

IN THE \_\_\_\_\_ COURT OF LEE COUNTY, ALABAMA

STATE OF ALABAMA )  
 )  
 V. )  
 )  
 \_\_\_\_\_, )  
 DEFENDANT )

Case Number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR PRETRIAL DIVERSION**

**FOR THE 37<sup>TH</sup> JUDICIAL CIRCUIT OF ALABAMA**

**PLEASE PRINT LEGIBLY AND USE BLUE OR BLACK INK ONLY!!**

**\*Required fields, Complete SSN (if applicable) Required for application processing.**

\*Full Name: \_\_\_\_\_ Maiden Name, Nickname, Other Names Used: \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*SSN: \_\_\_\_\_ \*Sex: M ( ) F ( ) \*Race: \_\_\_\_\_

Home Address: \_\_\_\_\_ Employer: \_\_\_\_\_

City, State Zip \_\_\_\_\_ Work Address: \_\_\_\_\_

Married: YES or 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? YES \_\_\_ NO \_\_\_

Are you represented by an attorney? YES \_\_\_ NO \_\_\_ If yes, what is his/her name? \_\_\_\_\_

Do you have a Commercial Driver's License (CDL)? YES \_\_\_ NO \_\_\_ I DON'T KNOW \_\_\_

Do you have an outstanding balance on a court case, or any traffic tickets in any other county or state? YES \_\_\_ NO \_\_\_

**\*\*All outstanding balances MUST be paid in full prior to Pretrial Diversion acceptance.\*\***

Have you ever applied to a Pretrial Diversion Program in any state? YES \_\_\_ NO \_\_\_

If yes, Where/when? \_\_\_\_\_ What offense? \_\_\_\_\_

Have you ever been granted Youthful Offender in any state? YES \_\_\_ NO \_\_\_ I DON'T KNOW \_\_\_

If yes, Where/when? \_\_\_\_\_ What charge? \_\_\_\_\_

Are you currently on probation or parole? YES \_\_\_ NO \_\_\_ I DON'T KNOW \_\_\_

If yes, Where/since when: \_\_\_\_\_ What offense(s): \_\_\_\_\_

What items were confiscated at the time of arrest? \_\_\_\_\_

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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Do you have **any** other charges pending in any other County or State? **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** \_\_\_\_\_

\*All prior cases **MUST** be paid in full, and all requirements must be fulfilled before acceptance to Pretrial Diversion.

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.

\_\_\_\_\_  
Defendant’s Signature

\_\_\_\_\_  
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 this application, the Attorney of record is agreeing to cooperate with the court, the CRO, and all treatment providers and to maintain contact with the applicant and to further assist the applicant in obtaining and maintaining compliance by the applicant with all terms of the program.

\_\_\_\_\_  
Attorney’s Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date