

# NOTASULGA MUNICIPAL COURT APPLICATION FOR ADMITTANCE INTO THE PRETRIAL DIVERSION PROGRAM

Full Name: \_\_\_\_\_  
Last
First
Middle

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Physical Address- Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Cell Number(s) \_\_\_\_\_

Charges(s): \_\_\_\_\_

Case Number (s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Will you be requesting or already have legal representation?  Yes  No

If yes, attorney's name and number: \_\_\_\_\_

I waive the right to be represented by legal counsel. (Please initial) \_\_\_\_\_

Have you ever been arrested, charges, or convicted of any crime, including DUI's and minor traffic offenses?  Yes  No

List all past **criminal** convictions, date and jurisdiction (Location) of conviction(s) below:

\_\_\_\_\_  
 \_\_\_\_\_

Other than the case that is the subject of this application, do you currently have any criminal charges pending?  Yes  No

Do you have transportation?  Yes  No

Do you have a valid driver's license?  Yes  No

**NOTASULGA MUNICIPAL COURT**

**DEFENDANT'S ADMISSION OF GUILT**

I, \_\_\_\_\_ hereby voluntarily admit that I am guilty of the offense of \_\_\_\_\_ against the Town of Notasulga. The charge against me is stated in the complaint of case number \_\_\_\_\_.

I enter this Admission of Guilty voluntarily. I have not been coerced or threatened into doing so.

I understand that in the event that I am admitted to the Pretrial Diversion Programs ("Program") and am subsequently terminated from the Program due to non-compliance with the Program's terms, this Admission of Guilt will be used against me in subsequent proceedings regarding the charge against me as set forth herein, including, but not limited to, its admission at any trial of this charge. I further understand that if I successfully complete the Program that the case against me will be dismissed and this guilty plea will not be used against me.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant's attorney's signature

\_\_\_\_\_  
Date

I voluntarily waive my right to be represented by an attorney in this matter

\_\_\_\_\_  
Defendant's signature

\_\_\_\_\_  
Date

## NOTASULGA MUNICIPAL COURT

### PRETRIAL DIVERSION PROGRAM AGREEMENT

In consideration of the granting of defendant's request for admittance into the Pretrial Diversion Program ("Program") whereby defendant has the opportunity to rehabilitate himself/herself through testing and treatment, defendant promises the following:

- (1) To comply with the Orders of the Court having jurisdiction of the charge(s) made against defendant;
- (2) To comply with all rules and requirements set forth in the "Application for Admittance into the Pretrial Diversion Program" ("Application") and initialed by defendant;
- (3) To complete the required educational and/or rehabilitative treatment (based on the offense committed) at the level as determined by the Court Referral Officer;
- (4) To personally bear all cost and expensed of such Program; and
- (5) To refrain from any criminal conduct.

NOW THEREFORE, admittance into the Program is hereby granted to defendant by the Municipal Judge for the Notasulga Municipal Court in exchange for: the promises of defendant made herein, and the truthful representations made to the Municipal Judge by defendant in the Application.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant's attorney's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notasulga Municipal Court Judge

\_\_\_\_\_  
Date

I voluntarily waive my right to be represented by an attorney in this matter

\_\_\_\_\_  
Defendant's signature

\_\_\_\_\_  
Date

In order to graduate from the Pretrial Diversion Program, you will be required to abide by all of the Rules and/or Requirements listed below and initialed by you; plus any Orders, Requirements and/or Rules set by the Court, the Court Referral Officer and the Treatment Provider that are not specifically set forth in the following terms. Failure to comply with any such Rule and/or Requirement will result in termination from the program and imposition of fine(s) and/or jail sentence.

Initial

Rules and/or Requirements

\_\_\_\_\_ I will report to Court on assigned compliance date(s). I understand failure to report to Court as ordered will result in a warrant being issued for my arrest.

\_\_\_\_\_ I will comply with all terms of my referred Treatment Program Plan. I understand it may and can be needed during my participation in the program referred and deemed appropriated for me. I also understand that I may be required to pay some or all of the costs of any treatment program to which I am referred.

\_\_\_\_\_ I will report on my assigned date, at my assigned time and location when requested to do so by the Court Referral Officer or Treatment Provider.

\_\_\_\_\_ I will obtain and/or keep full-time employment or be enrolled as a full-time student during my participation in the program unless specifically excused from this requirement by the Court.

\_\_\_\_\_ I will not use or possess any mind-altering substance, including alcohol, during my participation in the program.

\_\_\_\_\_ I understand that I will be required to pay for all drug screens taken during my participation in the program.

\_\_\_\_\_ I will not commit any crimes during my participation in the program. I understand that participation in any criminal activity will result in termination from the program.

\_\_\_\_\_ I understand that I am responsible for keeping the Court informed at all times of my current address, employment and telephone numbers(s). I understand that if the Court is unable to contact me because of inaccurate or outdated contact information, I will be terminated from the program.

\_\_\_\_\_ I understand that by entering into this agreement, I will be required to enter a guilty plea to the charge(s) against me.

\_\_\_\_\_ I understand that my guilty plea may be made final at any time should I fail to comply with the terms of the Pretrial Diversion Program deemed for me.

\_\_\_\_\_ I understand that I am waiving my right to appeal of my guilty plea should such plea be made final due to my failure to comply with the terms of the program.

\_\_\_\_\_

I will comply with all other Court orders and/or requirements of the Court, the Court Referral Officer and the Treatment Provider not specifically set forth in these Rules and/or Requirements.

\_\_\_\_\_

I understand that I will be required to pay all court referral fees and court costs before I will be allowed to graduate from the Pretrial Diversion Program.

I have thoroughly read and understand the above terms required for admittance into the Pretrial Diversion Program.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Magistrate/Judge

\_\_\_\_\_  
Date

I voluntarily waive my right to be represented by an attorney in this matter

\_\_\_\_\_  
Defendant's signature

\_\_\_\_\_  
Date

I have read and thoroughly explained to the defendant this document and the constitutional waivers contained therein; the rules and requirements of the Pretrial Diversion Program as set forth herein; and the ramifications and results of non-compliance with these terms by defendant.

\_\_\_\_\_  
Defendant's attorney's signature

\_\_\_\_\_  
Date

## Notasulga Municipal Court Court Referral Program Contact Information

The Court Referral Officer must have current and correct contact information to process court orders. Any false information will result in a court appearance before the Judge.

Please Print:

**FULL LEGAL NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
**City** **State** **Zip**

**CONTACT NUMBERS:** **Home:** \_\_\_\_\_  
(including area code)

**Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **CRO USE ONLY**

Case number(s): \_\_\_\_\_

Charge: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Breath test result: \_\_\_\_\_

Other test results: \_\_\_\_\_