

**DELIA GARZA
COUNTY ATTORNEY**

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FIRST ASSISTANT

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PRE-TRIAL DIVERSION (DWI PTD) APPLICATION

1. Applicant's full legal name is _____.
The applicant's chosen name/preferred name is _____.
 - a. Please note that a legal name or alias/previous name is necessary to run a complete background check on any applicant.
2. Any alias the applicant may have used: _____
3. Preferred pronouns: _____
4. Date of birth: _____
5. Current Address: _____
6. Are you currently employed? ___ Yes ___ No
 - a. Employer Name, Address, and Phone Number: _____

7. Are you currently a student? ___ Yes ___ No
 - a. Name, address, and phone number of school: _____

8. Cause Number and Offense Date of current case: _____
9. Defense Attorney: _____
10. Defense Attorney Contact Information Phone/E-mail: _____

11. Are you a resident of Travis County, Texas? ___ Yes ___ No
 - a. If your answer is "No", in which county do you live? _____
12. Are you currently taking any doctor-prescribed medications? ___ Yes ___ No
 - a. If your answer is "Yes", please list all prescribed medications you are currently taking:

13. Have you ever had a problem as a result of drug or alcohol use? ___ Yes ___ No
 - a. If your answer is "Yes," please provide details below: _____

14. 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

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

15. 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

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

EXHIBIT A

Legal Name: _____

Chosen/Preferred Name: _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

Home Phone: _____ How long at this address? _____

Cell Phone: _____ E-mail Address: _____

Birthplace _____ Date of Birth: _____

Race _____ Sex _____ Gender _____

Driver's License #: _____ State _____

An Adult Person Who Will Always Know Your Whereabouts:

Name _____ Relationship _____

Address _____ Phone _____

For DWI Cases Only (initial):

_____ **APPLICANT AGREES TO REMAIN ALCOHOL AND DRUG FREE WHILE PARTICIPATING IN THE DWI PTD PILOT PROGRAM.**

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

_____ **\$55 CES Evaluation fee**

_____ **Rental fee for alcohol monitoring device**

_____ **MADD VIP Panel Fee**

“My name is _____; DOB: _____
(First) (Middle) (Last) (mm/dd/yyyy)

And my address is _____
(Street) (City) (State) (Zip Code)

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

Executed in _____ County, State of Texas, on the _____ day of _____, 20 _____

SIGNATURE OF APPLICANT