

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

NAME: _____ CAUSE NO. _____

E-MAIL ADDRESS: _____

ADDRESS: _____
Street City Code Zip

PHONE: _____
Home Work Other#

RACE: _____ SEX: _____ DATE
OF BIRTH: _____

HEIGHT: ____ WEIGHT: ____ EYES: ____ HAIR: ____

PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ ARREST DATE: _____

ARRESTING AGENCY: _____

I have been indicted in the Circuit Court of _____ County, Mississippi, in

Cause No. _____ for the crime of: _____.

I am represented by attorney _____, whose address is _____

_____.

I have not previously been accepted into an intervention program.

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

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.

CRIMINAL HISTORY:

Date of Arrest

Age
Charge Court
Disposition

1.

2.

3.

4.

5.

EDUCATIONAL BACKGROUND:

(Name of School)

Elementary _____

High School _____

College _____

EMPLOYMENT HISTORY (List present and previous places of employment)

DATE Names & Address of Employer Job, Earnings, Reason For Leaving

1.

2.

3.

FAMILY HISTORY

Parents

Address & Telephone #

Occupation

Spouse

MEDICAL HISTORY (List problems, treatment, and medication)

PSYCHIATRIC OR PSYCHOLOGICAL TREATMENT

_____ Yes _____ No

If yes, name of treatment facility _____

DRUG USE:

____ No drug use _____ Cocaine _____ Marijuana
_____ Heroin _____ Amphetamines
_____ Barbiturates _____
_____ Alcohol _____
_____ Other

DRUG TREATMENT

Name of Treatment Facility

CURRENTLY OWN FIREARM (List number own and kind)

_____ Yes _____ No

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.

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 the said County, State of Mississippi.

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.

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

CAUSE NO: _____

VS

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;
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. The 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 on said report date;
- 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 understands that a person who is under indictment or information for a crime punishable by imprisonment for a term exceeding 1 year cannot lawfully ship, transport, or receive a firearm or ammunition. Such persons may continue to lawfully possess firearms and ammunition obtained prior to the indictment or information, but cannot do so once the conviction becomes final.
- 14.) Offender agrees to the tolling of all periods of limitation of prosecution established by Statutes of Rules of the Court;
- 15.) Offender agrees to pay the Office of the District Attorney the sum of **\$100.00** monthly for the administration of this program and the sum amount of **\$150.00** or what the clerk says to cover the filing of said expungement order once

completion;

- 16.) Offender agrees to pay a fine in the amount of _____ ;
- 17.) 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.
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- 18.) Offender agrees to perform _____ hours of community service, site to be assigned by the Pre Trial Intervention Coordinator.
- 19.) All amounts payable pursuant to this Agreement shall be made directly to the Pretrial Intervention Officer, the total of which is **\$1,200.00**. Payments (money orders/bank cashier checks) are to be made out to the **D.A. PRETRIAL** at the rate of **\$100.00** per month, until paid in full, beginning on the 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.**
- 20.) Offender agrees and understands that he/she are responsible for paying the filing fee **\$150** or what fee give by said clerk to have their record expunged. The said amount must be paid before the order can be filed.. The money order will be made out to the **CIRCUIT CLERK** in that said county. Giving a total amount for the program **\$1350.00**
- 21.) Offender agrees and understands that if he/she violates 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 8 prosecution of criminal charges pending against the Offender shall be resumed by the District Attorney.

22.) 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

Coretta Hairston-Bledsoe

PRETRIAL INTERVENTION COORDINATOR

CIRCUIT COURT JUDGE

IN THE CIRCUIT COURT OF _____ COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI

CAUSE NO. _____

VS.

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

Coretta Hairston-Bledsoe
PRETRIAL INTERVENTION COORDINATOR

THIRD CIRCUIT COURT DISTRICT
DISTRICT ATTORNEY'S 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

Coretta Hairston-Bledsoe
Pre-Trial Intervention Coordinator

Date Signed

IN THE CIRCUIT COURT OF _____ COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI

CAUSE NO. _____

VS

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

Coretta Hairston-Bledsoe

PRETRIAL INTERVENTION COORDINATOR

IN THE CIRCUIT COURT OF _____ COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI

CAUSE NO: _____

VS

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 _____