

## APPLICATION FOR PRE-TRIAL INTERVENTION

I, \_\_\_\_\_ have been advised by my attorney that I may be eligible for participation in the Pre-Trial Intervention Program of Williamson County (the Program). I have also been fully advised of the details of the Program, including its purposes and objectives, and understand that the Program is voluntary. Further, I have been fully advised by my attorney of my constitutional rights as a criminal defendant and that the same will be set forth in writing and explained to me before I make any agreement to participate in this program. I will be required to waive said constitutional rights.

If I am admitted into the program, it is my further understanding that I will abide by all terms and conditions of the program as explained to me by the Pre-Trial Diversion Officer including the payment of a program fee in the amount of \$ 360.00.

I hereby apply for status as participant in the Program and request that the County Attorney temporarily delay the filing of an information/complaint against me in order to permit consideration of this application. I understand that the final decision to commence criminal proceedings or to divert from prosecution in my case rests with the County Attorney.

I authorize the Pre-Trial Intervention Officer to conduct an investigation to determine my suitability for this program. I understand that the investigation may include interviews of persons deemed necessary by the Pre-Trial Intervention Officer. I authorize the Pre-Trial Intervention Officer to conduct such interviews and review records concerning me in the possession of such persons in a reasonable manner.

I understand that a false answer to any question during this investigation may be grounds for recommendation against placement into this Program or removal after placement in the Program, in which case the County Attorney will resume prosecution on the original charges.

I understand that if I am accepted into the Program the information obtained from me can be used against me on the issue of guilt in any future prosecution for this offense. However, if I am not accepted into the Program neither this agreement nor any other document filed with the County Attorney as a result of my application with the Program will be used against me except for impeachment purposes, in connection with any prosecution for the below described offense.

\_\_\_\_\_  
Defendant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant, printed name

\_\_\_\_\_  
Defense Attorney signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defense Attorney, printed name

\_\_\_\_\_  
SBN

\_\_\_\_\_  
Offense / Cause Number

\_\_\_\_\_  
Offense Date

## **WILLIAMSON COUNTY PRE-TRIAL INTERVENTION PROGRAM**

The Pre-trial Intervention Program (the Program) is an alternative to prosecution offered by the Williamson County Attorney's Office (the County Attorney) which seeks to divert certain offenders from traditional criminal justice processing into a program of supervision and services administered by the Williamson County Community Supervision and Corrections Department (Adult Probation). **Participants of the Program will enter into a binding contract with the County Attorney. The contract outlines that participants who successfully complete the program will not have prosecution instituted against them for the offense or will have the charge against them dismissed; participants who do not successfully complete the program will (1) enter a plea of guilty or no contest to the offense, (2) allow the Agreement For Pre-trial Intervention and all paperwork/statements obtained from the defendant during the course of the program to be entered into evidence by the County Attorney without objection, and (3) accept the contracted punishment.**

### Principles of Operation

Pre-trial intervention is an exercise of prosecutorial discretion according to standardized guidelines which attempt to identify offenders most susceptible to rehabilitation and to focus rehabilitation efforts on them very early in the criminal justice process. The exercise of prosecutorial discretion centers on determining which offenders have not adopted a criminal life pattern and would benefit from being diverted out of the criminal justice system. Diverting these individual offenders is one aspect of the overall effort to make criminal sanctions more appropriately fit the individual and would have the effect of freeing prosecutorial and court resources for more serious offenders thereby reducing recidivism and danger to the community.

Participation in the Program by the defendant is voluntary. As stated above, the defendant will enter into a contract with the County Attorney which includes voluntarily waiving his constitutional rights. Due to the nature of entering into such a contract, the defendant must have benefit of counsel. The contract is finalized upon signatures of the prosecutor, the defendant, the defendant's attorney and a representative from Adult Probation.

Additionally, if the defendant is accepted into the Program, the information obtained during the process will be used against him on the issue of guilt in any future prosecution for the offense. However, if the defendant is not accepted into the Program, any information obtained as a result of the application will be not be used against him in connection to prosecution for the offense except for impeachment purposes.

### Eligibility Criteria

**The nature of the offense and the circumstances surrounding the commission of the offense are major considerations in the decision to defer prosecution, as is the potential for harm to the community by the defendant. The defendant's attitude plays a major role in determining eligibility. The defendant must accept full responsibility for the offense; therefore, the defendant's written version of the offense will be an important deciding factor of acceptance into the program.**

**In addition to the above, the following factors will be considered for eligibility into the Program:**

- 1. The defendant must be a first time offender which includes juvenile offenses. Traffic citations are not considered as prior offenses.**
- 2. Defendant can not be accused of any crime involving weapons.**
- 3. Defendant can not be accused of a crime involving any type of sexual activity.**

4. Defendant can not be accused of a crime involving theft between an employer and employee.
5. Employment Information.
6. Family Information.
7. Educational background.
8. Age of the offense (submission should be done within 90 days of the offense date).

#### Process

1. Defendant's Attorney must submit an *Application for Pre-Trial Intervention* and a *Personal Data Sheet* for the Program to the County Attorney in a timely manner.
2. If the application is *tentatively* approved by the County Attorney, it will then be referred to Adult Probation.
3. The defendant / defense attorney contacts Adult Probation to schedule an interview.
4. Adult Probation submits a recommendation for or against admission into the Program to the County Attorney. The recommendation will be based upon the case information, the criminal history, and the interview.
5. The involved parties convene to sign the Pre-Trial Intervention Agreement (contract) and the defendant is responsible to pay the total program fee to the Adult Probation Office at this time.
6. Should a violation of the agreement occur, the defense attorney will be notified in writing and must schedule the next possible sentencing setting and notify the County Attorney in writing of said sentencing date. The decision to terminate an individual for breach of conditions rests exclusively with the County Attorney.
7. Upon successful completion of the Program, the caseworker will submit notification of such to the County Attorney.
8. Upon notification from Adult Probation, the criminal history of the defendant will be checked to determine if there have been any additional arrests. If there are no new arrests and if all terms of the agreement have been followed, the case will be declined / dismissed.

Applications for the Program can be obtained from the Williamson County Attorney's Office at 407 MLK St. Georgetown, Texas.

**PRE-TRIAL INTERVENTION PROGRAM  
PERSONAL DATA SHEET**

**PLEASE PRINT**

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**Personal Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Nickname or Alias: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Apartment/Lot#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Apartment/Lot#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ How long at current physical address: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

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**Employment Information**

Employment Status (check one): \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Not Employed  
\_\_\_\_\_ Seasonal \_\_\_\_\_ Student/Retired/Homemaker/Disabled  
Position/Title: \_\_\_\_\_ If unemployed, how long? \_\_\_\_\_  
Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_  
If you are a student, what school are you attending? \_\_\_\_\_

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**Demographics**

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Highest Grade Completed: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Driver's License#: \_\_\_\_\_  
DL State: \_\_\_\_\_ DL Expiration: \_\_\_\_\_  
If applicable: DL Suspension Date: \_\_\_\_\_ Date Reinstated: \_\_\_\_\_

**Auto Information**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**Your Version of the Offense:**

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**Your Special Interests and Goals for your Future**

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**Arrest Record**

Date of Arrest	Place of Arrest (City, State)	Offense	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**Substance Abuse**

Are you currently or have you ever been through a substance abuse program? (Circle) Yes No

If yes, when? \_\_\_\_\_ Inpatient: \_\_\_\_\_ Outpatient: \_\_\_\_\_

If yes, where? \_\_\_\_\_

Are you currently or have you ever been in an AA/NA Support Group? (Circle) Yes No

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**Family Information**

Father's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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**Other Personal Information**

Names of people with whom you are living and their relationship to you:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of Dependant Children: \_\_\_\_\_ Ages \_\_\_\_\_

Where do the children reside? \_\_\_\_\_

**References**

Provide the name and address of three individuals with whom you keep in close contact or individuals that know of your whereabouts. **Do not use your defense attorney, mother, father, spouse, significant other, boyfriend/girlfriend or anyone living in your household for these references. Each reference listed must have a different address and telephone number.**

1. Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Apartment/Lot #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Apartment/Lot #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Apartment/Lot #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**I swear the information contained in this four page document is true and correct and I did not withhold any information.**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

**Sworn to and subscribed before me today, the \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_.**

\_\_\_\_\_  
**Notary Public**