be completed by the Pretrial Diversion Program Supervisor)**

Request Received by: Date:

This Travel Request is \_\_\_\_\_APPROVED \_\_\_\_\_\_DENIED

Comments or Stipulations:



**PRETRIAL DIVERSION PROGRAM**

**PAYMENT RECEIPT**

(Payment must be delivered to the Superior Court Clerk’s Office)

**TODAY’S DATE**:

**DEFENDANT’S NAME**:

**CASE NO.**:

**PAYMENT AMOUNT**:

**FORM OF PAYMENT** (circle one):

**MONEY ORDER**

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  **CASHIER’S CHECK**

**PURPOSE OF PAYMENT** (circle one):

**PRETRIAL DIVERSION PROGRAM FEE**

 (Make payable to “Superior Court Clerk”)

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 **RESTITUTION PAYMENT**

 (Make payable to “Superior Court Clerk”

**PAYMENT RECEIVED BY**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME

(DEPUTY CLERK)