

# Travis County DWI-PTD Pilot Program

## Application Information

**Applicants should discuss the costs associated with participation in this program with their attorney before applying**

The County Attorney's preliminary review of the Defendant's application for participation in the DWI Pretrial Diversion program is step one in the process. If the Defendant and the facts surrounding his or her arrest for DWI appear to meet the general requirements of the program, the Defendant will be referred to Travis County Counseling and Education Services (CES) for an assessment including but not limited to a Driver's Risk Inventory evaluation. The assessment will be at the Defendant's own expense and must be paid for at the time of the assessment. The cost of the assessment is expected to cost **\$55.00** and is not refundable, even if Defendant is not approved for participation in the program.

Upon receipt of the results of the Defendant's assessment by CES, the County Attorney will review the Defendant's application in its entirety, including the facts of the arrest, the history of the individual defendant, the defendant's own statements included on the application, and the results of the assessment. The County Attorney will notify the Defendant or the defense attorney within 14 days whether the Defendant is or is not accepted for participation in the DWI PTD program. If the Defendant is accepted into the program, the Defendant must obtain and maintain for the duration of the program, **at Defendant's own cost**, a Portable Alcohol Monitoring (PAM) device. The cost of the PAM device is expected to be **\$99.00 per month** and must be paid by the defendant directly to the vendor. In addition, a monthly supervision fee of **\$60.00 per month** must be paid by the defendant directly to the Travis County Adult Probation department.

Defendants accepted into the program must also pay a one-time, non-refundable program fee in the amount of **\$500.00**. **This program fee must be paid in-full before the Defendant begins the program.**

Please be aware that the DWI Pre-Trial Diversion Program Application requires the defendant to provide a written statement accepting responsibility for his/her conduct on the date of the arrest. The defendant must also state, in his/her own words, why the defendant should be considered for DWI Pretrial Diversion and an explanation of why Pretrial Diversion is more appropriate for the defendant than probation. If this statement is not completed as specified, the application will be rejected and no offer of pre-trial diversion will be made.

If you disagree with any of the terms stated above, DO NOT complete and tender the DWI Pre-Trial Diversion Pilot Program Application.

***Defendant's acceptance in the DWI PTD program is at the sole, unreviewable discretion of the County Attorney.***

**DWI PRE-TRIAL DIVERSION (DWI PTD) PILOT PROGRAM APPLICATION**

PLEASE PRINT LEGIBLY!

(1) Full name (If married, include maiden name): \_\_\_\_\_

(2) List any other names/aliases by which you have been known and please explain the reason for such other names: \_\_\_\_\_  
\_\_\_\_\_

(3) DOB: \_\_\_\_\_

(4) Your Current Address: \_\_\_\_\_

(5) Are you currently employed? \_\_\_\_\_

Employer Name, Address, and Phone Number: \_\_\_\_\_  
\_\_\_\_\_

(6) Are you currently a student? \_\_\_\_\_

Name, address, and phone number of school: \_\_\_\_\_  
\_\_\_\_\_

(7) Cause Number: \_\_\_\_\_ Offense Date: \_\_\_\_\_

(8) Defense Attorney Name: \_\_\_\_\_

(9) Defense Attorney Contact: Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(11) Are you a resident of Travis County, Texas? \_\_\_ Yes \_\_\_ No

If your answer is "No", in which county do you live? \_\_\_\_\_

(12) Do you travel out of Texas or the U.S. regularly? \_\_\_ Yes \_\_\_ No (If yes, explain below)

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

(13) Are you currently taking any doctor-prescribed medications? \_\_\_ Yes \_\_\_ No

If your answer is "Yes", please list all prescribed medications you are currently taking:

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

(Defendant will be required to bring containers for prescribed medications to the first meeting with the Supervision Officer.)

(14) Have you ever had a problem as a result of drug or alcohol use? \_\_\_ Yes \_\_\_ No

If your answer is "Yes," please provide details below:

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(15) Are you currently under indictment or charged by complaint or information with any felony or misdemeanor (other than this case or Class C traffic offenses), participating in any pre-trial intervention or diversion program, on deferred adjudication community supervision, or on probation or parole for any offense in any jurisdiction? \_\_\_ Yes \_\_\_ No

If your answer is "Yes," please provide complete details:

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(16) Have you ever previously been arrested, indicted, or charged by complaint or information with any felony or misdemeanor (other than this case or Class C traffic offenses), participated in any pre-trial intervention or diversion program, been placed on deferred adjudication community supervision, or been placed on probation or parole for any offense in any jurisdiction? \_\_\_ Yes \_\_\_ No

If your answer is Yes, please provide details:

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(17) If you need to explain any of your previous responses, please identify the response by question number and do so below (you may use additional sheets if necessary):

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**EXHIBIT A**

**Written statement from the defendant accepting responsibility for conduct leading to arrest and outlining why the defendant should be considered for DWI Pretrial Diversion, including an explanation of why Pretrial Diversion is more appropriate than probation in the defendant's case.**

I, \_\_\_\_\_, accept responsibility for my conduct which resulted in my arrest for Driving While Intoxicated on \_\_\_\_\_, 20\_\_\_\_.

I believe that I should be considered for the DWI Pretrial Diversion Program because:

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DWI Pretrial Diversion is more appropriate for me than probation because:

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**EXHIBIT B**

True Name: \_\_\_\_\_ Alias Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ How long at this address? \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Race \_\_\_\_\_ Sex \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

An Adult Person Who Will Always Know Your Whereabouts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**\_\_\_\_\_ DEFENDANT AGREES TO REMAIN ALCOHOL AND DRUG FREE WHILE PARTICIPATING IN THE DWI PTD PILOT PROGRAM**

**DEFENDANT UNDERSTANDS THAT HE/SHE WILL BE REQUIRED TO PAY THE FOLLOWING :**

- \_\_\_\_\_ **\$500 non-refundable program fee**
- \_\_\_\_\_ **\$55 CES Evaluation fee**
- \_\_\_\_\_ **\$99 per month (approximately) rental fee for alcohol monitoring device**
- \_\_\_\_\_ **\$60 per month supervision fee payable to Adult Probation Dept.**

I certify under penalty of perjury that I have completed this application to the best of my ability, reviewed this affidavit in its entirety, and swear that all answers and written statements are true and correct to the best of my knowledge.

Defendant signature: \_\_\_\_\_ Date \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ Deputy Clerk/Notary Public, State of Texas