

Travis County Pretrial Diversion Application

The Pretrial Diversion Program is a cooperative effort between the Travis County Attorney's Office and the Travis County Adult Probation Department.

As an applicant for the Pretrial Diversion Program you should be aware of the following:

- A one-time **\$152.00 supervision fee** is required for all participants and must be paid in full prior to admission into the program.
- Applicants should be first time offenders with no prior involvement with the criminal justice system. All exceptions must be approved by the County Attorney's Office.
- Depending on the nature of your case, you will be required to complete community service hours and any classes / counseling as recommended.
- A typical Pretrial Diversion term will be six (6) months, but a longer term of supervision may be recommended for some cases.
- Although the program does not require you to report in person to an officer, you will be responsible for the completion of all conditions in a timely manner.
- Upon signing of the agreement your case will be dismissed. Unsuccessful completion of the program will result in your case being refiled.

If I am admitted into the Program, it is my further understanding that:

- I must not violate any criminal law (federal, state and local) or I may be prosecuted both for the new offense and the offense for which I am presently charged.
- If I am arrested for any other offense during my diversion term, my diversion status will be revoked and the prosecution of this case will be resumed.
- I must always notify my Pretrial Diversion Officer, in writing, of any change of my address.
- If I fail to comply with any conditions of the Pretrial Diversion Program my status under the Program may be revoked, and criminal proceedings against me will be resumed.
- I must cooperate with and report to the Pretrial Diversion Officer, and any counseling agency I may be referred to; and I must perform any community service assigned to me pursuant to this Program.
- There is a \$152.00 supervisory fee for this Program. This fee is due upon acceptance into the Program, and must be paid before the defendant can meet with the Prosecutor or Pretrial Diversion Officer. Payment may be made with money order only by mail to PO Box 2245, Austin, Texas 78768. (Please include your full name and cause number on mailed payments). Payment may also be made in person at 509 W. 11th St, Rm. 2.900 once the application is approved.
- The information contained in this application cannot be used against me in any subsequent prosecution arising from the offenses for which I seek admission to the Program.

**PLEASE SUBMIT COMPLETED APPLICATION TO THE TRAVIS COUNTY ATTORNEY'S OFFICE. YOU MAY SUBMIT THIS BY FAX TO: 512-854-9316,
BY EMAIL TO: ALLISON.DELEON@CO.TRAVIS.TX.US
OR IN PERSON TO 314 W. 11th ST, AUSTIN, TEXAS 78701.**

**YOU MAY ALSO CONTACT ALLISON DELEON AT
ALLISON.DELEON@CO.TRAVIS.TX.US FOR FURTHER INFORMATION.**

I _____ (Defendant's Name) have been advised by my attorney that I may be eligible for participation in the Pretrial Diversion Program of Travis County. I have been fully advised of the details of the Program, including its purposes and objectives, and understand that the Program is voluntary. I have been fully advised 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; however, should it ever become necessary for me to go to trial for the offense with which I am now charged, such waiver shall only be applicable to my right to a speedy trial and then only to the extent that my trial is delayed by reason of my participation in this Program.

Defendant's First Name : _____ Last Name: _____

Address: _____

City _____ State _____ Zip _____

Phone #: _____ Email: _____ DOB: _____

Aliases (if any): _____

DL #: _____ Ethnicity: Hispanic Non-Hispanic Race: _____

Citizenship: _____ Place of Birth: _____

Attorney Name: _____ Phone #: _____

Attorney Address: _____ City _____ State _____ Zip _____

Fax #: _____ AttorneyEmail: _____

Nearest Contact's Name: _____ Phone: _____

Nearest Contact's Address: _____

Nearest Contact's Name: _____ Phone: _____

Nearest Contact's Address: _____

Cause number(s) / charge(s) for which you seek admission to the Program:

Cause No: _____ Offense/Charge: _____ Court #: _____

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Cause No: _____ Offense/Charge: _____ Court #: _____

1. Does the Defendant reside in Travis County? YES ___ NO ___ (County of residence) _____

2. How many times has the Defendant changed addresses in the last 12 months? _____

3. Does the Defendant have any other pending cases or charges? YES _____ NO _____

If Yes, charges and jurisdictions:

4. Does the Defendant have any outstanding holds or warrants from any other jurisdiction? (Including immigration matters)? YES ___ NO ___ UNKNOWN _____

If Yes, charges and jurisdictions:

5. Is the Defendant currently on Community Supervision / Probation in any other jurisdiction?

YES (name jurisdiction & offense) _____ NO _____

6. Is the Defendant currently employed or in school? YES ___ NO ___

Place of Employment/School: _____

Phone Number: _____ (Your employer will not be contacted)

7. Does the Defendant and his/her attorney grant consent for the Pretrial Diversion Officer to meet with applicant for assessment, referral(s) and explanation of program prior to being accepted into the program? YES ___ NO ___

(To be completed by Defendant) As part of your diversion application, **please ATTACH a legible statement** about yourself, include all that you deem necessary to fully advise the prosecution on the type of person you are, including a statement of responsibility for the alleged offense committed, what your future plans are, why this program is important to you, etc. This statement will be used solely for the purpose of consideration of Pretrial Diversion applicants.

A false answer to any question in this application 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.

Signature of Defendant

Date

For Attorney Use Only:

Does your client have any special needs that may require the Pretrial Diversion Officer's attention? Please include any mental health concerns or physical limitations.

Can your client read and write? YES _____ NO _____

I certify that I have explained the provisions of the Pretrial Diversion Program to my client and that (s)he states that (s)he fully understands these provisions.

Signature of Attorney

Date

For County Attorney Use Only:

Reviewed By: _____ Date _____

Approved _____ Denied _____ Reason: _____
