

District Attorney's Application for Pretrial Intervention Program

Please Type or Print

Defendant's Full Name: _____
Cause Number of Indictment: _____ County of Indictment: _____
Charges on Indictment: _____
Attorney's Name: _____ Hired _____ Appointed _____
Attorney's phone: _____ Attorney's fax: _____
Next Court Date: _____ ***Attach copy of Grand Jury Indictment***

Personal Information

Mailing Address: _____
City, State and Zip: _____
Physical Address (if not same) _____
City, State and Zip: _____
Phone Number: _____ Neighbor's Phone Number: _____
Brief Directions to Home: _____

Circle One--- Race: Black White Other _____ Sex: Male Female
Date of Birth: _____ Place of Birth (City & State): _____
Social Security #: _____
Drivers License # (if different): _____ State of Issue: _____

Employment Information

Place of Employment: _____
Employer's Address: _____
City, State and Zip: _____
Employer's Phone Number: _____ Length of Employment: _____
Position: _____
Work Hours: _____
Net Income: _____ Frequency of Pay (Circle One): weekly bi-weekly monthly

Other Information

Spouse's Name: _____

Spouse's Employer: _____

Spouse's Employer Phone Number: _____

Nearest Relative Other Than Spouse or Parents: _____

Address: _____

City, State and Zip: _____

Phone Numbers: Home _____ Work _____

Total # of Children: _____ # of Children Living With Defendant: _____

List Children Not Living With Defendant (if applicable):

Name	Age	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List Parents (if living):

Name	Phone Numbers (Work & Home)
_____	_____
_____	_____

List Siblings (if any):

Name	Age	Phone Numbers (Work & Home)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Level of Education: _____

Prior Criminal Record: Yes or No

If Yes, list them below:

Charges	Year	County and State	Disposition

Do you currently have any other charges pending? Yes or No

If so, where and what charges: _____

Are you currently on Probation or Parole? Yes or No Which? Probation or Parole

If yes, list probation or parole officer's name and phone number:

Certification

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature of Defendant

Date