

DISTRICT ATTORNEY'S OFFICE
102 N CAMP AVE
NEW ALBANY, MS 38652
OFFICE PHONE: 662-346-8701
ALLISON REA: 662-816-5585
FAX: 662-346-8704(drug screen results)

PRETRIAL REPORT DATES 2021

JANUARY:	January 25	JULY:	July 19
FEBRUARY:	February 22	AUGUST:	August 23
MARCH:	March 29	SEPTEMBER:	September 20
APRIL:	April 26	OCTOBER:	October 25
MAY:	May 24	NOVEMBER:	November 15
JUNE:	June 21	DECEMBER:	December 6

*******PLEASE REPORT ANYTIME BETWEEN 8:00 A.M. AND 3:30 P.M**

PLEASE BRING WITH YOU ON EACH REPORT DATE:

- 1) \$125 MONEY ORDER ONLY, MADE OUT TO "D.A. PRETRIAL."
- 2) RECEIPT FROM CIRCUIT CLERK FOR COURT COST PAYMENT.
Do not contact clerk to ask your total court cost amount until three weeks after initial intake appointment to allow for paperwork processing!!!
Benton County Circuit Clerk 224-6310
Calhoun County Circuit Clerk 412-3101
Chickasaw County Circuit Clerk 456-2331
Lafayette County Circuit Clerk 234-4951
Marshall County Circuit Clerk 252-3434
Tippah County Circuit Clerk 837-7370
Union County Circuit Clerk 534-1910
- 3) MONTHLY REPORT FORM. (PLEASE HAVE YOUR MONTHLY REPORT FORM FILLED OUT WHEN YOU ARRIVE).

*******DRUG SCREENS WILL BE REQUESTED ON AS-NEEDED BASIS.
INSTRUCT YOUR LAB TO FAX RESULTS TO 662-346-8704.**

PRE-TRIAL INTERVENTION MONTHLY REPORT
SUPERVISION REPORT FOR THE MONTH OF _____, 2021

- 1) NAME _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____
EMAIL _____
ADDRESS: _____
- 2) Names of persons living with you: _____
- 3) Have you moved? Yes _____ or No _____ (If yes, give a date and explain.)
- 4) Have you changed jobs? Yes _____ or No _____ (If yes, give date and explain.)
- 5) When was the last time you paid on the court costs in your case? _____
- 6) Have you paid the Pre-trial fees this month? If no, explain why the fees are not paid. _____
- 7) Have you paid your Pre-trial fees from last month? If not, explain why not. _____
- 8) If employed, list name, address, and phone number of employer. If student, list school: _____
- 9) Pre-trial client understands and agrees and that he/she is subject to a random drug screen at anytime in the Pre-trial Intervention Program and that refusing to submit to a drug screen is the same as testing positive for an illegal substance.
Yes _____ or No _____
- 10) Have you been arrested by law enforcement officials since you began your Pre-trial Program? Yes _____ or No _____
(If yes, give dates and explain) _____
- 11) Have you used any type of illegal drugs in the past month? Yes _____ or No _____
(If yes, what type?) _____
- 13) Please list the names and phone numbers of two people that know how to get in touch with you.
 - 1) _____
 - 2) _____

COMMENT AREA, TURN OVER ON BACK IF YOU NEED EXTRA SPACE:

NOTE: A FALSE STATEMENT OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT WILL RESULT IN YOU BEING REMOVED FROM THE PRETRIAL INTERVENTION PROGRAM.

SIGNATURE: _____ DATE: _____

APPLICATION FOR ACCEPTANCE INTO THE PRETRIAL INTERVENTION
PROGRAM OF THE THIRD CIRCUIT COURT DISTRICT

NAME: _____ CAUSE NO. _____

E-MAIL ADDRESS: _____

ADDRESS: _____

City Zip Code

PHONE: _____

Home Work Other#

1. RACE: _____ SEX: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

PLACE OF BIRTH: _____

2. SOCIAL SECURITY NUMBER: _____ ARREST DATE: _____

ARRESTING AGENCY: _____

3. I have been indicted in the Circuit Court of _____ County, Mississippi, in
Cause No. _____ for the crime of: _____.

4. I am represented by attorney _____, whose address is _____

5. I have not previously been accepted into an intervention program.

6. I am not charged with a crime of violence including, but not limited to, murder,
aggravated assault, rape, armed robbery, manslaughter, or burglary or a dwelling
house.

7. I am not charged with: (a) an offense pertaining to the sale, barter, transfer,
manufacture, distribution or dispensing of a controlled substance, or the
possession with intent to sell, barter, transfer, manufacture, distribute or
dispense a controlled substance, as provided in Section 41-29-139 (a) (1),
Mississippi Code 1972 Annotated, as amended; except for a charge under
said statute when the controlled substance involved is one (1) ounce or less
of marijuana, or (b) an offense pertaining to the possession of (1) kilogram
or more of marijuana as provided in Sec. 41-29-139 (c) (2) (D), Mississippi
Code 1972 annotated, as amended.

8. CRIMINAL HISTORY:

<u>Date of Arrest</u>	<u>Age</u>	<u>Charge</u>	<u>Court</u>	<u>Disposition</u>
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- 1.
- 2.
- 3.
- 4.
- 5.

9. EDUCATIONAL BACKGROUND:
(Name of School)

Elementary _____

High School _____

College _____

10. EMPLOYMENT HISTORY (List present and previous places of employment)

<u>DATE</u>	<u>Names & Address of Employer</u>	<u>Job, Earnings, Reason For Leaving</u>
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- 1.
- 2.
- 3.

11. FAMILY HISTORY

<u>Parents</u>	<u>Address & Telephone #</u>	<u>Occupation</u>
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Spouse

12. **MEDICAL HISTORY (List problems, treatment, and medication)**

13. **PSYCHIATRIC OR PSYCHOLOGICAL TREATMENT**

Yes

No

If yes, name of treatment facility _____

14. **DRUG USE:**

No drug use

Cocaine

Marijuana

Amphetamines

Heroin

Barbiturates

Alcohol

Other

15. **DRUG TREATMENT**

Name of Treatment Facility

16. I waive my right to a speedy trial as guaranteed by the United States Constitution, the Constitution of the State of Mississippi, and all pertinent statutes of the State of Mississippi.

17. I agree to waive extradition to said County, Mississippi, from any other State of the United States or any other Country. I further agree not to contest any request for my return to said County, State of Mississippi.

18. I hereby agree to obey and abide by any and all conditions, rules and regulations prescribed by the District Attorney's Office while in the Pretrial Intervention Program, if accepted.

19. I further agree and understand that if accepted into the Pretrial Intervention Program, if I should violate the conditions of the Agreement: (a) the District Attorney may terminate my participation in the program; (b) the waiver pursuant to Section 99-15-115, Mississippi Code 1972 annotated as amended, concerning the right to a speedy trial and the tolling of the period of limitation established by statutes and/or rules of court shall be void on the date I am removed from the program for the violation; and the prosecution of pending criminal charges against me shall be resumed by the District Attorney. I hereby affirm that the information provided above is true and correct. Further, I understand and agree to abide by the conditions set forth above, if accepted into the Pretrial Intervention Program.

This the _____ day of _____, 20__.

Applicant's Name

Applicant's Attorney

Address & Telephone Number

IN THE CIRCUIT COURT OF _____ COUNTY, MISSISSIPPI

**STATE OF MISSISSIPPI
VS.**

CAUSE NO: _____

PRETRIAL INTERVENTION AGREEMENT

The Defendant, having made written application for acceptance into the Pretrial Intervention Program of the Third Circuit Court District of the State of Mississippi, and said application having been considered by the District Attorney's Office, the District Attorney finds as follows:

- (a) The offender is eighteen (18) years of age or older
- (b) There is substantial likelihood that justice will be served if the offender is placed in an intervention program;
- (c) It is determined that the needs of the offender and the State can better be met outside the traditional criminal justice process;
- (d) It is apparent that the offender poses no threat to the community;
- (e) It appears that the offender is unlikely to be involved in further criminal activity; and ,
- (f) The offender has no significant history of prior delinquency or criminal activity.

THEREFORE, the offender is accepted into the Pretrial Intervention Program of the Third Circuit Court District, State of Mississippi, for a period of twelve months under the following terms and conditions.

- 1.) Offender shall not violate any federal, state, or local laws and shall report within twenty-four (24) hours to the District Attorney's Office of any arrest or if questioned by law enforcement officers;
- 2.) Offender shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any narcotics or other controlled substance to any paraphernalia related to such substance, except as prescribed by a physician;
- 3.) Offender shall not frequent places where controlled substances are illegally sold, used, distributed, or any other place deemed inappropriate.

- 4.) Offender shall refrain from associating with any person engaged in criminal activity, and shall refrain from associating with any person convicted of a felony crime unless granted permission to do so by the District Attorney's Office;
- 5.) Offender shall support his/her legal dependents, if any, and meet other family responsibilities;
- 6.) Offender shall work regularly at a lawful occupation unless enrolled in school, training, on medical disability or for other acceptable reasons;
- 7.) Offender shall remain within the State of Mississippi unless authorized to leave on proper application to the District Attorney's Office;
- 8.) Offender agrees to participate in a program approved by the District Attorney's Office for substance abuse if deemed appropriate, which program may include testing to determine whether the offender has reverted to the use of drugs or alcohol. Offender shall pay all costs in connection with said test and/or treatment;
- 9.) Offender agrees to participate in a program approved by the District Attorney's Office for financial management if deemed appropriate, which program may prohibit the offender from incurring new credit charges or opening additional lines of credit unless in compliance with the payment schedule;
- 10.) Offender shall report to the Intervention Program Officer as directed;
- 11.) Offender hereby agrees to waive extradition to the State of Mississippi from any jurisdiction in our outside the United States were he/she may be found and also agrees not to contest any effort by any jurisdiction to return him/her to the State of Mississippi;
- 12.) Offender hereby agrees to waive any right to a speedy trial as guaranteed by the United States Constitution, the Constitution of the State of Mississippi, and all Statutes of the State of Mississippi pertaining to any right to a speedy trial;
- 13.) Offender agrees to the tolling of all periods of limitation of prosecution established by Statutes of Rules of the Court;

- 14.) Offender agrees to pay the Office of the District Attorney the sum of \$125.00 monthly for administration of this program;
- 15.) Offender agrees to pay a fine in the amount of _____ ;
- 16.) Offender agrees to pay:
1. Victim restitution, if any, jointly and severally, to be determined by the Victim's Coordinator, Office of the District Attorney.
 2. Circuit clerk of county all court costs, to include lab fees, bond fees, if any, in a total amount to be determined by the Circuit Clerk.

17.) Offender agrees to perform _____ hours of community service, community service site to be assigned by the Pre Trial Intervention Coordinator.

18.) All amounts payable pursuant to this Agreement shall be made directly to the Pretrial Intervention Officer, the total of which is \$1,500.00. Payments are to be made at the rate of \$125.00 per month, until in full, beginning on first scheduled meeting and on each monthly meeting date thereafter. It is the responsibility of the offender to obtain and maintain receipts evidencing each payment.

FAILURE TO PAY ANY ONE PAYMENT SHALL BE GROUNDS FOR REJECTION FROM THE INTERVENTION PROGRAM, AND UPON REJECTION, FOR ANY REASON, ANY AMOUNTS PREVIOUSLY PAID INTO THE PROGRAM BY THE OFFENDER SHALL NOT BE REFUNDED TO HIM/HER.

19.) Offender agrees and understands that if he/she should violate any of the above conditions: (a) the District Attorney may terminate his/her participation in the program; (b) the Waiver of the right to a speedy trial and the tolling of the periods of limitation of prosecution established by statutes and/or rules of Court shall be void; and (c) prosecution of criminal charges pending against the Offender shall be resumed by the District Attorney.

20.) THE OFFENDER UNDERSTANDS AND AGREES THAT PRETRIAL INTERVENTION IS A PRIVILEGE GRANTED BY THE DISTRICT ATTORNEY AND COURT AND THAT ACCEPTANCE THEREIN IN NO MANNER BESTOWS UPON HIM/HER ANY RIGHT OF

ENTITLEMENT, AND THAT HE/SHE MAY BE REMOVED FROM THE PROGRAM ANY TIME PRIOR TO THE END OF THE PRETRIAL INTERVENTION PERIOD, COMMENCING THIS DATE, FOR ANY REASON, AT THE SOLE DISCRETION OF THE DISTRICT ATTORNEY WITH OR WITHOUT THE CONSENT OR KNOWLEDGE OF THE COURT AND THAT UPON REMOVAL HE MAY BE PROSECUTED FOR THE CHARGES THAT WERE STAYED PURSUANT TO THIS AGREEMENT.

AGREED to this the _____ day of _____, 20_____.

OFFENDER

ATTORNEY FOR OFFENDER

PRETRIAL INTERVENTION COORDINATOR

CIRCUIT COURT JUDGE

IN THE CIRCUIT COURT OF _____ COUNTY, MISSISSIPPI
THIRD CIRCUIT COURT DISTRICT

STATE OF MISSISSIPPI
VS.

CAUSE NO. _____

WAIVER OF RIGHTS

THIS CAUSE came on to be heard on a motion made *ore tenus* by the State of Mississippi requesting that the above styled and numbered caused be passed to the inactive files per the attached order so that the Defendant may enter the Pretrial Intervention Program; and the Court being advised that the Defendant hereby waives any and all rights to a speedy trial under the Constitution and laws of the United States and/or the State of Mississippi, and being further advised that the Defendant agrees hereby that the charge(s) may be reinstated to the active docket in the event the Defendant violates any of the terms of the Pretrial Intervention Program.

This the _____ day of _____, 20_____.

APPROVED AS TO FORM AND SUBSTANCE/WITNESS

DEFENDANT

ATTORNEY FOR DEFENDANT

PRETRIAL INTERVENTION COORDINATOR

**THIRD CIRCUIT COURT DISTRICT
DISTRICT ATTORNEY OFFICE**

Authorization to Release Confidential Information

I, the undersigned, hereby authorize the Pretrial Program to release confidential information in its records, possession, or knowledge, of whatever nature may now exist or come to exist, on an unrestricted communications basis to the District's Attorney's Office of the Third Circuit Court District of Mississippi.

The information which I now authorize for release is to be used in connection with my participation in the aforementioned program which has been made a condition of my pretrial intervention program. I understand the District Attorney's Office may use the information hereby obtained only in connection with its official duties, including total or partial disclosure of such to the Circuit Court.

This consent will terminate at the expiration of my period of pretrial intervention participation which will occur in twelve months or at such time as the District Attorney acts to revoke or terminate pretrial intervention.

Counsel for Offender

Signature of Offender

Pre-Trial Intervention Coordinator

Date Signed

IN THE CIRCUIT COURT OF _____ COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI

CAUSE NO. _____

VERSUS

DEFENDANT

AGREEMENT CHARGING FUTURE DELAY TO THE DEFENDANT

The Defendant, through his/her attorney, has requested that he/she be considered by the District Attorney for acceptance into the pretrial intervention program.

It is agreed by the defendant and the State of Mississippi, that all future time which passes prior to the bringing of this defendant on this charge to trial, shall be charged to the defendant and not to the State of Mississippi. However, upon written notification to the defendant by the District Attorney that he/she has not been accepted into the pretrial intervention program, this agreement shall only charge that delay to the defendant which accrued between the date that the district attorney agreed to consider the defendant for the program, and the date that said written rejection notification was given, or at which time the pretrial intervention program is successfully completed.

AGREED, THIS THE _____ day of _____,

20__.

DEFENSE COUNSEL

PRETRIAL INTERVENTION COORDINATOR

IN THE CIRCUIT COURT OF _____ COUNTY, MISSISSIPPI
THIRD CIRCUIT COURT DISTRICT

STATE OF MISSISSIPPI

CAUSE NO: _____

VERSUS

ORDER

THIS DAY this cause on for hearing on motion *ore tenus* by the District Attorney who prosecutes for the State of Mississippi to pass the above styled and numbered cause to the inactive files for the reason that the defendant has entered into the Pretrial Intervention Program; and the Court, after hearing and considering the same, is of the opinion that the motion should be sustained.

IT IS, THEREFORE, ORDERED AND ADJUDGED that the above styled and numbered cause be, and is hereby passed to the inactive files, subject to reinstatement by the filing of the proper motion by either the State of Mississippi or the Defendant. The Defendant shall remain under proper surety to this Court from day to day and term to term until ordered otherwise by this Court, and the present surety shall remain in full force and effect until the Defendant is finally is discharged by this Court. The Defendant is also to reimburse the Court for all applicable court cost and attorney's fees.

SO ORDERED this the _____ day of _____, 20____.

CIRCUIT JUDGE

Filed this _____ day of
_____ 20____.

CIRCUIT CLERK

BY: _____ D.C.
Minute Book _____ Page _____