

SIXTH JUDICIAL DISTRICT ATTORNEY'S OFFICE
Grant, Luna, and Hidalgo Counties

PRE-PROSECUTION DIVERSION PROGRAM:
APPLICATION and QUESTIONNAIRE

DATE: _____

Answer all questions thoroughly and accurately. You may write on the backs of the pages if you require extra space to complete your answers. Omission or Falsification of information may result in the rejection of your application to the PPD Program.

NAME: _____
FIRST MIDDLE LAST

Other names you are known by, or you have used: _____

Birthdate: _____ Age: _____ Place of Birth: _____

Social Security Number: _____ - _____ - _____ Citizenship: _____ Sex: _____

Race: _____ Height _____ Weight _____ Hair Color: _____

Eye Color: _____

Birthmarks/ Tattoos/ Marks: _____

MAILING ADDRESS: _____
Street / Box # City State Zip Code

Type of residence: House Mobile Home Apt. Other _____

Persons living at your residence and their relation to you: _____

Do you have any plans to relocate? If yes, explain: _____

HOME PHONE NUMBER: _____ Other numbers where you can be reached or receive messages: _____

E-MAIL ADDRESS(ES): _____

MILITARY SERVICE:

Have you ever served in the US Armed Forces to include the National Guard, Coast Guard, or Reserves?
_____ Yes _____ No If so,

Branch: _____ Entry Date: _____ Discharge Date: _____

Duties/ Training: _____
Commendations: _____

Disciplinary Actions: _____

Rank at Separation: _____ Discharge Type: _____

EMPLOYER'S NAME: _____ Supervisor: _____

Business Address: _____

Business Telephone Number(s): _____

Your job title: _____ Work Schedule: _____

Hours worked per week: _____ Monthly Income: _____

Does your employer know of the charges you are currently facing: ___yes ___no

EDUCATION/SCHOOL (if attending):

Name of School City State

How many years of education have you completed? _____

List all of the schools that you have attended beginning with the 9th grade:

Name of School	City/ State	Dates Attended	Degree Awarded

If you dropped out of school prior to high school graduation, explain why: _____

Awards/Activities in school: _____

Discipline problems in school: _____

Do you have any plans to further your education or training? _____

CRIMINAL CHARGE:

Current criminal charge(s) against you: _____

Defense Attorney: _____ Public Defender ___ Private Attorney _____

Date of Offense: _____ Date of Arrest: _____

Type of release: ___ Own Recognizance ___

Co-Defendant(s): _____

PRIOR CRIMINAL RECORD:

List **all** previous contacts you have (as juvenile and adult) with any law enforcement agency. Include **any** time you were detained, questioned, arrested, received a summons or citations, or convicted of any crime.

Date.	Charge	City/ State	Disposition

Have you ever been the victim of a crime? If yes, provide details: _____

CHILDREN:

Provide information about all of your children (natural, step, adopted, and living with you):

First/Last Name	Relationship	Age	Address	Employer/School

FAMILY:

Give information about your parents, grandparents, brothers, and sisters:

First/Last Name	Relationship	Age	Address	Employer/School

Do any members of your family have a criminal record? If yes, give details: _____

Briefly describe your childhood. What was it like to grow up in your family? _____

Were you ever abused as a child? If yes, provide details: _____

Has anyone in your family been diagnosed with a mental illness? If so, whom and when:

Were they hospitalized for this diagnosis?

How has your family reacted to your present trouble with the law? _____

Who/What support systems do you have in place (examples include, family, friends, boyfriend/girlfriend/partner/spouse, groups, mentors anyone who you can think of who you rely on for support, not necessarily financial support but that can be included too)

EMPLOYMENT HISTORY:

List all of the places you have been employed during the past 10 years: (write on back if you need more space)

Employer	City/ State	Job Title	Dates	Reason for Leaving

VEHICLE IDENTIFICATION:

Describe the vehicle(s) that you drive:

Year: _____ Make: _____ Model: _____ Color: _____ Lic Plate#: _____

Year: _____ Make: _____ Model: _____ Color: _____ Lic Plate#: _____

Driver's License # _____ State _____ Expiration _____

Auto Insurance/ Coverage: _____

Ownership: Name: _____ address: _____

FINANCIAL:

Income (include job, spouse earnings, child support, spousal support, AFDC, Food Stamps, SSI, retirement, student, financial aid, etc.):

Amount of Income	How Often Received	Source of Income

Expenses (include rent, house payment, vehicle payment, phone, utilities, groceries, gasoline, child care, child support, medical, credit cards, loans, school, insurance, etc.)

Amount Paid	How Often Paid	Paid To	Owed For

If you are required to pay restitution to the victim(s) for any damages or losses resulting from your criminal activity in this case. If you owe restitution, what is your plan for payment? _____

ALCOHOL USE:

Is the criminal charge against you related to the use of alcohol? If yes, give details: _____

Do you drink alcoholic beverages? If yes, explain how often and how much you drink: _____

Have you ever received treatment for alcohol abuse? If yes, indicate when and where you were treated and for how long? _____

DRUG USE:

Is the criminal charge against you related to the use of drugs? If yes, give details: _____

Have you ever used drugs? If yes, give details (indicate what drugs you have used, how often you gave used the drugs). _____

Have you ever received treatment for drug abuse? If yes, indicated when and where you were treated and for how long? _____

HEALTH:

If you currently have any serious health problems or physical limitations, please describe the problem(s).

Were you referred for Emergency Treatment because of this incident? _____

Provide the name of your physician: _____

List any prescription medication including amounts of the medication and how many times per day you are taking or other treatment you are receiving, including all mental health meds:

In the past, if you have ever suffered from any serious injury or illness, please describe the problem, date of occurrence and any treatment received:

Have you ever been hospitalized? If so, where and when?

Are you now or have you ever participated in a program of mental health therapy or counseling? If so describe and for how long? Did you receive a mental health diagnosis from a professional? If so, what?

Any psychiatric hospitalizations? Where and when

Any surgeries not previously mentioned? Where and when?

ACTIVITIES:

What activities or hobbies do you enjoy in your spare time: _____

All PPD Program participants must perform community service work with a nonprofit organization or agency. Keeping in mind your own special skills, interests, and experiences, what type of service work would you offer or be interested in?

OTHER :

The Pre-Prosecution Diversion Program is offered to those defendants that meet the criteria for the program and who are most amendable for rehabilitation and deserving of a second chance. Why do you feel that you should be considered for this program? (Explain in your own words) _____

Have you ever been linked with case management? If so, with whom, when and where? Are you involved with that now?

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that any omission or falsification of information may be grounds for rejection of my application to the Pre-Prosecution Diversion Program or may result in the termination from the program if I have already been accepted.

Date

Applicant Signature