

PRETRIAL INTERVENTION PROGRAM

Pursuant to Texas Code of Criminal Procedure Art. 102.012 and Texas Government Code Sec. 76.011, Ellis County conducts a pretrial intervention program (PIP) administered by the Ellis County Community Supervisions and Corrections Department (CSCD). Eligibility for the PIP is determined solely by the Ellis County & District Attorney's Office (ECDAO). To determine eligibility, please review the application package and consult with a prosecuting attorney before submitting a formal application.

The PIP is available only for non-violent, State Jail felony drug offenses that occur on or after January 1, 2019. The PIP is only for individuals who are age 17 – 24 at the time of the offense. Eligible individuals must have no prior arrests, no prior adjudications, and no documented history of violent behavior.

If the application is granted, counsel for the defendant will be notified in writing. A written agreement is completed, and the applicant is placed on pretrial intervention supervision for a maximum of 12 months. Standard conditions of community supervision may apply, as determined by the CSCD and the ECDAO. All individuals who are placed on pretrial intervention supervision must pay the standard supervision fee of \$60 per month, as well as any restitution and program fees. The Ellis County PIP is available only in Ellis County. Supervision cannot be transferred to another county or state.

A felony plea agreement admitting guilt, along with a stipulation of evidence, is signed by the applicant and the applicant's attorney. The applicant agrees to comply with all terms of the agreement, and the State agrees to dismiss the case if the applicant successfully completes the PIP. The case will then be reset to await successful completion of the program. If there is a violation of the PIP by the applicant, the applicant agrees that his guilty plea will persist and the agreement will be used by the State as evidence of the applicant's guilt. The applicant also agrees to waive his right to a jury trial if there is a violation of the PIP and the case proceeds to punishment. At the end of the program, the applicant's performance and criminal history will be reviewed. Upon successful completion of the program, the State will dismiss the case against the applicant. The applicant agrees that they will waive their right to seek an expunction for a period of one year following the dismissal.

If the application is denied, counsel for the applicant will be notified in writing, and the application will be destroyed. Regardless of whether the application is granted or denied, the State agrees that no statements made by the applicant in the application will be used by the State if the case is prosecuted.

If an applicant is terminated from the PIP, counsel for the applicant will be notified in writing, and the State will request a court date for the case. From that point, the case will resume as a traditional punishment case following a guilty plea. The case could be resolved through plea negotiations or a punishment trial before the bench.

Acceptance into, and termination from, the PIP is an act of prosecutorial discretion. As such, those determinations are made at the sole discretion of the Ellis County & District Attorney's Office. There is no appeal from those determinations.

PRETRIAL INTERVENTION PROGRAM – PILOT INSTRUCTIONS FOR APPLICATION

The pretrial intervention program (PIP) is a supervision program designed to give a young person in trouble for the first time a chance to rehabilitate without the stigma of a criminal conviction. Successful rehabilitation requires a willingness and a commitment from the individual. This application is considered the first step in that commitment. As such, there are no exceptions for the requirements in the application.

The completed application must be submitted within 60 days of the filing (indictment or information) of the applicant's case. The application must include the following:

_____ PIP questionnaire, fully completed and signed by the applicant

_____ A minimum of 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 of the applicant and that it is written by a person who has known the applicant for at least three (3) years. Each letter must also state the nature of the pending charge against the applicant.

_____ A personal statement from the applicant, explaining why he or she should be considered for the program.

_____ A high school transcript, college transcript or GED certificate

_____ If the applicant is not a full-time student, proof of employment

_____ Proof of a negative drug test administered by the Ellis County Community Supervision and Corrections Department. The cost of the test is \$25, to be paid by the applicant.

Note to Applicant: If you have any questions regarding your case or the application process, please do not call the Ellis County & District Attorney's Office (ECDAO). The ECDAO is legally prohibited from answering your questions. Direct all questions to your attorney.

10. 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
If you answered, "Yes," you must complete the following:

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

11. Are you currently, or have you ever been, diagnosed with or been prescribed medication for a mental disease or disorder? ____ Yes ____ No. If you answered, "Yes," please explain and list the medication prescribed: _____

12. (A) Present Employer: _____

Phone: _____ Starting Date: _____

Title: _____ Duties: _____

Name of Supervisor: _____

(B) Previous Employer: _____

Phone: _____

Starting Date: _____ End Date: _____

Title: _____ Duties: _____

Reason for leaving: _____

13. 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 prescription, or other hallucinogens? ____ Yes ____ No If you answered, "Yes," list what drugs, the dates and extent of your usage: _____

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

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

15. High School: _____ CITY & STATE: _____

Attended from: _____ to: _____

Did you graduate? ____ Yes ____ No If you answered, "No," state the reason: _____

16. Do you have a GED? ____ Yes ____ No If you answered, "Yes," when and from what school? _____

17. College: _____ CITY & STATE: _____

Attended from: _____ to: _____

Major: _____ Minor: _____ Degree: _____

18. List all social media accounts that you use: _____

CHARACTER REFERENCES

Please list the names of at least (2) people who have provided reference letters for you. Include the reference letters with your application. A relative or co-defendant may not provide a reference letter.

Name: _____ Occupation: _____

Address: _____ City & State: _____

Phone: _____ Email address: _____

How long have you known this person? _____ How do you know this person? _____

Name: _____ Occupation: _____

Address: _____ City & State: _____

Phone: _____ Email address: _____

How long have you known this person? _____ How do you know this person? _____

Name: _____ Occupation: _____

Address: _____ City & State: _____

Phone: _____ Email address: _____

How long have you known this person? _____ How do you know this person? _____

PERSONAL STATEMENTS

1. Why should you be considered for the Pretrial Intervention Program?

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

3. What other information should be considered as part of your application?

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 are true and correct.

Signature of Applicant

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

Notary for the State of Texas

My commission expires: _____



Ellis County Community Supervision
and Corrections Department
202 Clift Street
Waxahachie, Texas 75165
Contact Gloria Aguilar 972-825-5167

**PRETRIAL INTERVENTION PROGRAM
DRUG TESTING FORM**

Name: _____
Address: _____ Apt. _____
City: _____ State: _____ Zip: _____
Phone: () _____ Cell / Alternate: () _____
DOB: _____ DL / ID #: _____ SS#: _____

I AGREE TO PAY ELLIS COUNTY CSCD FOR THE COST OF DRUG TESTING IN THE AMOUNT OF \$25.00 AT THE TIME OF THE TEST. (Money Order Only)

Signature: _____ Date: _____

Nombre: _____
Dirección: _____ Apt. _____

Número de Celular: () _____ Número Alternativo: () _____
Fecha de Nacimiento: _____ # de Licencia/Identificación: _____
Seguro Social #: _____ Lugar de Nacimiento: _____

ESTOY DE ACUERDO EN PAGAR EL COSTO DE LAS PRUEBAS DE DROGAS DE \$25.00 AL TIEMPO DE LA PRUEBA. (Giro Postal Solamente)

Firma: _____ Fecha: _____