

Hunt County Veterans Pretrial Diversion Program

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Greenville, Texas 75403-1097
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G. Calvin Grogan, V
County Attorney



Wiley Hollopeter
Program Administrator
Paige Ashley
Program Coordinator

APPLICATION FOR VETERANS PRETRIAL DIVERSION

Date

Defense Attorney:

Your Client:

Cause Number(s): CR

To be eligible for the Hunt County Veterans Pretrial Diversion Program, your client must have been an active duty and/or reserve/guard member, a retiree or a veteran of the Armed Forces and received an honorable discharge with proof of DD214. At the time of the misdemeanor offense committed in Hunt County, Texas, your client must have been medically diagnosed with a mental illness and/or mental disorder connected to his/her service. If your client meets the program's minimum requirements, he/she must sign and submit the following required forms: the Hunt County Veterans Pretrial Diversion Application, DD214, VA Request and Authorization for Release of Health Information, and Attorney Consent to Interview Client and Determine Program Eligibility.

Additionally, your client must contact Mr. Joey Jackson with the Hunt County Community Supervision Office at (903) 455-9563 to schedule an in-person interview to complete a 60-minute Risk Assessment. Once the assessment is completed, you or your client must contact Ms. Paige Ashley with the Hunt County Attorney Office at (903) 408-4118 to schedule an in-person interview with the Hunt County Veterans Pretrial Diversion Staff. All staff interviews are conducted on Friday afternoons once a month in the Hunt County Attorney's Office. No interviews will be conducted until all the required documentation has been received by the Hunt County Attorney's Office.

At the staff interview, please have your client prepared to answer questions about the nature of the offense, why he/she is a good candidate for the program, and why he/she believes he /she can successfully complete it. If accepted, all participants must accept responsibility for their actions and sign a judicial confession that can be used against him/her in court should he/she fail to successfully complete the program.

Members of the Hunt County Veterans Pretrial Diversion Staff include: the Hunt County Attorney, the Hunt County Attorney Veterans Pretrial Diversion Program Administrator, the Hunt County Veterans Services Officer, a Hunt County Community Supervision Officer, a VA clinical worker and/or mental health specialist, and your defense counsel. If the application is conditionally approved by the staff, a court date will be set to finalize the agreement.

Any and all statements you give during the Risk Assessment and during the staff interview will not be used against you in any criminal proceeding.

Should your client wish to participate, please complete the application attached hereto and return it to this office within 14 days from the date of this letter. Failure to return the application in the aforementioned time frame will result in the forfeiture of his or her consideration for the program.

Warnings

Should your client enter the program but fail to complete the program, the criminal case(s) will be placed back on the court’s docket for an “open plea” to the court for sentencing. Finally, please advise your client that the Hunt County Community Supervision and Corrections Department will decide whether or not your client will receive a Certificate of Successful Completion of the Veterans Pretrial Diversion Program, not the judge. The judge is not a party to the Veterans Pretrial Diversion Program. The decision of the Hunt County Community Supervision and Corrections Department as to issuing a Certificate of Successful Completion of the Veterans Pretrial Diversion Program is final and absolute and cannot be appealed.

<i>THIS SECTION SHALL BE COMPLETED BY THE HUNT COUNTY VETERANS PLACEMENT TEAM:</i>					
OFFERED BY:					
RECEIVED BY:		DATE:			
REVIEWED BY:		DATE:		<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> REJECTED
Pretrial Intervention Program Offer:					
_____ Months		\$ _____ Pretrial Intervention Program Fee within 90 days			
Community Service: <input type="checkbox"/> 30 hrs <input type="checkbox"/> 60 hrs		\$ _____ Court Appointed Attorney Fee within 90 days			
\$ <u>60.00</u> Monthly Supervision Fee		\$ _____ Restitution within 90 days			

PERSONAL INFORMATION

Last Name		Suffix	<input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V		
First Name		Middle			
Maiden Name		Nick Name			
Home Address		City, State Zip			
Home Number	()	Cell Phone	()		
How long have you lived at this address?					
Have you ever legally changed your name or assumed another name?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what was the prior name					

Date of Birth		Age		Sex		Race	
State of Birth		City of Birth					
SSN Number		CITIZEN / LEGAL RESIDENT		<input type="checkbox"/> Yes <input type="checkbox"/> No			
DL Number		DL State		DL is <input type="checkbox"/> VALID <input type="checkbox"/> SUSPENDED			
Marital Status	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> COMMON LAW						
If Married or Common Law:							
Name of Spouse					Phone Number		
Number of Dependents			Age(s) of Dependents				
Do Dependents reside with you <input type="checkbox"/> Yes <input type="checkbox"/> No							

Emergency Contact (other than spouse):

Name		Address	
City State Zip		Phone	()

MILITARY HISTORY

Are you a member of the U.S. Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED <input type="checkbox"/> RESERVE
If yes, what Branch	<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD	
Are you a member of the Texas Military Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED
If yes, what Branch	<input type="checkbox"/> TEXAS ARMY NATIONAL GUARD <input type="checkbox"/> TEXAS AIR NATIONAL GUARD <input type="checkbox"/> TEXAS STATE GUARD	
Type of Discharge:	<input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> UNDER OTHER THAN HONORABLE (IDISHONORABLE)	

MENTAL HEALTH HISTORY

Have you been diagnosed with a mental illness or disorder in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been treated at the VA for any mental illness or disorder prior to the commission of this offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when	Name of treating Physician	
Diagnosis		
Are you taking medication for your diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What medication(s) are you taking?
Have you ever been involuntarily committed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when	Where	

SUBSTANCE ABUSE HISTORY

CHECK THE APPROPRIATE BOX IF YOU HAVE EVER USED ANY OF THE BELOW LISTED DRUGS AND INDICATE LAST USE

Drug(s)	Date Last Used		
<input type="checkbox"/> Methamphetamine			
<input type="checkbox"/> Cocaine			
<input type="checkbox"/> Heroin			
How many alcoholic drinks do you drink?	Daily		Weekly
Have you abused or are you addicted to a prescription drug?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Substance?
Are you currently or have you been through a substance abuse program?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Substance?
When		Where	
Inpatient	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outpatient	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you successfully Discharged	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently or have you ever been in AA/NA	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT INFORMATION

Applicant's Employment Status:	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> UNEMPLOYED	<input type="checkbox"/> RETIRED
	<input type="checkbox"/> DISABLED	<input type="checkbox"/> HOMEMAKER	<input type="checkbox"/> STUDENT	
Name of Employer		Telephone	()	
Address		City, State Zip		
Wages / Salary		Date Hired		
Supervisors Name				
If unemployed, Reason for unemployment				

Spouse's Employment Status:	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> UNEMPLOYED	<input type="checkbox"/> RETIRED
	<input type="checkbox"/> DISABLED	<input type="checkbox"/> HOMEMAKER	<input type="checkbox"/> STUDENT	
Name of Employer		Telephone	()	
Address		City, State Zip		
Wages / Salary		Date Hired		
Supervisors Name				
If unemployed, Reason for unemployment				

EDUCATION BACKGROUND

LAST HIGH SCHOOL

Name		City		State	
Dates Attended		GPA		Rank	
Graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, are you currently attending:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

LAST COLLEGE / TRADE SCHOOL

Name		City		State	
Dates Attended		Major			
Graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, are you currently attending:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SUPPORT GROUP BACKGROUND

FAMILY MEMBER OR FRIEND

Full Name		City		State	
Relationship:		Phone No.:		Email:	
Willing to attend Placement Interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consent for Veterans Placement Team staff to speak with family member or friend about your pending case?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

FAMILY MEMBER OR FRIEND

Full Name		City		State	
Relationship:		Phone No.:		Email:	

Willing to attend Placement Interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consent for Veterans Placement Team staff to speak with family member or friend about your pending case?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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FAMILY MEMBER OR FRIEND

Full Name		City		State	
Relationship:		Phone No.:		Email:	
Willing to attend Placement Interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consent for Veterans Placement Team staff to speak with family member or friend about your pending case?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CRIMINAL HISTORY

LIST ALL PRIOR ARRESTS (REGARDLESS IF THE ARREST RESULTED IN A CONVICTION OR WAS EXPUNGED):

Date of Arrest	Location (City, County, State)	Offense	Disposition

HAVE YOU EVER HAD A FAMILY VIOLENCE PROTECTIVE ORDER ISSUED AGAINST YOU? YES NO
IF YES

Date of Protective Order	Cause Number	County and State	Name of Protected Party(ies)

ATTACHMENT A (OPTIONAL)

PROVIDE AND ATTACH NO MORE THAN 3 LETTERS OF SUPPORT FROM ANY INDIVIDUAL(S) SUPPORTING YOUR ENTRY INTO THE VETERANS PRETRIAL DIVERSION PROGRAM. THE LETTERS SHOULD STATE WHY THEY BELIEVE YOU ARE AN APPROPRIATE CANDIDATE FOR THE PROGRAM.

CERTIFICATE AND AUTHORIZATION

I, the undersigned Applicant, state that I have true answers made to all of the foregoing questions contained in the Application for Veterans Pretrial Diversion. In order that the Office of the Hunt County Attorney may be fully informed about my history and character, I refer the Office of the County Attorney to my employers, past and present, and to all persons who may have information about me and authorize the Office of the County Attorney to contact those persons for the purpose of verifying my answers and gathering information about me. I do, hereby, release the Office of the County Attorney and the government of Hunt County, Texas and all agents thereof and all persons who furnish information about me from all liability and any damages whatsoever on account of obtaining or furnishing or verifying information about me.

Further, I understand that if my application is not approved, for any reason whatsoever, that any information obtained in the application may be used to impeach me should I testify at trial or to impeach any other witnesses that may testify at trial.

Signed on this the _____ day of _____, 20_____.

DEFENDANT

AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared _____, who, being by me duly sworn, deposed as follows: I am over the age of 18. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

AFFIANT

SWORN TO AND SUBSCRIBED before me on this the _____ day of _____, 20_____.

NOTARY PUBLIC, STATE OF TEXAS