

# ADULT MISDEMEANOR PRE-TRIAL INTERVENTION PROGRAM (PTIP)

## APPLICATION



### CASE INFORMATION

(Please type this section, these emails will be used as your primary method of contact for this program)

Defendant's Name	
Defendant's E-Mail	
Cause Number(s)	
Offense(s)	
Offense Date(s)	
Attorney's Name	
Attorney's E-Mail	
Court Assignment	<input type="checkbox"/> County Court at Law #2 <input type="checkbox"/> County Court at Law #3 <input type="checkbox"/> County Court at Law #5
Next Court Setting	

- My client is not fluent in English and is requesting an accommodation for the following language: \_\_\_\_\_
- An application for Indigency accompanies *this* application.

**PART 1: APPLICANT'S PERSONAL DATA SHEET**

**Personal Information**

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	
<b>Maiden Name</b>	<b>Nickname or Alias</b>	<b>Date of Birth</b>	
<b>Highest Education Completed</b>	<b>Marital Status</b>	<b>Number of Dependents</b>	
<b>Social Security Number</b>	<b>Driver's License Number</b>	<b>DL State</b>	<b>DL Expiration</b>
<b>Race</b>	<b>Place of Birth</b>	<b>Citizenship</b>	

**Residential Address**

<b>Address</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>County</b>	<b>How long have you lived at this physical address?</b>			

<b>Home Phone</b>	<b>Mobile Phone</b>	<b>E-mail Address (required for participation in PTIP)</b>

**Employment Information**

Employment Status (*check one*):  Full-time     Part-time     Not employed     Seasonal  
 Student     Retired     Disabled     Homemaker

<b>Employer</b>			<b>Position/Title</b>		
<b>Address</b>	<b>Suite #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Work Phone</b>	<b>Supervisor's Name</b>		<b>Length of Employment</b>		

If you are a student, what school are you attending? \_\_\_\_\_

If unemployed, when and where were you last employed? \_\_\_\_\_

Are you currently on any prescription medications?  YES     NO  
 If yes, please list those medications: \_\_\_\_\_

Are you currently or have you ever been through a substance abuse program?  YES     NO  
 Type of Program:     Inpatient     Outpatient     AA/NA  
 Date(s) attended: \_\_\_\_\_





**PART 4: ACKNOWLEDGEMENTS**

***Attorney of Record***

I, \_\_\_\_\_ as attorney of record for Defendant, certify that I have explained to Defendant about the consequences of waiving certain Constitutional rights to gain admission in PTIP including the requirement for Defendant to confess to the offenses charged in writing. I have explained to Defendant he or she must attend and complete the assessments and submit to a UA drug test specified in the Application and pay **\$150.00** for said assessments and UA drug test. I have also informed Defendant if he or she is accepted into the program, he or she will be required to pay certain fees for required classes, ignition interlock (or other alcohol monitoring devices), a **\$350.00** monitoring fee, a monthly **\$60** supervision reimbursement fee, and any restitution owed on the case (including DPS Lab testing fees). I explained to Defendant any weapon seized for any reason as a part of this case may require forfeiture in order to gain admission in PTIP. I furthermore affirm the offenses charged are those eligible for this program.

\_\_\_\_\_  
**ATTORNEY FOR DEFENDANT**

\_\_\_\_\_  
**DATE**

***Applicant***

I, \_\_\_\_\_, have been advised by my attorney of record about PTIP, and I have read the requirements detailed in the *Application*. I have been advised of my Constitutional rights as a criminal defendant, and I understand participation in PTIP will require me to voluntarily waive said constitutional rights.

I understand that if I do not qualify for lower costs/fees based on indigency, that I must pay a **\$350.00** basic monitoring fee and a monthly **\$60** supervision reimbursement fee due by 5pm the day immediately after my Onboarding Docket Setting. If I do not successfully complete PTIP, I understand said fee is non-refundable and will not be credited toward any fines, courts costs, or probations fees.

I understand I must complete the required evidence-based assessments and submit to a UA drug test as specified in the Application to determine my eligibility for PTIP and pay **\$150.00** for these assessments and the UA drug test. I understand failure to attend the assessments, giving false answers during the assessments, or failing the UA drug test will result in the denial of my application. I understand the final decision to proceed with or to divert from prosecution of my case rests with the County Attorney’s Office.

If I am admitted into PTIP, I understand the information obtained from me while in PTIP can be used against me in any future prosecution of my offense.

*I certify the information contained in this application is true and correct, and I understand that providing false information or withholding information shall be grounds for denial into or removal from the program.*

***If you think you qualify for indigency status, please complete the separate Pre-Trial Intervention Program (PTIP) Indigency Application and bring all required documentation to your assessment appointment with CSCD***

\_\_\_\_\_  
**DEFENDANT/APPLICANT**

\_\_\_\_\_  
**DATE**