



PHIL SORRELLS, DISTRICT ATTORNEY

Tim Curry Criminal Justice Center, 401 West Belknap, Fort Worth, Texas 76196

Telephone: 817.884.1633 Payment Window Hours: 7:45 A.M. to 4:30 P.M.

DEFERRED PROSECUTION PROGRAM APPLICATION

The Tarrant County District Attorney's Office offers the Deferred Prosecution Program (DPP) to first time criminal offenders who meet certain program requirements. This Program is designed to give eligible applicants an opportunity to learn from and make amends for their mistakes. If the program is successfully completed: 1) case against applicant will be dismissed, and 2) applicant is eligible for an immediate expunction. The completed application must be turned in to the Tarrant County District Attorney's Office within **90 days** of the filing of the applicant's case. Incomplete and untimely applications will not be considered.

Your application must include the following items:

- DPP Questionnaire, fully completed by the applicant.
- Two (2) signed letters of recommendation. Each letter must state that it is written by a person who is not a relative or co-defendant, state that the writer has known the applicant for at least three (3) years, and state the nature of the pending criminal charge.
- Personal statement. (page 6)
- High school diploma, college transcript, or GED certificate.
- Negative drug test, given at the Tarrant County Community Supervision and Corrections Department. (Necessary paperwork will be provided when application is turned in to obtain drug test)
- Non-refundable initial program fee of \$25.00.

Notice to Applicant: If you have any questions regarding your case, please contact your attorney. The District Attorney's Office is legally prohibited from discussing your criminal case with you.

DEFERRED PROSECUTION PROGRAM QUESTIONNAIRE

The questions on this form are to be answered BY THE APPLICANT, completely and legibly. Answer all questions. Tell the truth. Your responses will be verified through an extensive investigation.

1. Full Name: _____
 LAST **FIRST** **MIDDLE**

Maiden Name: _____ Nickname: _____

List any other names used: _____

2. Home Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

3. Date of Birth: _____ Current Age: _____

4. Gender: _____ Race: _____

Social Security Number: _____

5. Driver License, State ID, or Learner’s Permit _____

Number: _____ State: _____ Has your license ever been
suspended or revoked? Yes/No (circle one) _____

If yes, explain: _____

6. Telephone number (where a message may be left for you): _____

7. Email Address: _____

8. With the exception of this case, have you ever been arrested or placed in jail on suspicion of any criminal or traffic violations? Yes/No (circle one) If yes, complete the following:

<u>CHARGE</u>	<u>CITY & STATE</u>	<u>DATE</u>	<u>POLICE AGENCY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Are you currently or have you ever been diagnosed with or been prescribed medication for a mental disease or disorder? Yes/No (circle one) If yes, please explain and list the medication prescribed: _____

10. (A) Present Employer: _____
Phone: _____
Starting Date: _____
Title: _____ Duties: _____
Supervisor's Name: _____

(B) Past Employer: _____
Phone: _____
Starting Date: _____ End Date: _____
Title: _____ Duties: _____
Supervisor's Name: _____
Reason for leaving: _____

11. Have you ever used or do you currently use any illegal drugs, such as Marijuana, Heroin, Cocaine, LSD, pills (for which you do not have a prescription) or other Hallucinogens? Yes/No (circle one) If yes, list what drugs, the dates and extent of your usage:

12. List all immediate relatives (spouse, parents, siblings, children):

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>AGE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. High School: _____ City/State: _____
Attended from: _____ To: _____
Graduated? Yes/No (circle one) If no, state reasons: _____
14. GED: Yes/No (circle one) If yes, when and from what school? _____
15. College: _____ City/State: _____
Attended from: _____ To: _____
Major: _____ Minor: _____ Degree: _____
Graduated? Yes/No (circle one) If no, state reasons: _____
16. What social media(s) do you use? _____

What is your log in ID for each? _____
What is your password for each? _____

CHARACTER REFERENCES

Please list the names of the TWO people who have provided reference letters for you. Include the reference letters with your application. A relative or co-defendant may not provide reference letter.

1. Name: _____ Occupation: _____

Address: _____ City/State: _____

Phone: _____ Number of years known: _____

In what capacity (friend, fellow worker, etc.): _____

2. Name: _____ Occupation: _____

Address: _____ City/State: _____

Phone: _____ Number of years known: _____

In what capacity (friend, fellow worker, etc.): _____

PERSONAL STATEMENTS

1. Why should you be considered for the Deferred Prosecution Program?

2. What do you hope to learn from this program?

3. Use this space for any further information you wish to add:

CERTIFICATE

BEFORE ME, the undersigned Notary Public, in and for the State of Texas, on this day personally appeared _____, who after being duly sworn deposes and says:

I swear the answers I gave to each and all of the foregoing questions true and correct.

Signature of Applicant

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

Notary in for the State of Texas

My commission expires: _____

NO. _____

THE STATE OF TEXAS

§

IN THE _____

VS.

§

COURT _____ OF

§

TARRANT COUNTY, TEXAS

WAIVER OF RIGHTS AND JUDICIAL ADMISSIONS

I, _____, the Defendant herein, voluntarily and knowingly waive the following rights:

Waiver of Right to Counsel

I understand that, if accepted into the Deferred Prosecution Program, I will be placed on an informal and unofficial probationary period to be determined by the Tarrant County District Attorney’s Office. As part of that program, I will need to communicate with attorneys and staff of the Tarrant County District Attorney’s Office. I also understand that I have a right to counsel under the United States and Texas Constitutions. After being fully informed of my rights, I hereby waive my Constitutional rights to counsel to the extent necessary for participation in the Program so that I can communicate with attorneys and staff members of the Tarrant County District Attorney’s Office outside the presence of my attorney.

(initials)

Waiver of Right to a Speedy Trial

I understand that I have the absolute right to a speedy trial under the United States and Texas Constitutions and under the Texas Code of Criminal Procedure. After being fully informed of my rights, I believe that a speedy trial is not in my best interest and I hereby waive my Constitutional and statutory rights to a speedy trial. I further waive any right to move for discharge under the speedy trial provision prior to trial.

(initials)

Waiver of Right to an Indictment

I understand that I have the right to an indictment by a grand jury in a felony case. After being fully informed of my rights, I believe that an indictment is not in my best interest and I hereby waive my right to a grand jury indictment.

(initials)

Waiver of Right to Confront and Cross-Examine Witnesses

I understand that I have the right to confront and cross-examine witnesses against me under the United States and Texas Constitutions and under the Texas Code of Criminal Procedure. After being fully informed of my rights, I hereby waive my Constitutional and statutory rights to confront and cross- examine witnesses against me. If I am charged with possession of marihuana, a dangerous drug or any other controlled substance, I specifically waive my right to confront witnesses to the possession or testing of the drugs, and my right to contest any drug testing results related to this charge_____.

(initials)

Waiver of Right to Remain Silent

I understand that I have the right to remain silent and not to be compelled to give evidence against myself under the United States and Texas Constitutions and under the Texas Code of Criminal Procedure. After being fully informed of my rights, I hereby waive my Constitutional and statutory right to remain silent and not to be compelled to give evidence against myself. I understand that any judicial confession, admission, or stipulation may be admitted against me in a court of law and may serve as a legally binding confession to the offense of_____.

(initials)

Judicial Confession, Admission and Stipulation of Evidence

I, by my signature below, and after being fully advised of my rights connected with this case and the consequences of waiving those rights by my attorney of record,

do admit that, in Tarrant County, on or about the_____,
did commit the offense of_____. I am guilty
of the instant offense and all lesser included offenses.

(initials)

Waiver of Additional Drug Testing

I specifically waive any drug testing related to this case; and admit and stipulate that the substance in my possession was _____.

(initials)

Agreement to Limited Expunction

I understand that upon successful completion of Deferred Prosecution Program (DPP), I will be entitled to an expunction under the Texas Code of Criminal Procedure. An expunction is the destruction of arrest records and files. I understand that once an expunction order becomes final, the release, maintenance, dissemination, or use of the expunged records and files for any purpose is prohibited.

I voluntarily, knowingly and intelligently waive my right to have all records and files of the arrest in criminal case expunged. I agree that the scope of any expunction order must be limited to permit the Tarrant County District Attorney's Office to retain a record of my participation in DPP and a copy of this waiver. The record of participation will include my name, the date and offense filed, and will be used for the future limited purpose of determining whether a DPP applicant is ineligible because of the applicant's prior participation in DPP. The District Attorney's Office shall maintain this list as a confidential work product document. Similarly, the District Attorney's Office shall maintain a copy of this signed waiver. Both documents will be maintained for five years from the date of disposition and will not be disclosed to the public or any other government agency unless required by law, including, but not limited to a court order or statute.

(initials)

SIGNED this _____ day of _____ 20____.

Defendant Signature

Defendant Printed Name

Case Number

APPROVED:

Attorney for Defendant