



# City of Tybee Island Municipal Court

## Pre-Trial Diversion Program Application

Date of Referral: \_\_\_\_\_ Requested by: \_\_\_\_\_

### **PARTICIPANT INFORMATION**

Participant's Full Name: \_\_\_\_\_ Race/Gender: \_\_\_\_\_

Participant's Phone # \_\_\_\_\_ Participant's email address: \_\_\_\_\_

DOB \_\_\_\_\_ SSN: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Currently on Probation: Y / N For what: \_\_\_\_\_ Where \_\_\_\_\_

Currently employed/school: Y/N Where: \_\_\_\_\_

Has participant participated in any pretrial diversion program: Y/N If so, when: \_\_\_\_\_

Where: \_\_\_\_\_ Was program completed: Y/N When: \_\_\_\_\_

No. of previous arrests: \_\_\_\_\_ No. of misd. convictions: \_\_\_\_\_ No. of felony convictions: \_\_\_\_\_

Any pending charges: Y/N If so, what: \_\_\_\_\_ where: \_\_\_\_\_

Any previous history of substance abuse: Y/N If so, list all substances: \_\_\_\_\_

Any previous treatment: Y/N By Whom: \_\_\_\_\_

Currently taking any medication: Y/N List all: \_\_\_\_\_

Last date used any type of controlled substance: \_\_\_\_\_ What substance?: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

### **CASE INFORMATION:**

Case No. \_\_\_\_\_ Warrant No. \_\_\_\_\_

ADA: \_\_\_\_\_ Defense Attorney: \_\_\_\_\_

Current Charge(s): \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ Current Status of Case: \_\_\_\_\_

Restitution owed: Y/N How much: \_\_\_\_\_ To Whom: \_\_\_\_\_

Victim: Y/N Victim Name: \_\_\_\_\_

**Initial the following statement to assure that you understand the Pre-Trial Program.**

- 1.) \_\_\_\_\_ I understand the Pre-Trial Diversion Program Rules, Regulations and Procedures and am willing and able to meet all criteria necessary to enter said program.
- 2.) \_\_\_\_\_ I understand that if accepted into the program, I will be required to enter into a contractual agreement and will be subject to an individualized program of supervision by the Tybee Island Municipal Court.
- 3.) \_\_\_\_\_ I understand that the program is voluntary.
- 4.) \_\_\_\_\_ I understand that by making this application it is not an admittance of guilt.
- 5.) \_\_\_\_\_ I am prepared to pay the administration fee on the date of my program orientation.
- 6.) \_\_\_\_\_ I understand that all Pre-Trial Diversion Program fees are non-refundable.
- 7.) \_\_\_\_\_ I am prepared to pay for any drug screens, treatment, and/or classes that are part of my personalized pre-trial program.
- 8.) \_\_\_\_\_ I understand my constitutional rights and that I am required to waive certain of these rights to enter the program.
  - a. \_\_\_\_\_ Waiver of Rights – Constitutional Rights
  - b. \_\_\_\_\_ Release and Waiver – Confidential Information
  - c. \_\_\_\_\_ Consent for Disclosure of Confidential Information
- 9.) \_\_\_\_\_ I understand that all waivers will be terminated upon a formal and effective termination of my involvement with the Pre-Trial Diversion Program.
- 10.) \_\_\_\_\_ I understand that if I choose not to complete the program or if I violate a condition, prosecution of my case will continue.
- 11.) \_\_\_\_\_ I understand that I may be required to complete a number of community service hours and I am willing and physically able to do so.
- 12.) \_\_\_\_\_ I understand that successful completion of the Pre-Trial Diversion Program will result in dismissal or a nolle prosequi of the charges.

***I hereby declare that all statements contained in this application are true and correct and understand that false or inaccurate information in the application will be the basis for not being accepted into the Pre-Trial Diversion Program***

\_\_\_\_\_  
Defendant                                      Date                                      \_\_\_\_\_  
Attorney for Defendant                      Date