

District Attorney's Application for Pretrial Intervention Program

(Please type or print)

Cause No: _____
County: _____
Charge on Indictment: _____
Attorney: _____
Circle One: Hired or Appointed
Attorney's Phone No: _____
Bonding Co & Phone: _____

Personal Information

Defendant's Full Name: _____
AKA or Nickname: _____
Mailing Address: _____
City, State, Zip: _____
Physical Address (if not same): _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
In Case of Emergency Notify: _____ Phone No.: _____
Brief Directions to Your Home: _____

Circle One: Race: Black White Other Sex: Male Female
Date of Birth _____ Place of Birth (City & State) _____
Social Security No: _____ DL No: _____ State: _____
Nearest Relative Not Living With You: _____
Address _____
Home Telephone No.: _____ Cell Phone: _____

Employment Information

Place of Employment: _____
Employer's Address: _____
City, State & Zip: _____
Employers Phone No: _____ Length of Employment: _____
Position: _____ Supervisor: _____
Work Hours: _____ Net Income: _____
Frequency of Pay (Circle One): Weekly Bi-weekly Monthly
Prior Employment: _____ How Long: _____

Household/Other Information

Spouse/Significant Other: _____

Employer: _____

Home Telephone No. _____ Cell Phone No. _____

In-Laws Names: _____

Address: _____

Home Telephone No. _____ Cell Phone No. _____

Rent Own Other: _____

Who else lives in your home? _____

Does anyone in your home report to MDOC? No Yes

If so, Who: _____

Do you own a vehicle? Yes No If so, make, model & tag # _____

Total # of Children: _____ Number of children living with Defendant? _____

List Children Not Living With Defendant (if applicable)

Name	Age	Phone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you do not have custody of your children, do you have visitation? _____

Parents:

Name	Address	Phone No.
_____	_____	_____
_____	_____	_____

Brothers/Sisters:

Name	Address	Phone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education

Level of Education: _____

High School Attended: _____

College Attended: _____ Course of Study: _____

Prior Criminal Record: Yes No If yes, list them below:

Charge	Year	County/State	Disposition

Do you currently have any other charges pending? Yes No
If so, where and what charges: _____

Are you currently of probation or parole? _____ Which? Probation Parole
If yes, list probation/parole officer's name and phone number: _____

*Attach the following: _____ Copy of Drivers License or Photo ID Card

Certification

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that I may be asked to submit to a drug screen as part of the approval process for Pre-Trial Intervention.

Signature of Defendant

Date

I am not certifying the truth or correctness of my client's answers to this application only that I have explained the program to him/her duly appointed/hired counsel.

Attorney for Defendant

Date & Time of Interview with D.A.'s Office: _____

YOU AND FAX THIS APPLICATION TO DISTRICT ATTORNEY'S OFFICE AT (601) 783-5646, ATTENTION: CINDY BROWNELL and MAIL THE ORIGINAL APPLICATION TO CINDY BROWNELL, DISTRICT ATTORNEY'S OFFICE, 284 EAST BAY STREET, MAGNOLIA, MS 39652.

****** YOUR CLIENT MUST MEET WITH CINDY PERSONALLY SO THAT SHE CAN EXPLAIN THE REQUIREMENTS OF THE PROGRAM.**

For District Attorney's Office Use: Date received by Fax: _____ Mail: _____
Approved Date: _____ or Denied Reason: _____