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)