

**MADISON COUNTY
DISTRICT ATTORNEY'S OFFICE
(Twenty-Third Judicial Circuit)**

**PRE-TRIAL
INTERVENTION
PROGRAM**

**Robert L. Broussard
Madison County District Attorney
100 North Side Square
Huntsville, Alabama 35801
256.532.3460
www.DistrictAttorney.org**

INSTRUCTIONS FOR APPLICATION TO PRE-TRIAL INTERVENTION PROGRAM

1. Carefully read each page of the District Attorney's Pre-Trial Intervention Program Application regarding eligibility and criteria for acceptance into this program. Make sure to affix your signature in all appropriate blocks.
2. **Fully** complete **all** blanks and information on the application, and include at least 3 working telephone numbers for contact. If we are unable to reach you by telephone, your application could be denied. Your attorney will review your completed application and sign the designated pages.
3. After completing your PTIP paperwork, call Jasmyne Asberry at (256) 532-3460 to schedule an appointment. Bring the appropriate application fee to your scheduled appointment. You may bring cash, money order, or a cashier's check from your bank. No personal checks or credit cards accepted.
4. All applications must be completed in a timely manner consistent with Alabama State law (**within 21 days of appointment/retention of counsel or within 45 days of the warrant being served on defendant**). Failure to submit a timely application will likely result in a denial of entry to the Pre-Trial Intervention Program.

If you have any further questions regarding the above information, please call the name and number listed below.

Last Names Beginning with A-I
Monica Johnson
(256) 532-3460

Last Names Beginning with J-Z
Jasmyne Asberry
(256) 532-3460

MADISON COUNTY DISTRICT ATTORNEY
ROBERT L. BROUSSARD
Twenty-third Judicial Circuit of Alabama

PRE-TRIAL INTERVENTION PROGRAM
(Criteria for Eligibility, Enrollment & Successful Completion)

(1)Explanation. The Madison County District Attorney has recently retooled the Office's Pre-trial Intervention Program ("PTIP") pursuant to Alabama HB 218 which was passed into law May 14, 2012. This legislation allows the Madison County District Attorney to delegate authority and discretion to the Office for recommendation and enrollment in PTIP. All discretionary powers reside with the District Attorney of the Twenty-third Judicial Circuit for acceptance, denial, dismissal and completion of any respective PTIP candidate or enrollee. This PTIP program is a broad and comprehensive diversion program covering a larger scope of misconduct. Most cases will be nolle prossed while a Defendant participates in the PTIP program. However, the manner in which all cases are handled remains in the lone and sole discretion of the District Attorney.

(2)Eligibility & Requirements. An offender may be diverted from prosecution from any offense under the Alabama Code if the offense and offender meets the eligibility requirements herein. Any person charged with a criminal offense within the jurisdiction of the Twenty-third Judicial Circuit ("Madison County") may apply to the designated section of the Madison County District Attorney's Office for admittance into the Pre-trial Intervention Program. No persons charged with a Class A felony or a crime that involved serious bodily injury shall be eligible for PTIP. Furthermore, those persons who are deemed by the District Attorney to be a threat to the safety or well-being of the community are ineligible for PTIP.

- (a) **Standards of Eligibility.** The following standards are set to determine the eligibility of a respective offender for PTIP:
- i. Offender must be 18 or older at time of offense(s);
 - ii. Offender must admit guilt;
 - iii. Justice is served by enrollment in PTIP;
 - iv. The needs of the State of Alabama are met through PTIP;
 - v. Offender poses no substantial threat to the safety or well-being of the community;
 - vi. Offender is unlikely to be involved in further criminal activity;
 - vii. Offender will likely respond to rehabilitative treatment;
 - viii. Offender does not have an extensive criminal history;
 - ix. Offender does not have any outstanding charges, violations or traffic citations in the jurisdiction of the Twenty-third Judicial Circuit;
 - x. Offender must comply with all terms of the PTIP application.

(b) **Requirements for Application.** The following may be required of all applicants, and at their expense, for enrollment in PTIP:

- i. *Timeframe for Application:* Offender must make application for PTIP no later than 45 days after the service of the warrant(s) or within 21 days following the appointment of defense counsel for the charge(s) under which the offender makes application to PTIP;
 - a) There are additional application fees for those cases to be diverted through the PTIP program if those cases have been indicted. That fee structure is indicated in the various appropriate sections of this application.
 - b) These respective timeframes and “additional fee provisions” may be waived in the discretion of the District Attorney but only in rare or extraordinary circumstances.
- ii. *Fees for Application:* Application for PTIP shall be one flat fee per application, regardless of the number of charges subject to the application. It shall remain in the discretion of the District Attorney to return or refund any Application Fees received by the District Attorney’s Office. The most severe charge pursuant to the Alabama Criminal Code shall control the cost of the application fee.
 - a) Violations: \$100;
 - b) Traffic Offenses (Excluding DUI): \$100;
 - c) DUI: \$200
 - d) Misdemeanors: \$200;
 - e) Felonies (if case is in District Court): \$200;
 - f) Felonies (if case is in Circuit Court): \$300.
- iii. *Historical Information:* Applicants may be required to furnish to the District Attorney past criminal, educational, employment, family, medical or psychiatric history;
- iv. *Additional Information:* Applicants may be required to furnish to the District Attorney any other or additional information the District Attorney feels has a bearing on the decision regarding enrollment;
- v. *Tests & Evaluations:* Applicants may be required to submit to any type of test or evaluation process or interview in evaluating an offender for admittance into PTIP;
- vi. *Self-Incrimination Waiver:* Offender must sign a written waiver of offender’s right against self-incrimination and submit a handwritten admission to the charge(s) which are being considered for PTIP. As further inducement to make application, if a Defendant is **denied** entry into the PTIP for any reason then the applicant’s/defendant’s handwritten admission will not be used against the applicant/defendant on the State of Alabama’s case-in-chief.

However, should the defendant testify at trial and his testimony varies from the statement contained in his PTIP application then his PTIP statement may be used for impeachment purposes. Moreover, if the Defendant is admitted, but does not complete PTIP, the written admission may be used in the State of Alabama's case-in-chief.

(c) **Requirements of Successful Enrollment:** The following requirements are administered to all applicants who are enrolled in PTIP:

- i. *Supervision Fees:* In addition to the application fee and the administrative fee, there is a supervision fee of \$240 that will be charged at a rate of \$10/month. If an Offender wishes to complete PTIP prior to the 24 month time period and has completed all other requirements, the entirety of the \$240 must be paid.
- ii. *"Terms of Understanding":* An Offender must agree in writing to the conditions of the PTIP established by the Madison County District Attorney, which may vary among enrollees in the discretion of the District Attorney. An Offender must sign a written understanding of the terms of the PTIP in which offender will be enrolled;
 - a) The information contained in the PTIP "Terms of Understanding" will include the following information for the applicant:
 1. Fee schedule
 2. Length of program and the period of time after which the District Attorney will dispose of offender's charge(s);
 3. Any counseling program, treatment or process that may be required of offender while enrolled in PTIP;
 4. Any requirement for an in-patient or out-patient program;
 5. Notice of mandatory submission to periodic and random drug tests;
 6. Notice of responsibility for all costs for all counseling or treatment programs are the lone responsibility of the enrollee;
 7. Notice of responsibility for payment of all court costs, fees, compensation assessments, child support, application fees, supervision fees or other monies owed;
 8. Full payment of restitution;
 9. Full payment of court costs;
 10. Full payment of other monies due and owing; Full payment of application and supervision fees;
 11. Full payment of child support to the appropriate agency;
 12. Enrollee must maintain any employment requirements;

13. Notice of any additional requirements may be imposed in the broad discretion of the District Attorney;
 14. Notice that failure to comply with each and every term outlined in the Terms of Understanding may result in termination from the Pre-trial Intervention Program and that such termination may result in further criminal prosecution.
- iii. *Speedy Trial Waiver*: Offender must sign a written waiver of a offender's right to a speedy trial;
 - iv. *Tolling*: Offender must agree in writing to toll any applicable statutes of limitation or limitations established by the rules of court while the offender is enrolled in the program;
 - v. *Leave to Re-indict/Reinstate*: Offender agrees and fully consents without reservation, by affixing his/her signature to the application, that any associated motion to *nolle prosequere* or otherwise dismiss the pending matters subject to diversion (or otherwise associated with the diversion candidate) shall be done with the State of Alabama's leave and ability to re-indict those dismissed or "*nolle prosequere*" charges, regardless of any associated costs or fees. The leave to re-indict is a condition of any *nolle prosequere* for any case associated with the Pre-Trial Intervention Program, whether indicated in the motion to *nolle prosequere* or not, thus failure to complete the PTIP program may result in the re-indictment or reinstatement of those charges per that condition in the lone and full discretion of the District Attorney.
- (d) **Fee Schedule for PTIP**: All fees paid by Offenders shall be paid to the Madison County District Attorney. Enrollment into a respective PTIP program shall be in the complete discretion of the District Attorney. All charge(s) made under the application will be diverted upon enrollment in PTIP. However, the District Attorney reserves the discretion to adjust the fee schedules outlined herein on a case-by-case basis taking into consideration an Offender's ability to pay, financial hardship of PTIP, offenses charged, duplicity of offenses and any other factor that may have bearing on the final fee arrangement.
- i. *Weekly Supervision Fees*: Generally, Supervision will be charged on a weekly basis but payment of such fees will be scheduled for payment on a monthly basis. The District Attorney may charge supervision fees for **each respective charge** being diverted from prosecution. The number of charges subject to fees and the respective fee amount per charge remains in the discretion of the District Attorney. Fees may be adjusted on a case-by-case basis and will be included in writing in the Terms of Understanding.
- (e) **PTIP Programs, Generally**: It is the sole discretion of the District Attorney which respective program is appropriate for a respective enrollee. The information provided in the application, along with other considerations, will assist the District Attorney in assigning the appropriate PTIP program for each respective enrollee. All candidates who are qualified and accepted to the Pre-trial Intervention Program will be informed of the PTIP program that the District Attorney is assigning a respective offender.

Some PTIP programs are better suited for specific charges or certain offenders. Most enrollees in PTIP presumptively are placed on a PTIP program that is two years in length. However, considerations can be given to offenders for specifically requested programs which are made known to the District Attorney in the PTIP application. If a candidate offender qualifies for an alternative PTIP program other than the one requested, or if no specific PTIP was requested, it remains in the discretion of the District Attorney to place an enrollee in the appropriate PTIP program. Any PTIP program may be extended beyond the original term of the program if such an extension is necessary to complete treatment, pay fees or for any other reason as determined by the District Attorney. Such extensions must have the voluntary consent of the applicant and applicants will normally be informed of such extensions sixty days prior to the end of their previously agreed upon PTIP term.

- i. *General PTIP Programs:* “General PTIP Programs” are for those offenses not specified by a specific program. The overwhelming majority of offenders having their charges diverted from prosecution will be enrolled in the General PTIP Program. The following outlines the basic requirements and fee schedules for the General PTIP diversion program:

- a) **Two-Year PTIP (“Twenty-Four Months”):** This PTIP program will last no longer than two calendar years. Those candidates for which the Two Year PTIP program is appropriate will have to complete all terms of the program in a two year period of time, as outlined in the Terms of Understanding, or be deemed delinquent and face further prosecution. The fee schedule for this program is as follows:

1. Standard Application Fee
2. Administration Fee of \$50/month
3. Drug testing fees (\$30/test, at least twice a month, if applicable)
4. Costs of any required treatment program
5. Supervision fee of \$240 (\$10/month)
6. Court Costs and Attorney fees
7. Any restitution owed to the victim (if applicable)

- ii. *Specific PTIP Programs:* It is the sole discretion of the District Attorney whether it is appropriate for a respective enrollee to enroll in a Specific PTIP Program. The Specific PTIP Programs are designed for specific offenses and specific offenders. The following outlines the basic requirements and fee schedules for each respective Specific PTIP diversion program:

- a) **DUI Diversion:** This PTIP program will last from twenty-six (“26”) to fifty two (“52”) weeks. Those candidates for which the DUI Diversion program is appropriate will be assessed by a CRO and have to complete all terms of the program as outlined in the Terms of Understanding or be deemed delinquent and face further prosecution.

Participants will be supervised by County Probation. The fee schedule for this program is as follows:

1. Standard Application Fees;
 2. Monthly/Weekly Monitoring Fees;
 3. Costs of any required treatment programs
- b) **Domestic Violence Diversion**: This PTIP program is for misdemeanor charges, and is a 24 month program. Those candidates for which DV Diversion is appropriate will have to complete all terms of the program as outlined in the Terms of Understanding or be deemed delinquent and face further prosecution. The fee schedule is the same as Two-Year PTIP.
- c) **Sex Crime Diversion**: This PTIP program will normally last for a period of 24 months. Those candidates for which Sex Crime Diversion is appropriate will have to complete all terms of the program as outlined in the Terms of Understanding or be deemed delinquent and face further prosecution. The fee schedule is the same as Two-Year PTIP.

MAXIMUM PROGRAM DURATION IS TWO YEARS FROM THE FIRST MONTHLY REPORT DATE. FAILURE TO MEET ANY OF THE ABOVE REQUIREMENTS WILL RESULT IN REJECTION OR TERMINATION FROM THE PROGRAM AND PROSECUTION FOR THE ORIGINAL OFFENSE.

SUCCESSFUL COMPLETION OF THIS PROGRAM DOES NOT EXPUNGE THE CHARGE(S), OR THE ARREST RECORD OF THE PARTICIPANT.

By my signature below, I acknowledge that I have read and understand the criteria for acceptance into the Pre-Trial Intervention Program and meet all criteria set forth.

Applicant Signature

I, _____, counsel for the above-referenced applicant, hereby certify that the applicant has been informed of all facets and requirements of the Madison County District Attorney's Pre-Trial Intervention Program. I furthermore certify that I have received consent from all associated prosecutors to file this application and understand that failure to do so would likely result in the denial of this application or serve as cause for termination of applicant from the PTIP program.

Attorney for Defendant

**STATE OF ALABAMA)
MADISON COUNTY)**

**MADISON COUNTY DISTRICT ATTORNEY'S OFFICE
PRE-TRIAL INTERVENTION PROGRAM**

APPLICATION

Note: In a timely manner, please complete this entire application and submit it as directed with the appropriate application fee. Do not remove any pages from this application. Failure to return the entire application may result in denial of entry to the Pre-Trial Intervention Program.

Comes now _____, who after being first duly sworn, deposes and states on oath as follows:

1. My complete name is _____.
2. I am _____ years of age and was born on _____, 19____.
3. I am of the _____ race and of the _____ sex.
4. I was born in or near the City of _____ County of _____, State of _____.
5. I am presently charged with the offense(s) of _____.
6. I have attached hereto as "Exhibit A", an executed statement of my legal rights which have been thoroughly explained to me by my attorney, and which I fully understand. The same is hereby incorporated and adopted as a part of this application as if the same were fully set out herein.
7. No other charges are pending against me in any court or law enforcement agency.
8. I have never been convicted of anything except _____.
9. I am not prohibited by Alabama Act No. 94-392 from filing this application for this offense.

10. I have never been indicted for nor convicted of any offense which would be prohibited by Alabama Act. No. 94-392, nor any other felony or crime involving moral turpitude. I have made a full disclosure of my entire criminal court history in "Exhibit B" which is attached hereto.
11. I fully understand that to apply for Pre-Trial Intervention status, I must be fully investigated and evaluated by the District Attorney's Office, and I do hereby voluntarily request and consent that such an investigation and evaluation be conducted.
12. I will fully cooperate with the District Attorney's Office and, when necessary, will execute all written authority in order for the District Attorney's Office to obtain personal and privileged information about me from other persons or agencies.
13. I hereby authorize the District Attorney's Office to obtain any and all employment, scholastic, medical, military, and other records deemed necessary for such an investigation, and I hereby authorize all persons in possession of such information to release the same to the District Attorney's Office.
14. Having been fully and completely advised of all my rights under the Constitution and Laws of the United States of America and of the State of Alabama, I do hereby specifically waive my right to a speedy trial.
15. I know that my request for diversionary status must be and is entirely voluntary on my part. My attorney has fully advised me, and I fully understand that any statement made by me in support of my application for Pre-Trial Intervention status or during the investigation and evaluation thereof, including admissions of guilt and all statements of incriminating nature, may be used against me in any criminal proceeding concerning this offense.
16. I fully understand each representation of fact contained herein and state that each is true and correct.
17. I am not under the influence of any drug, medicine, or alcoholic beverage and have not been threatened, intimidated, coerced, or abused by any person in any manner whatsoever in order to force me to file this application. I have not been promised nor have I received any gratuity, reward or hope of reward in order to induce me to make this application.
18. I have also attached hereto as "Exhibit B", a biographical data form which I have completed and executed. The same is incorporated herein and adopted as a part of this application.

Done this _____ day of _____ 20_____.

Applicant's Signature

EXHIBIT A
STATEMENT OF LEGAL RIGHTS

1. My full and complete name is

_____.

2. I am represented by _____ who is the attorney of record in my criminal case.

3. I have been fully advised by my attorney as to all of my rights, immunities, and privileges under the Laws and Constitution of the United States and the State of Alabama regarding the criminal charge(s) against me, and I fully understand the same.

4. I further understand that under the Constitution of the United States of the State of Alabama, I have the right to not be compelled to give evidence against myself. I may have the right to a jury trial. I have the right to take the witness stand and to testify on my own behalf, if I so desire, but no one can require me to so testify or comment if I do not wish to do so. If I testify, I can be cross-examined by the prosecutor. I have the right to remain absolutely silent, but anything that I voluntarily say, with knowledge of my rights, may be used against me. My conversations with my attorney are confidential and cannot, and will not be disclosed by my attorney unless I voluntarily consent to the disclosure of them.

5. I have the right to stand on a plea of not guilty, and I may have the right to a public trial before a duly selected jury of twelve (12) persons. In a jury trial, the jury would determine whether I am guilty or innocent, based upon the evidence in the case, and the jury verdict must be unanimous.

6. At the trial of my case, I have the right to see, hear and confront witnesses against me and witnesses on my behalf and have compulsory process for their attendance, to make legal objections to matters that are objectionable, to confront and cross-examine the prosecution

witnesses, to examine my own witnesses and to argue the matter before a judge or jury. My attorney would be bound to do everything that he/she could honorably and reasonably do to see that I obtain a fair and impartial trial.

7. I come into court clothed with a presumption that I am not guilty, and this presumption of innocence will follow me throughout the course of the trial until the evidence produced by the prosecution convinces each and every juror beyond a reasonable doubt of my guilt. The burden of proof is upon the State of Alabama to convince each and every juror, from the evidence in the case, that I am guilty beyond a reasonable doubt before the jury would be authorized to find me guilty. If the State of Alabama did not meet such burden of proof, the jury could not convict me.
8. To the charges set forth in the warrant or indictment, I have the right to enter a plea of guilty, not guilty, not guilty by reason of mental disease defect, or any other special plea.
9. I realize and understand that I have the right to insist on criminal prosecution of charge(s) against me at any time hereafter. I have the right to be represented by counsel of my own choosing, or by court-appointed counsel if indigent, and such counsel shall represent me during all phases of the Pre-Trial Intervention proceeding unless I knowingly and voluntarily waive the right to counsel.
10. I know and realize that I have the right to have a court determine whether any pressure or inducement was given to encourage me to make application involuntarily.
11. I am guilty of the offense(s) of _____, and as part of Pre-Trial Intervention Program requirements; I will make a written statement of any and all circumstances surrounding the same.

12. I know and realize that my request for Pre-Trial Intervention status must be entirely voluntary on my part. My attorney has fully advised me, and I fully understand that any statement made by me in my application for Pre-Trial Intervention status or during the investigation and evaluation thereof may be used against me in any criminal proceeding concerning this offense.

Done this _____ day of _____, 20_____.

Applicant's Signature

CERTIFICATION

Sworn to and subscribed before me on this _____ day of _____, 20_____.

NOTARY PUBLIC

Comes now, _____, attorney for the applicant, and certifies that this exhibit was read by the applicant in my presence or was read to the applicant. I discussed and thoroughly explained every paragraph, and the applicant fully and intelligently knows and understands the rights set forth in this exhibit. I furthermore certify that I have received consent from all associated prosecutors to file this application and understand that failure to do so would likely result in the denial of this application or serve as cause for termination of applicant from the PTIP program.

Done this _____ day of _____, 20_____.

Attorney's Signature



Personal Data Sheet

1. Personal Information	
Name (First Middle Last):	
Nickname / Alias:	Maiden Name:
Physical Street Address:	
City / State / Zip:	
County:	How long at current physical address:
Mailing Street Address:	
City / State / Zip:	
Home Phone #:	Cell Phone #:
Date of Birth	Social Security #:
Marital Status:	Number of Dependents:
Email Address:	
State / Driver's License #:	DL Expiration Date:

2. Employment Information				
Employment Status:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Unemployed
Employer:	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Disabled	
Position / Title:				
Supervisor's Name:	Length at Employment:			
Mailing Street Address:				
City / State / Zip:				
Work Phone #:				
If unemployed, list prospects of immediate employment:				
Employment History (Most current to past):				

3. Education	
Highest Level Completed:	School Attended:
Trades:	
List Degrees / Certifications:	
Literacy Assistance Needed:	<input type="radio"/> Yes <input type="radio"/> No



**Madison County Pre-Trial Intervention Program
Office of Robert L. Broussard , District Attorney
23rd Judicial Circuit**

Personal Data Sheet

4. Criminal History			
Date of Arrest	Place of Arrest (City, State}	Offense	Outcome
Do you currently owe any outstanding fines, court cost, restitution, or child support:			<input type="radio"/> Yes <input type="radio"/> No
If "Yes", state amount owed and recipient of funds:			
Type	Amount (\$)	Recipient	Delinquent?
<i>Fines</i>			<input type="radio"/> Yes <input type="radio"/> No
<i>Court Costs</i>			<input type="radio"/> Yes <input type="radio"/> NO
<i>Restitution</i>			<input type="radio"/> Yes <input type="radio"/> NO
<i>Child Support</i>			<input type="radio"/> Yes <input type="radio"/> NO

5. Substance Use/ Abuse			
Do you consume alcohol?	<input type="radio"/> Yes <input type="radio"/> No	Frequency:	
Do you use tobacco products?	<input type="radio"/> Yes <input type="radio"/> No	Frequency:	
Do you take prescription drugs?	<input type="radio"/> Yes <input type="radio"/> No	Frequency:	
List prescription(s):			
Do you use illegal drugs?	<input type="radio"/> Yes <input type="radio"/> No	Frequency:	
List drug(s) of choice:			
Have you ever been through a substance abuse program?			<input type="radio"/> Yes <input type="radio"/> No
If "Yes", list specifics:			
Type	Date	Location	Completion?
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
Are you currently or have you ever been in an AA / NA support group?			<input type="radio"/> Yes <input type="radio"/> No

6. Physical and Mental Health		
Do you have any physical health conditions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", list specifics:		
Diagnosis	Treatment	Currently Under Physician Care?
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
Do you have any mental health conditions?		<input type="radio"/> Yes <input type="checkbox"/> No
If "Yes", list specifics:		
Diagnosis	Treatment	Currently Under Therapeutic Care?
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No



**Madison County Pre-Trial Intervention Program
Office of Robert L. Broussard , District Attorney
23rd Judicial Circuit**

Personal Data Sheet

7. Other Information

Have you ever participated in any self-help courses (such as, Anger Management, budgeting)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", list specifics:	
Do you receive any disability income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", list specifics:	
Do you have any specific religious and/or spiritual beliefs	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", list any regularly attended activities related to such beliefs:	
Do you have any hobbies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" list hobbies:	
Do you have any special skills such as carpentry, computer, technical, mechanical, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" list skills:	
Do you have insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" list carrier:	

8. Family / Household Information

Spouse's Name (First Last):			
Address:			
City / State / Zip:			
Home Phone #:		Cell Phone #:	
Children:	Name	Age	Reside w/ Applicant?
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
Father's Name (First Last):			
Address:			
City / State / Zip:			
Home Phone #:		Cell Phone #:	
Mother's Name (First Last):			
Address:			
City / State / Zip:			
Home Phone #:		Cell Phone #:	
Name of people with whom you are living and relationship to them:			
Name		Relationship	



Madison County Pre-Trial Intervention Program
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23rd Judicial Circuit

Personal Data Sheet

9. Family / Household Information

List two (2) references or contacts that do not live in the residence with you

Name (First Last):			
Address :			
City / State / Zip:			
Home Phone #:		Cell Phone #:	
Relationship:			
Name (First Last):			
Address :			
City / State / Zip:			
Home Phone #:		Cell Phone #:	
Relationship:			

10. Personal Goals for the Future

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11. Verification

I verify that the information contained in this document is true and correct and I did not withhold any information.

Applicant:		Date:	
Signature:			

8/2025

APPLICANT ACKNOWLEDGMENT

Date: _____

ATTORNEY CERTIFICATION

Comes now _____, attorney for the Applicant, and certifies that the application was read by the applicant in my presence and was explained to the applicant by me. I fully discussed and explained to the applicant each and every paragraph hereinabove enumerated, together with "Exhibits A and B", and the representations and allegations of fact contained therein and the legal consequences thereof; and a written copy of the application was given to the applicant. I am completely satisfied that the applicant knows what he/she is doing and is applying for Pre-Trial Intervention status voluntarily and of his/her own free will and accord after having been completely advised of all of his/her rights; and that he/she is making said application knowingly, voluntarily and intelligently. I furthermore certify that I have received consent from all associated prosecutors to file this application and understand that failure to do so would likely result in the denial of this application or serve as cause for termination of applicant from the PTIP program.

Done this _____ day of _____, 20_____.

Attorney's Signature

Attorney for Applicant (Print of Type)

Address

Email Address

Phone Number

If you are a court-appointed attorney on this case, please file your fee declaration with the court within TWO WEEKS of the date of this agreement. Participants on the PTI Program cannot be released until all fees are paid.

NOTARY CERTIFICATION

Sworn to and subscribed before me on this _____ day of _____, 20_____.

NOTARY PUBLIC

APPLICANT ACKNOWLEDGEMENT

Comes now, _____, Applicant, and certifies that I read the application in its entirety and filled it out truthfully. I am voluntarily applying for Pre-Trial Diversion, and am making said application knowingly, voluntarily, and intelligently. I understand that the admission made in this application can be used in the case against me if I fail to complete the Pre-Trial Intervention Program.

Done this _____ day of _____, 20_____.

Applicant Name

Applicant Signature

NOTARY CERTIFICATION

Sworn to and subscribed before me on this _____ day of _____, 20_____.

NOTARY PUBLIC