

**ERATH COUNTY ATTORNEY
PRE-TRIAL INTERVENTION PROGRAM**

APPLICATION



**Erath County Attorney
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PART I. CASE INFORMATION

DEFENDANT'S NAME	
CAUSE NUMBER	
OFFENSE	
OFFENSE DATE	
ATTORNEY'S NAME	
ATTORNEY'S EMAIL	
NEXT COURT SETTING	

PART II. APPLICATION'S PERSONAL DATA SHEET

A. PERSONAL INFORMATION

NAME	FIRST	MIDDLE NAME	LAST NAME
MAIDEN NAME	DATE OF BIRTH	MARTIAL STATUS	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	RACE	
PLACE OF BIRTH	CITIZENSHIP	EMAIL ADDRESS	
HOME ADDRESS	CITY	STATE	
HOW LONG AT THAT ADDRESS	HOME PHONE	CELL PHONE	

B. EMPLOYMENT INFORMATION

EMPLOYER	POSITION/TITLE
WORK ADDRESS	PHONE
SUPERVISOR'S NAME	LENGTH OF EMPLOYMENT
EMPLOYMENT STATUS (FULL, PART-TIME, DISABLED, STUDENT, RETIRED UNEMPLOYED	
If you are a Student, what school do you attend and provide proof of current enrollment	
If you are unemployed, when and where were you last employed	

C. MENTAL HEALTH HISTORY

(If you are requesting admission because of a mental illness, this section must be completed.
Please attach any supporting mental health documentation)

MENTAL ILLNESS SUSPECTED/DIAGNOSED	DATE DIAGNOSED
PRIOR HOSPITALIZATIONS/TREATMENT	DATE OF TREATMENT
ARE YOU CURRENTLY IN TREATMENT	CURRENT TREATMENT PROVIDER

D. MILITARY HISTORY

(Please attach your DD214. To obtain a copy go to [www.archives.gov/verterans/military - service-records](http://www.archives.gov/verterans/military-service-records). For more information contact the Veterans Services Office 254-965-1443)

WHAT BRANCH OF SERVICE DID YOU SERVE	
WHAT IS YOUR MILITARY RANK	ACTIVE/RESERVE
WHAT TYPE OF DISCHARGE	WHAT WERE DATES OF SERVICE
WERE YOU DEPLOYED	DATES OF DEPLOYMENT
HAS DEFENDANT BEEN TREATED FOR OR DIAGNOSED WITH PTSD, A SERVICE RELATED MENTAL DISORDER OR A TRAMATIC BRAIN INJURY	

E. 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 arrest or citations (regardless of disposition), out-of-state arrests 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). This 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.

DATE OF ARREST/CITATION	PLACE OF ARREST/CITATION	OFFENSE	DISPOSITION

PART IV. ACKNOWLEDGEMENTS

A. ATTORNEY

I, _____, as attorney of record for Defendant certify that I have explained to Defendant about the consequences of waiving certain Constitutional rights to gain admission in PTIP including the requirement for the Defendant to confess to the offense charged in writing. I have explained to Defendant he or she, if admitted into the program will be required to pay certain fees for required classes, ignition interlock (or other alcohol monitoring devices) a \$100.00 program fee, \$60 per month for probation fees, and any restitution owed on the case. I explained to the Defendant any weapon seized for any reason as a part of this case may require forfeiture in order to gain admission in PTIP. I furthermore affirm proof of the required clean urinalysis is attached to the Application, the offense charged are those eligible for the program and I am submitting this Application at least 10 days prior to Defendant’s first court setting.

Attorney for Defendant

Date

B. APPLICANT

I, _____, have been advised by my attorney of record about PTIP, and I have read the requirements detailed in the Application. I have been advised of my Constitutional rights as a criminal defendant, and I understand participation in PTIP will require me to voluntarily waive said constitutional rights. I understand I must pay a \$100.00 program fee due within 30 days after the PTIP Agreement is signed. If I do not successfully complete PTIP, I understand said fee is non-refundable and will not be credited toward any fines, court costs, or probation fees. If I am admitted into PTIP, I understand the information obtained from me while in PTIP can be used against me in any future prosecution of my offense.

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 that 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