

Tarrant County Youth Offender Diversion Alternative Program Y.O.D.A.

APPLICATION FOR PARTICIPATION

FILL THIS FORM OUT WITH YOUR ATTORNEY

ONCE THIS FORM IS COMPLETELY FILLED OUT

Email to: dvdp@tarrantcountytexas.gov

Defendant's Name: _____
First Middle Last Email Address

HOME ADDRESS: _____
Number and Street Apt# City State Zip Code

Any Previous Aliases/Maiden Names: _____ Date of Birth: _____

Tarrant County Case Number(s): _____ Tarrant County CID Number: _____

Two phone numbers where you may be reached: #1: _____ and #2: _____

Victim's Name: _____ Do you currently reside with the victim? YES NO

How are you related to the victim? _____

Address: _____

Phone #: _____

Email: _____

I certify the above information is accurate. I have reviewed this document with my attorney and I wish to be considered for participation in the Youth Offender Diversion Alternative Program.

Defendant's Signature

Attorney's Signature

Date Submitted

Attorney's Name / Contact Number/EmailAddress