

# First Offender Drug Program

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## APPLICATION FOR PARTICIPATION

**FILL THIS FORM OUT WITH YOUR ATTORNEY**

ONCE THIS FORM IS COMPLETELY FILLED OUT, **IT MUST BE SUBMITTED WITHIN 90 DAYS OF YOUR CASE BEING FILED**. YOU MAY EITHER:

Email this completed form to: [Firstoffenderdrugprogram@tarrantcounty.com](mailto:Firstoffenderdrugprogram@tarrantcounty.com)

Or fax this form to: 817-850-5801

Defendant's Name: \_\_\_\_\_  
First Middle Last

HOME ADDRESS: \_\_\_\_\_  
Number and Street Apt# City State Zip Code

Any Previous Aliases/Maiden Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tarrant County Case Number(s): \_\_\_\_\_ Tarrant County CID Number: \_\_\_\_\_

Two phone numbers where you may be reached: #1: \_\_\_\_\_ and #2: \_\_\_\_\_

Briefly explain in the space below why you want to participate in the First Offender Drug Program. Do not attach additional paper. **(Make sure you do not state any facts of your alleged offense. Until you are accepted into the First Offender Drug Program, these statements could be used against you.)**

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I certify the above information is accurate. I have reviewed this document with my attorney and I wish to be considered for participation in the First Offender Drug Program.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Attorney's Name / Contact Number/Email Address

Preferred Language  
English \_\_\_\_\_  
Spanish \_\_\_\_\_