



# City of Tybee Island Municipal Court

## Pre-Trial Diversion Program Constitutional Rights Questionnaire

1. What is your true name? Please print: \_\_\_\_\_  
Other names you have gone by or your maiden name: \_\_\_\_\_
2. What is your date of birth? \_\_\_\_\_  
Driver's License State? \_\_\_\_\_ Driver's License Number? \_\_\_\_\_
3. What is the highest grade you attended in school? \_\_\_\_\_
4. You have been accused of violating the law. The purpose of our talking with you at this time is to determine whether or not you clearly understand your constitutional rights and for you to decide whether or not you desire to be diverted from usual criminal justice procedures and considered for this program.
  - a. Do you understand the purpose of our talking to you at this time? YES / NO
5. Do you understand that any decision you make to enter the Pre Trial Diversion Program is yours and must be made freely and voluntarily on your part? YES / NO
6. Do you understand that you have been accused of violating the law  
by \_\_\_\_\_? YES / NO
7. Do you understand that you are presumed to be innocent of this violation of the law until you either pled "Guilty" or are found guilty in a court of law? YES / NO
8. Do you understand that you have the right to answer in court any accusations made against you? YES / NO
9. Do you understand that by making this application you are not admitting guilt? YES / NO
10. Do you understand that you have the right to a speedy trial and a trial by a jury and that you are waiving these rights? YES / NO
11. Do you understand that completion of this program may result in a reduction OR a dismissal of the charges?  
YES / NO
12. Do you understand that your failure to complete the program successfully will result in prosecution of the offense as originally charged? YES / NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent or Next of Kin: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_