



APPLICATION FOR PRETRIAL DIVERSION FOR  
THE 5TH JUDICIAL CIRCUIT OF ALABAMA

PLEASE PRINT

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN: \_\_\_\_\_

Sex: M ( ) F ( )

Home Address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Reference's/next of kin: Names, relationship, and phone number:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Is Your Driver's License Currently Valid? \_\_\_\_\_

Are you represented by an attorney? \_\_\_\_\_

If yes, what is the name of your attorney? \_\_\_\_\_

Do you have a Commercial Driver's License? \_\_\_\_\_

Initial Each:

\_\_\_\_\_ I want to participate in the District Attorney's Pretrial Diversion Program. I understand that in order to participate in the Pretrial Diversion Program, I must plead guilty to the offense(s) for which I am charged. I understand and agree that if I am terminated from the program that I cannot withdraw my guilty plea for that reason.

\_\_\_\_\_ I understand that I will be evaluated by staff of the Pretrial Diversion Program to determine if I am eligible.

\_\_\_\_\_ I hereby authorize the District Attorney's Office to obtain any/all employment, school, medical, military, criminal, civil, and other records deemed necessary for the evaluation, and I hereby authorize all persons in possession of the information to release it to the District Attorney's Pretrial Diversion Program.

\_\_\_\_\_ I understand that if my application is determined eligible for consideration, a representative from the District Attorney's Pretrial Diversion Program will

contact me and schedule an intake interview. I also understand that if I fail to complete the interview as scheduled, my application can be denied.

\_\_\_\_\_ I understand that if I am accepted into the Pretrial Diversion Program, I will sign an Agreement and will follow its terms or I can be terminated from the Pretrial Diversion Program. I agree not to violate any laws of the State of Alabama, any other state, or any Federal laws during the application period or during the course of the Program.

\_\_\_\_\_ I understand that if I am allowed to participate in the Pretrial Diversion Program and it is determined later that I have been untruthful in this application, I can be terminated from the Pretrial Diversion Program.

\_\_\_\_\_ I agree to meet with the Pretrial Diversion Coordinator to complete the Agreement with/without counsel. I understand that all admissions, records, or other communications involving the Pretrial Diversion Program shall not be admissible in any subsequent criminal proceeding.

\_\_\_\_\_ I understand that incurring a new criminal offense in any jurisdiction from this point forward will be grounds for termination or denial from the program.

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

\_\_\_\_\_ I understand that I have a constitutional right to be represented by an attorney regarding any criminal charges against me. By signing this agreement I acknowledge that I have either consulted with an attorney about the charges that I am applying for Pre-Trial Diversion and I am entering this agreement on advice of counsel or hereby expressly waive my right to be represented by an attorney and enter into this agreement voluntarily by my own admission and free will,

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date