



**SHAREN WILSON, CRIMINAL DISTRICT ATTORNEY**

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

**Telephone: 817.884.1633 Office Hours: 7:45 A.M. to 5:00 P.M.**

### **DEFERRED PROSECUTION INITIATIVE APPLICATION**

The Tarrant County Criminal District Attorney's Office offers the Deferred Prosecution Initiative (DPI) to first time criminal offenders who meet certain program requirements. This Program is designed for rehabilitation of offenders. If the program is successfully completed, participant's case will be dismissed and applicant is eligible for an immediate expunction. The completed application must be turned in to the Tarrant County Criminal District Attorney's Office within **90 days** of the filing of the applicant's case. Incomplete applications will not be considered. Untimely applications will not be considered.

Your application must include the following items:

- Questionnaire, completed in its entirety (page 2)
- Personal statement. (page 4)
- Non-refundable initial program fee of \$50.00.

**Notice to Applicant:** If you have any questions regarding your case or the application process, please do not call the Criminal District Attorney's Office. The Criminal District Attorney's Office is legally prohibited from answering your questions. PLEASE DIRECT ALL QUESTIONS TO YOUR ATTORNEY.

## **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:** \_\_\_\_\_

<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>
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**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

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:

CHARGE      CITY & STATE      DATE      POLICE AGENCY

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9. Are you currently or have you ever been formally 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. Employer: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Starting Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_

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. High School: \_\_\_\_\_ City/State: \_\_\_\_\_

Attended from: \_\_\_\_\_ To: \_\_\_\_\_

Graduated? Yes / No (circle one) If no, state reasons: \_\_\_\_\_

13. GED: Yes / No (circle one) If yes, when and from what school? \_\_\_\_\_

College: \_\_\_\_\_ City/State: \_\_\_\_\_

Attended from: \_\_\_\_\_ To: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduated? Yes / No (circle one) If no, state reasons: \_\_\_\_\_

## **PERSONAL STATEMENT**

**Briefly explain in the space below why you want to participate in the Program.**

**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.**

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**Signature of Applicant**

**SUBSCRIBED AND SWORN to before me this\_\_\_\_ day of\_\_\_\_\_.**

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**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 Initiative, I will be placed on an informal and unofficial probationary period to be determined by the Tarrant County Criminal District Attorney's Office. As part of that program, I will need to communicate with attorneys and staff of the Tarrant County Criminal 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 Criminal 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 Initiative (DPI), I am entitled to an expunction under the Texas Code of Criminal Procedure. An expunction is the destruction of arrest records and files. I understand that, as a general rule, 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 arrest records and files expunged. I agree that the scope of any expunction order must be limited to permit the Tarrant County Criminal District Attorney (TCCDA) to retain a record of my participation in DPI and to retain a copy of this signed 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 or DPI applicant is ineligible because of the applicant's prior participation in DPP or DPI. The TCCDA shall maintain the record of participation and the copy of this waiver as confidential work product documents. The record of participation and the copy of this waiver will be maintained by the TCCDA 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