

SHAREN WILSON, CRIMINAL DISTRICT ATTORNEY

Tim Curry Criminal Justice Center, 401 West Belknap, Fort Worth, Texas 76196

Telephone: 817.884.1633 Office Hours: 7:45 A.M. to 5:00 P.M.

DEFERRED PROSECUTION INITIATIVE APPLICATION

The Tarrant County Criminal District Attorney's Office offers the Deferred Prosecution Initiative (DPI) to first time criminal offenders who meet certain program requirements. This Program is designed for rehabilitation of offenders. If the program is successfully completed, participant's case will be dismissed and applicant is eligible for an immediate expunction. The completed application must be turned in to the Tarrant County Criminal District Attorney's Office within **90 days** of the filing of the applicant's case. Incomplete applications will not be considered. Untimely applications will not be considered.

Your application must include the following items:

- Questionnaire, completed in its entirety (page 2)
- Personal statement. (page 4)
- Non-refundable initial program fee of \$150.00.

<u>Notice to Applicant</u>: If you have any questions regarding your case or the application process, please do not call the Criminal District Attorney's Office. The Criminal District Attorney's Office is legally prohibited from answering your questions. PLEASE DIRECT ALL QUESTIONS TO YOUR ATTORNEY.

QUESTIONNAIRE

The questions on this form are to be answered BY THE APPLICANT, <u>completely</u> and <u>legibly</u>. Answer <u>all</u> questions. Tell the <u>truth</u>. Your responses will be verified through an extensive investigation.

	LAST	FIRST	MIDDLE
Maiden Name:		Nickname:_	
List any other n	ames used:		
Home Address:			Apartment #:
City:	St	ate:	Zip Code:
Date of Birth:		Current Age	:
Gender:	Ra	ace:	
Social Security	Number:		
Driver License,	State ID, or Learner's Per	rmit Number:	State
Has your licens	e ever been suspended	or revoked? Yes	/ No (circle one)
If yes, explain:_			
Telephone num	ber (where a message n	nay be left for you	ı):
Francii Addunasa			
Email Address:			
	tion of this case, have yo	ou <u>ever</u> been arre	sted or placed in jail on
With the excep			sted or placed in jail on rcle one) If yes, complete
With the excep			•

Are you currently or have you ever been formally diagnosed with or been prescribed dication for a mental disease or disorder? Yes / No (circle one) If yes, please explain and				
	-			
Employer:				
Phone:				
Starting Date:				
Title:	Duti	es:		
Supervisor's Name: _				
Have you ever used o	r do you currently use	any illegal drugs, such as marijuana,		
heroin, cocaine, LSD,	pills (for which you do	not have a prescription) or other		
hallucinogens? Yes /	No (circle one) If yes, I	ist what drugs, the dates and extent		
of your usage:				
High School:		City/State:		
Attended from:	To:			
Graduated? Yes / No (circle one) If no, state	reasons:		
GED: Yes / No (circle o	ne) If yes, when and f	rom what school?		
College:		City/State:		
Attended from:	To:			
	Employer: Phone: Starting Date: Title: Supervisor's Name: Have you ever used on heroin, cocaine, LSD, phallucinogens? Yes / por your usage: High School: Attended from: Graduated? Yes / No (circle of College:) College:	Employer:		

PERSONAL STATEMENT

CERTIFICATE

BEFORE ME, the undersigned Notary Publi	c, 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	eme thisday of
	Notary in for the State of Texas
	My Commission Expires:

NO. XXXXXX THE STATE OF TEXAS § IN THE _____ COURT OF VS. δ [DEFENDANT] § TARRANT COUNTY, TEXAS WAIVER OF RIGHTS AND JUDICIAL ADMISSIONS , the Defendant herein, voluntarily and knowingly waive the following rights: **Waiver of Right to Counsel** I understand that, if accepted into the Deferred Prosecution Initiative, I will be placed on an informal and unofficial probationary period to be determined by the Tarrant County Criminal District Attorney's Office. As part of that program, I will need to communicate with attorneys and staff of the Tarrant County Criminal District Attorney's Office. I also understand that I have a right to counsel under the United States and Texas Constitutions. After being fully informed of my rights, I hereby waive my Constitutional rights to counsel to the extent necessary for participation in the Program so that I can communicate with attorneys and staff members of the Tarrant County Criminal District Attorney's Office outside the presence of my attorney. (initials) Waiver of Right to a Speedy Trial I understand that I have the absolute right to a speedy trial under the United States and Texas Constitutions and under the Texas Code of Criminal Procedure. After being fully informed of my rights, I believe that a speedy trial is not in my best interest and I hereby waive my Constitutional and statutory rights to a speedy trial. I further waive any right to move for discharge under the speedy trial provision prior to trial. (initials) **Waiver of Right to an Indictment** I understand that I have the right to an indictment by a grand jury in a felony case. After

I understand that I have the right to an indictment by a grand jury in a felony case. After being fully informed of my rights, I believe that an indictment is not in my best interest and I hereby waive my right to a grand jury indictment.

(initials)

Waiver of Right to Confront and Cross-Examine Witnesses

I understand that I have the right to confront and cross-examine witnesses against me under the United States and Texas Constitutions and under the Texas Code of Criminal Procedure. After being fully informed of my rights, I hereby waive my Constitutional and statutory rights to confront and cross-examine witnesses against me. If I am charged with possession of marihuana, a dangerous drug or any other controlled substance, I specifically waive my right to confront witnesses to the possession or testing of the drugs, and my right to contest any drug testing results related to this charge.

(initials)

Waiver of Right to Remain Silent

(initials)

Judicial Confession, Admission and Stipulation of Evidence

I, by my signature below, and after being fully advised of my rights cont this case and the consequences of waiving those rights by my attorney		
do admit that, in Tarrant County, on or about the		
did commit the offense of	<u>.</u> I	am
guilty of the instant offense and all lesser included offenses.		
		(initia
Waiver of Additional Drug Testing		
I specifically waive any drug testing related to this case; and admit and stipulate th	nat the	e substance
in my possession was		<u>·</u>
		 (initia

Agreement to Limited Expunction

I understand that upon successful completion of Deferred Prosecution Initiative (DPI), I am entitled to an expunction under the Texas Code of Criminal Procedure. An expunction is the destruction of arrest records and files. I understand that, as a general rule, once an expunction order becomes final, the release maintenance, dissemination, or use of the expunged records and files for any purpose is prohibited.

I voluntarily, knowingly and intelligently waive my right to have all arrest records and files expunged. I agree that the scope of any expunction order must be limited to permit the Tarrant County Criminal District Attorney (TCCDA) to retain a record of my participation in DPI and to retain a copy of this signed waiver. The record of participation will include my name, the date and offense filed, and will be used for the future limited purpose of determining whether a DPP or DPI applicant is ineligible because of the applicant's prior participation in DPP or DPI. The TCCDA shall maintain the record of participation and the copy of this waiver as confidential work product documents. The record of participation and the copy of this waiver will be maintained by the TCCDA for five years from the date of disposition and will not be disclosed to the public or any other government agency unless required by law, including, but not limited to a court order or statute.

	(initials
SIGNED thisday of 20	
Defendant Signature	
Defendant Printed Name	
Case Number	
APPROVED:	
Attorney for Defendant	