

IN THE _____ COURT OF LEE COUNTY, ALABAMA

STATE OF ALABAMA)
)
 V.) Case Number(s): _____
 _____,) _____
 DEFENDANT)

APPLICATION FOR PRETRIAL DIVERSION
FOR THE 37TH JUDICIAL CIRCUIT OF ALABAMA

PLEASE PRINT!!

Full Name: _____ Maiden Name, Nickname, Other Names Used: _____

Date of Birth: ____/____/____ SSN: _____ Sex: M () F () Race: _____

Home Address: _____ Employer: _____

City, Zip _____ Work Address: _____

Married: circle YES NO # of Dependents: _____ City, Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Driver's License Number and State: _____ Is Your Driver's License Currently Valid? Y or N

Are you represented by an attorney? circle YES NO If yes, what is the name of your attorney? _____

Have you signed a Waiver of Counsel in front of the Judge? circle YES NO or I don't know

Do you have a Commercial Driver's License? circle YES NO or I don't know

Are you a Veteran of the Armed Forces? Y or N

Are you in arrears with your child support payments? circle YES NO or I don't know

Do you owe outstanding court costs/fines on other convictions? circle YES NO or I don't know

Do you have reliable daily transportation? circle YES NO or I don't know

Have you **ever applied** to a Pretrial Diversion Program in any state? circle YES NO Where/when?
 _____ What offense? _____

Do you have your high school diploma or GED? circle YES NO or I don't know

Are you receiving? Circle all that apply

Unemployment compensation Public assistance Social security benefits Military retirement
Private disability Other sources of income: _____

How long have you been at your current employment? _____

Have you ever been granted Youthful Offender in any state? circle YES NO or I don't know Where/when?
_____ What charge? _____

Are you currently on probation? circle YES NO or I don't know Where/since when: _____ What
offense(s): _____

What items were confiscated at the time of arrest? _____

Please list any medical conditions that could impact your ability to complete the program:

Have you ever been under the care of any psychiatrist or any other mental health professional? circle YES NO or I don't
know

List ALL charges arising out of the arrest about which you are applying for the Pretrial Diversion Program.

***FAILURE TO LIST A CASE/CHARGE WILL RESULT IN THAT CASE/CHARGE NOT BEING PLACED IN THE DIVERSION PROGRAM.*

Case Number: _____ Charge: _____ Agency: _____

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Case Number: _____ Charge: _____ Agency: _____

Case Number: _____ Charge: _____ Agency: _____

Do you have **any** other charges pending? Yes _____ No _____

Case Number: _____ Charge: _____ Agency: _____

Case Number: _____ Charge: _____ Agency: _____

Case Number: _____ Charge: _____ Agency: _____

Have you **ever been arrested** for any crime, including DUI and minor traffic offenses? Yes _____ No _____

List those below:

Case Number: _____ Charge: _____ Agency: _____

Case Number: _____ Charge: _____ Agency: _____

Case Number: _____ Charge: _____ Agency: _____

Initial Each:

_____ I want to participate in the District Attorney’s Pretrial Diversion Program. I understand that in order to participate in the Pretrial Diversion Program, I must plead guilty to the offense(s) for which I am charged. I understand and agree that if I am terminated from the program that I cannot withdraw my guilty plea for that reason.

_____ I understand that I will be evaluated by staff of the Pretrial Diversion Program to determine if I am eligible.

_____ I hereby authorize the District Attorney’s Office to obtain any/all employment, school, medical, military, criminal, civil, and other records deemed necessary for the evaluation, and I hereby authorize all persons in possession of the information to release it to the District Attorney’s Pretrial Diversion Program.

_____ I understand that if my application is determined eligible for consideration, a representative from the District Attorney’s Pretrial Diversion Program will contact me and schedule an intake interview. I also understand that if I fail to complete the interview as scheduled, my application can be denied.

_____ I understand that if I am accepted into the Pretrial Diversion Program, I will sign an Agreement and will follow its terms or I can be terminated from the Pretrial Diversion Program. I agree not to violate any laws of the State of Alabama, any other state, or any Federal laws during the application period or during the course of the Program.

_____ I understand that if I am allowed to participate in the Pretrial Diversion Program and it is determined later that I have been untruthful in this application, I can be terminated from the Pretrial Diversion Program.

_____ I agree to meet with the Pretrial Diversion Coordinator to complete the Agreement with/without counsel. I understand that all admissions, records, or other communications involving the Pretrial Diversion Program shall not be admissible in any subsequent criminal proceeding.

_____ I understand that incurring a new criminal offense in any jurisdiction from this point forward will be grounds for termination or denial from the program.

_____ I have thoroughly read and understand the above terms and conditions required for admittance into the Pretrial Diversion Program.

Signature of Applicant

Printed Name

Date

I, _____, counsel for the Defendant, have read and thoroughly explained to the Defendant this document; the rules and requirements of the Lee County District Attorney’s Pretrial Diversion Program as set forth herein; and the ramification and results of non-compliance with these terms by the Defendant.

By submitting an application, the Attorney of record is agreeing to cooperate with the court, the CRO, and all treatment providers in maintain contact with the applicant and to further assist the aforementioned person in obtaining and maintaining compliance by the applicant with all terms of the program.

Attorney’s Signature

Printed Name

Date