

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI

VERSUS

CAUSE NO. \_\_\_\_\_

\_\_\_\_\_  
DEFENDANT

**APPLICATION FOR PARTICIPATION  
IN PRE-TRIAL DIVERSION PROGRAM**

I, the undersigned \_\_\_\_\_, acknowledge that I am charged with the crime of \_\_\_\_\_ and that upon conviction may be sentenced to a term of \_\_\_\_\_ and ordered to pay a fine of \$ \_\_\_\_\_.

As an alternative to proceeding to trial, I am requesting that I be allowed to participate in the Pre-Trial Diversion Program created by Section 99-15-101 to 99-15-127 of the Miss. Code Annotated. In order to be considered for acceptance into that program, I am providing certain information at the request of the District Attorney's Office.

I have been advised that I am providing certain information under oath in this criminal proceeding for the purpose of allowing the District Attorney to determine whether or not I am eligible to participate in the Pre-Trial Diversion Program. I have been advised and understand that if I provide false information to the District Attorney regarding my past and present criminal status, I will be guilty of the felony crime of perjury pursuant to Section 97-9-59 of the Mississippi Code Annotated and that I may be sentenced, upon conviction, to a term of ten (10) years in the Mississippi Department of Corrections.

Under penalty of perjury, I am providing the following:

My full name is \_\_\_\_\_. I currently reside at \_\_\_\_\_ . My social security number is \_\_\_\_\_. I have never been convicted of a felony crime in any state or federal jurisdiction. I have not previously participated in any Pre-Trial Diversion Program in the State of Mississippi, any other State, or as the result of any charge in any federal jurisdiction or Court. I further certify that I have provided my attorney with a full disclosure of any misdemeanor crimes for which I have been found guilty.

THIS, the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
DEFENDANT

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Read and Approved:

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

Defendant's Attorney

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI

VERSUS

CAUSE NUMBER: \_\_\_\_\_

\_\_\_\_\_

APPLICANT'S HISTORY

I, the undersigned \_\_\_\_\_, have made application for participation in the Pre-Trial Diversion Program operated by the Office of the District Attorney for the Fifteenth Judicial Circuit Court District. I have been requested to provide the following information by the District Attorney.

I have been advised that I am providing certain information under oath in this criminal proceeding for the purpose of allowing the District Attorney to determine whether or not I am eligible to participate in the Pre-Trial Diversion Program. I have been advised and understand that if I provide false information to the District Attorney regarding my past and present criminal status, I will be guilty of the felony crime of perjury pursuant to Section 97-9-59 of the Mississippi Code Annotated and that I may be sentenced, upon conviction, to a term of ten (10) years in the Mississippi Department of Corrections.

The information is as follows:

Personal Information

Name \_\_\_\_\_

Alias Name(s) or Astreet name(s) \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Brothers \_\_\_\_\_

Sisters

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

Educational Background

Can you read? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you write? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have the ability to complete this form without any assistance? Yes \_\_\_\_ No \_\_\_\_

If your answer is no, who is completing this form for you? \_\_\_\_\_

Did you graduate from High School? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the following:

Name of High School \_\_\_\_\_

Location \_\_\_\_\_

Date of Graduation \_\_\_\_\_

If your answer is no, relate how far you went in school. \_\_\_\_\_

If you did not graduate from High School, have you obtained a GED or equivalent? If so, provide details: \_\_\_\_\_

\_\_\_\_\_  
Have you graduated from a college, community college or trade school? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes, provide the name and location of each school, date( s) of graduation, and degree(s) obtained. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
If you have attended but not graduated from any college, community college, or trade school, please provide names of schools, dates attended, and courses taken:

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

Military History

Have you been in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes, provide the following:

Branch \_\_\_\_\_ Dates of Service \_\_\_\_\_

Nature of Discharge: \_\_\_\_\_

Rank \_\_\_\_\_ Job Positions Held \_\_\_\_\_

Criminal History

Have you ever been convicted of any misdemeanors in any state or federal jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_ If your answer is yes, provide the following as to each such charge:

Charge	Jurisdiction	Date of Conviction
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of any felony in any state or federal jurisdiction? Yes \_\_\_\_\_  
No \_\_\_\_\_ If your answer is yes, provide the following information as to each such charge:

Charge	Jurisdiction	Date of Arrest
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been charged with any felony crime in any state or federal jurisdiction for which you were not convicted? Yes \_\_\_ No \_\_\_ If your answer is yes, provide the following as to each such charge:

Charge	Jurisdiction	Date of Conviction
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Status

Are you currently a full-time student? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes, relate the following:

School \_\_\_\_\_

Course of Study \_\_\_\_\_

Grade Status: Senior \_\_\_\_\_ Junior \_\_\_\_\_ Sophomore \_\_\_\_\_ Freshman \_\_\_\_\_

Are you currently a part-time student? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes, relate the following:

School \_\_\_\_\_

Course of Study \_\_\_\_\_

Grade Status: Senior \_\_\_\_\_ Junior \_\_\_\_\_ Sophomore \_\_\_\_\_ Freshman \_\_\_\_\_

Are you currently employed: Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes, relate the following:

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Hours Worked Per Week: \_\_\_\_\_

Salary Amount: Weekly \$ \_\_\_\_\_ Bi-Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

If you are not currently employed, provide the following:

Name of Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Approximate Date You Last Worked: \_\_\_\_\_

Reason for Termination of Employment: \_\_\_\_\_

If you are not employed, furnish the source/sources of your income:

Amount of Total Current Monthly Income: \_\_\_\_\_

Family Status

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

Do you have any dependents? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes, please provide the following as to each dependent:

Name

Age

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been ordered by any Court to pay any child support or alimony? Yes \_\_\_No\_\_\_

If your answer is yes, please identify the Court, Civil Action Number, amount of monthly support payments or alimony, and payor:

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

Firearms

Do you own a firearm? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes, describe each firearm you presently own.

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

Employment History

As to each employment during the past ten (10) years, provide the following:

Name of Employer	Job Duties	Approximate Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any vocational experiences, special training, skills, talents, or interests that you have which will enable the District Attorney's Office to determine your placement for community service projects:

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

Medical History

Do you have any medical problems, illnesses, diseases, or disabilities which would prevent you from engaging in strenuous physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes, please describe such medical problem, illness, disease, or disability: \_\_\_\_\_

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

Are you currently under the treatment of any physician, psychologist or psychiatrist?

Yes \_\_\_\_\_ No \_\_\_\_\_ If your answer is yes, please provide the name of any physician, psychologist or psychiatrist, condition for which you are being treated, and any medication prescribed:

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

Have you ever been diagnosed with any mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes, provide the date of diagnosis, name of physician, psychologist or psychiatrist making diagnosis, condition diagnosed, dates of treatment, and treatment prescribed:

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

Have you ever been treated as an inpatient or outpatient. for any mental illness or disease? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes, please provide the date of diagnosis, name of physician, psychologist or psychiatrist making diagnosis, condition diagnosed, dates of treatment, and treatment prescribed:

-----  
-----  
-----  
-----  
-----

Are you currently taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes, provide the following:

Name of Medicine	Condition Requiring Medication	Prescribing Doctor
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

Are you an alcoholic? Yes \_\_\_\_\_ No \_\_\_\_\_ If your answer is yes, have you been treated as an inpatient or outpatient for this condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes, relate the following:

Dates of Treatment	Place of Treatment	Treating Physicians
-----	-----	-----
-----	-----	-----
-----	-----	-----

Are you addicted to any illicit or prescription drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ If your answer is yes, have you been treated as an inpatient or outpatient for this condition? Yes \_\_\_\_\_ No \_\_\_\_\_ If your answer is yes, relate the following:

Dates of Treatment	Place of Treatment	Treating Physicians
-----	-----	-----
-----	-----	-----
-----	-----	-----

If your answer is yes, identify drug(s): \_\_\_\_\_  
-----

Do you have any leisure time activities? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please describe: \_\_\_\_\_



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

Do you have a military record? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please describe: \_\_\_\_\_

Are you aware of any physical condition, mental illness, chemical addiction, or any other problem that could prevent you from complying with the terms and conditions of the Pre-Trial Intervention Program or prevent your successful completion of the program?

Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes, describe the situation(s) which you believe might prevent your successful completion of the program: \_\_\_\_\_

The above information is true and correct.

This the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_.

\_\_\_\_\_  
Defendant

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_

Read and Approved:

\_\_\_\_\_ Date: \_\_\_\_\_  
Defendant's Attorney

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI

VERSUS

CAUSE NO. \_\_\_\_\_

\_\_\_\_\_  
DEFENDANT

WAIVER OF DEFENDANT'S RIGHTS

I, the undersigned Defendant in the above styled and numbered matter, have made application to the District Attorney's Office to participate in the Pre-Trial Diversion Program I have been advised that my application has been accepted. I have reviewed the conditions of the intervention program established by the District Attorney, have agreed to execute a separate written agreement with the District Attorney whereby I will agree to abide by and adhere to the conditions of the intervention program, and will enter the intervention program.

Upon advice of counsel and pursuant to Section 99-15-1 15, I hereby:

- (a) Waive, contingent upon my successful completion of the program, my right to a speedy trial;
- (b) Agree, while participating in the program, to the tolling of all periods of limitation established by statutes or rules of Court; and
- (c) Agree to waive extradition.

This, the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_.

\_\_\_\_\_  
DEFENDANT

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

I, the undersigned attorney for the Defendant in the above styled and numbered matter, do hereby certify that I have had discussions with Defendant wherein I have explained the statutes establishing the Pre-Trial Diversion Program, the requirements of the District Attorney's Pre-Trial Intervention Program, and the requirements of statute relating to the waiver of the rights identified above. It is my belief that the Defendant fully understands his/her rights, desires to participate in the program, and has knowingly and of his/her own free will waived the rights set forth herein.

This, the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_.

\_\_\_\_\_  
DEFENDANT'S ATTORNEY