

APPLICATION:

Llano County Pretrial Intervention

CAUSE #	Offense	Date of Arrest

I, _____, have been advised by my attorney that I may be eligible for participation in the Pretrial Intervention Program of Llano 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.

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

- 1. 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.**
- 2. If I am arrested for any other offense during my Intervention term, my Intervention status will be revoked and the prosecution of this case will be resumed.**
- 3. I must notify the Llano County Attorney, in writing, of any change of address.**
- 4. If I fail to comply with any conditions of the Pretrial Intervention Program my status under the Program may be revoked, and criminal proceedings against me will be resumed.**
- 5. I must cooperate with and report to the Llano County Attorney, and any counseling agency I may be referred to; and I must perform any community service assigned to me pursuant to this Program.**
- 6. I will be required to pay a fee of \$250.00 to the Llano County Attorney upon acceptance into the Program.**
- 7. 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.**

Defendant's Name	
Date of Birth	
Address	
Phone #	
E-mail	
DL # and State	
Aliases (if any)	
Employment/school	
Phone #:	
Attorney Name	
Attorney Address	
Attorney Phone #:	
Attorney Fax #	
Attorney E-mail	
Additional Contact Name	
Additional Contact Phone#	
Additional Contact Address	

1. Does the Defendant reside in Llano County? YES _____ NO _____

(County of Residence if other than Llano) _____

2. Does the Defendant have any other pending cases or charges? YES ____ NO _____
If yes, charges and jurisdictions:

3. Does the Defendant have any outstanding holds or warrants from any other jurisdiction? (Including immigration matters)? YES _____ NO _____ UNKNOWN _____
If yes, charges and jurisdictions:

4. Is the Defendant currently on Community Supervision / Probation in any other jurisdiction? If yes, charges and jurisdictions:

5. Does the Defendant and his/her attorney grant consent for the Llano County Attorney to meet with the applicant for explanation of the program and refer the Defendant for additional assessments as needed prior to being accepted into the program.

YES _____ NO _____

6. Does the Defendant and his/her attorney grant consent for the applicant to undergo a drug/alcohol screen?

YES _____ NO _____

NOTE: Positive results on the drug and/or alcohol screen will disqualify applicant from participation in the Pretrial Intervention Program

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

I certify that I have explained the provisions of the Pretrial Intervention Program to my client and that he/she states that he/she fully understands these provisions.

Signature of Attorney

Date

For County Attorney Use Only

Reviewed By: _____

Date: _____

Approved _____ Denied _____

Reason:

