

Tom Caldwell  
Wilson County Attorney

1420 THIRD STREET ~ FLORESVILLE, TEXAS 78114 ~ (830) 393-7305; FAX (830) 393-7358

**ADULT MISDEMEANOR  
PRE-TRIAL INTERVENTION PROGRAM (PTIP) APPLICATION**

**All sections of this application MUST be completed or the application may be rejected. Additional information that would assist the County Attorney in his assessment of a Defendant's suitability for the program may be submitted on additional sheets attached to this application.**

<b>CASE INFORMATION</b>	
<i>Defendant's Name</i>	
<i>Defendant's E-Mail</i>	
<i>Cause Number(s)</i>	
<i>Offense(s)</i>	
<i>Offense Date(s)</i>	
<i>Attorney's Name</i>	
<i>Attorney's E-Mail</i>	
<i>Next Court Setting</i>	

My client is not fluent in English and is requesting an accommodation for the following language:\_\_\_\_\_.

**PART I. PERSONAL DATA SHEET**

**Personal Information**

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	
<b>Maiden Name</b>	<b>Nickname or Alias</b>	<b>Date of Birth</b>	
<b>Highest Education</b>	<b>Marital Status</b>	<b>Number of Dependents</b>	
<b>Social Security Number</b>	<b>Driver's License Number</b>	<b>DL State</b>	<b>DL</b>

<b>Race</b>	<b>Place of Birth</b>	<b>Citizenship</b>	

<b>Address</b>	<b>Apt</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>County</b>	<b>How long have you lived at this physical address?</b>			

<b>Home Phone</b>	<b>Mobile Phone</b>	<b>E-mail Address (required for participation)</b>

### Employment Information

Employment Status (*circle one*):    Full-time    Part-time    Not employed    Seasonal  
    Student    Retired    Disabled    Homemaker

<b>Employer</b>		<b>Position/Title</b>		
<b>Address</b>	<b>Suite</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Work Phone</b>	<b>Supervisor's Name</b>		<b>Length of Employment</b>	

- Please provide the names, addresses, and telephone numbers of two persons, unrelated to you, that can provide a reference as to the information contained within this application and of your suitability for this program (WILL BE CHECKED):

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

- If you are a student, what school are you attending? \_\_\_\_\_

• If unemployed, when and where were you last employed? \_\_\_\_\_

• Are you currently on any prescription medications?

YES  NO

If yes, please list those medications: \_\_\_\_\_

• Are you currently or have you ever been through a substance abuse program?

YES  NO

If yes:

Type of Program:                      Inpatient              Outpatient              AA/NA

Date(s) attended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART II: PRIOR CONTACTS WITH CRIMINAL JUSTICE SYSTEM

Prior contacts with the criminal justice system include but are not limited to juvenile records (*regardless of disposition*), adult arrests or citations (*regardless of disposition*), out-of-state arrest or citations (*regardless of disposition*), offenses for Minor in Possession of Alcohol, Minor in Consumption of Alcohol, Public Intoxication, Class "C" Assault, and Possession of Drug Paraphernalia (*regardless of disposition*). The application must be supplemented if contact with the Criminal Justice System occurs after the *PTIP Application* is filed. This section does not include traffic citations.

**NOTE- Please disclose in full. Past contacts with the criminal justice system is not an automatic bar to someone being accepted into the PTIP. However, *withholding past contacts from this application IS.***

Date of Arrest/Citation	Place of Arrest/Citation	Offense	Disposition





understand participation in PTIP will require me to voluntarily waive said constitutional rights.

I understand that if accepted, I must pay a program fee which could be up to **\$500.00**. This program fee will be due in full **on the day the PTIP Contract is signed**. If I do not successfully complete PTIP, I understand said fee is non-refundable and will not be credited toward any fines, courts costs, or probations fees. If I am represented by a court-appointed attorney, I will be required to pay a court-appointed attorney fee in the amount of **\$300.00**.

I understand I must complete the required assessments, classes, and other requirements specified in the PTID Contract. I understand that failure to complete the required assessments, classes, and other requirements specified in the PTID Contract are grounds to be terminated as an unsatisfactory participant in the program and have my case prosecuted to the fullest extent of the law.

If I am terminated as an unsatisfactory participant, I understand that the information obtained from me while in PTIP can be used against me in any future prosecution of my offense.

I understand the final decision to proceed with or to divert from prosecution of my case rests with the County Attorney's Office.

**I understand if I am accused of Driving While Intoxicated and I am accepted into PTIP, successfully complete PTIP, and the case against me is dismissed, I agree not to seek expunction of the arrest or charge from my criminal history.**

*I certify the information contained in this application is true and correct, and I understand that providing false information or withholding information shall be grounds for denial into or removal from the program.*

\_\_\_\_\_  
DEFENDANT/APPLICANT

DATE: \_\_\_\_\_