

**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?