

## **PRETRIAL INTERVENTION PROGRAM – MISDEMEANOR**

Pursuant to Texas Code of Criminal Procedure Art. 102.012 and Texas Government Code Sec. 76.011, Ellis County conducts a pretrial intervention program (PIP) administered by the Ellis County Community Supervisions and Corrections Department (CSCD). Eligibility for the PIP is determined solely by the Ellis County & District Attorney's Office (ECDAO). To determine eligibility, please review the application package and consult with a prosecuting attorney before submitting a formal application.

The PIP is only for individuals who are age 17 – 26 at the time of the offense. Eligible individuals must have no prior arrests, no prior adjudications, and no documented history of violent behavior.

If the application is granted, counsel for the defendant will be notified in writing. A written agreement is completed, and the applicant is placed on pretrial intervention supervision for a maximum of 12 months. Standard conditions of community supervision may apply, as determined by the CSCD and the ECDAO. All individuals who are placed on pretrial intervention supervision must pay the standard supervision fee of \$60 per month, as well as any restitution and program fees. The Ellis County PIP is available only in Ellis County. Supervision cannot be transferred to another county or state.

A misdemeanor plea agreement admitting guilt, along with a stipulation of evidence, is signed by the applicant and the applicant's attorney. The applicant agrees to comply with all terms of the agreement, and the State agrees to dismiss the case if the applicant successfully completes the PIP. The case will then be reset to await successful completion of the program. If there is a violation of the PIP by the applicant, the applicant agrees that his guilty plea will persist and the agreement will be used by the State as evidence of the applicant's guilt. The applicant also agrees to waive his right to a jury trial if there is a violation of the PIP and the case proceeds to punishment. At the end of the program, the applicant's performance and criminal history will be reviewed. Upon successful completion of the program, the State will dismiss the case against the applicant. The applicant agrees that they will waive their right to seek an expunction for a period of one year following the dismissal.

If the application is denied, counsel for the applicant will be notified in writing, and the application will be destroyed. If the application is denied, the State agrees no statement or document made by the defendant in the application will be used in the regular prosecution of the case.

If an applicant is terminated from the PIP, counsel for the applicant will be notified in writing, and the State will request a court date for the case. From that point, the case will resume as a traditional punishment case following a guilty plea.

Acceptance into, and termination from, the PIP is an act of prosecutorial discretion. As such, these determinations are made at the sole discretion of the Ellis County & District Attorney's Office. There is no appeal from the determinations made by the ECDAO.

## PRETRIAL INTERVENTION PROGRAM – PILOT INSTRUCTIONS FOR APPLICATION

The pretrial intervention program (PIP) is a supervision program designed to give a young person in trouble for the first time a chance to rehabilitate without the stigma of a criminal conviction. Successful rehabilitation requires a willingness and a commitment from the individual. This application is considered the first step in that commitment. As such, there are no exceptions for the requirements in the application.

The completed application must be submitted within 60 days of the filing (indictment or information) of the applicant's case. The application must include the following:

\_\_\_\_\_ PIP questionnaire, fully completed and signed by the applicant

\_\_\_\_\_ A minimum of two (2) signed letters of recommendation. Each letter must state that it is written by a person who is not a relative or co-defendant of the applicant and that it is written by a person who has known the applicant for at least three (3) years. Each letter must also state the nature of the pending charge against the applicant.

\_\_\_\_\_ A personal statement from the applicant, explaining why he or she should be considered for the program.

\_\_\_\_\_ A high school transcript, college transcript or GED certificate

\_\_\_\_\_ If the applicant is not a full-time student, proof of employment

\_\_\_\_\_ Proof of a negative drug test administered by the Ellis County Community Supervision and Corrections Department. The cost of the test is \$25, to be paid by the applicant.

**Note to Applicant: If you have any questions regarding your case or the application process, please do not call the Ellis County & District Attorney's Office (ECDAO). Direct all questions to your attorney.**

\*Qualifying misdemeanor offenses: Possession of Marijuana, Possession of Dangerous Drug/Controlled Substance, Criminal Trespass, and Theft < \$750 of necessity (not including employer theft or theft of more than two containers of baby formula). Other offenses will be considered at the discretion of the DA.

## PRETRIAL INTERVENTION PROGRAM QUESTIONNAIRE

The questions on this form are to be answered BY THE APPLICANT, completely and legibly. Answer all questions. Tell the truth. Your responses will be verified through an extensive investigation. If you need additional space for an answer, write on the back of the form.

1. Name of pending charge: \_\_\_\_\_ Cause No. \_\_\_\_\_

2. Full name: \_\_\_\_\_  
                                    LAST                                      FIRST                                      MIDDLE

Maiden name: \_\_\_\_\_ Nickname: \_\_\_\_\_

List any other names used: \_\_\_\_\_

3. Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

4. Date of birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

5. Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_

6. Driver License, State I.D. or Learner's Permit Number: \_\_\_\_\_

7. Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

If naturalized, provide date and location: \_\_\_\_\_

8. Provide two (2) telephone numbers where you may be reached or where messages may be left for you: \_\_\_\_\_

9. Email Address: \_\_\_\_\_

10. With the exception of this case, have you ever been arrested or placed in jail on suspicion of any criminal or traffic violations?       Yes       No

If you answered, "Yes," you must complete the following:

<u>CHARGE</u>	<u>CITY &amp; STATE</u>	<u>DATE</u>	<u>POLICE AGENCY</u>
---------------	-------------------------	-------------	----------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Are you currently, or have you ever been, diagnosed with or been prescribed medication for a mental disease or disorder?        Yes        No. If you answered, "Yes," please explain and list the medication prescribed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. (A) Present Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

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

(B) Previous Employer: \_\_\_\_\_

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

Starting Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

13. Have you ever used, or do you currently use, any illegal drugs, such as marijuana, heroin, cocaine, LSD, pills for which you do not have prescription, or other hallucinogens?  Yes  No If you answered, "Yes," list what drugs, the dates and extent of your usage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. List all immediate relatives (spouse, parents, siblings, children):

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>AGE</u>
-------------	---------------------	----------------	------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. High School: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

Attended from: \_\_\_\_\_ to: \_\_\_\_\_

Did you graduate?  Yes  No If you answered, "No," state the reason: \_\_\_\_\_

16. Do you have a GED?  Yes  No If you answered, "Yes," when and from what school? \_\_\_\_\_

17. College: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

Attended from: \_\_\_\_\_ to: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Degree: \_\_\_\_\_

18. List all social media accounts that you use: \_\_\_\_\_  
\_\_\_\_\_

## CHARACTER REFERENCES

Please list the names of at least (2) people who have provided reference letters for you. Include the reference letters with your application. A relative or co-defendant may not provide a reference letter.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ How do you know this person? \_\_\_\_\_

\_\_\_\_\_

**PERSONAL STATEMENTS**

**1. Why should you be considered for the Pretrial Intervention Program?**

---

---

---

---

---

---

---

**2. What do you hope to learn from this program?**

---

---

---

---

---

---

---

**3. What other information should be considered as part of your application?**

---

---

---

---

---

---

---

**CERTIFICATE**

**BEFORE ME, the undersigned Notary Public, in and for the State of Texas, on this day**

**personally appeared \_\_\_\_\_, who after being duly**

**sworn deposes and says:**

*I swear the answers I gave to each and all of the foregoing questions are true and correct.*

\_\_\_\_\_  
**Signature of Applicant**

**SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

\_\_\_\_\_  
**Notary for the State of Texas**

**My commission expires: \_\_\_\_\_**





Ellis County Community Supervision  
and Corrections Department  
202 Clift Street  
Waxahachie, Texas 75165  
Contact Gloria Aguilar 972-825-5167

**PRETRIAL INTERVENTION PROGRAM  
DRUG TESTING FORM**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Cell / Alternate: ( ) \_\_\_\_\_  
DOB: \_\_\_\_\_ DL / ID #: \_\_\_\_\_ SS#: \_\_\_\_\_

**I AGREE TO PAY ELLIS COUNTY CSCD FOR THE COST OF DRUG TESTING IN THE AMOUNT OF \$25.00 AT THE TIME OF THE TEST. (Money Order Only)**

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

Nombre: \_\_\_\_\_  
Dirección: \_\_\_\_\_ Apt. \_\_\_\_\_

Número de Celular: ( ) \_\_\_\_\_ Número Alternativo: ( ) \_\_\_\_\_  
Fecha de Nacimiento: \_\_\_\_\_ # de Licencia/Identificación: \_\_\_\_\_  
Seguro Social #: \_\_\_\_\_ Lugar de Nacimiento: \_\_\_\_\_

**ESTOY DE ACUERDO EN PAGAR EL COSTO DE LAS PRUEBAS DE DROGAS DE \$25.00 AL TIEMPO DE LA PRUEBA. (Giro Postal Solamente)**

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_