



FLORIDA
DEPARTMENT of
CORRECTIONS

Governor
CHARLIE CRIST

Secretary
WALTER A. MCNEILL

An Equal Opportunity Employer

2601 Blair Stone Road • Tallahassee, FL 32399-2500

<http://www.dc.state.fl.us>

CRITERIA FOR PRE-TRIAL INTERVENTION ACCEPTANCE

This program is designed for selected offenders who have usually been charged with a third degree felony to voluntarily serve a period of conditional probation for ten (10) months. If the person successfully completes the Pre-Trial Program, the criminal charges against them will be dismissed by the State Attorney. If they are unsuccessfully terminated from this program, they will be referred back to the Court for continued prosecution. This program is voluntarily and your full cooperation is expected.

Basic Steps for admission into the Program are as follows:

1. The conditions of Pre-Trial will be explained to you and if you desire to participate, you must waive a speedy trial and the release of all confidential information from any agency.
2. The Judge will postpone your case for twelve (12) months in order for us to do the background investigation and allow you to spend ten (10) months in the Program.
3. Your arrest record will be checked, including adult and juvenile, to determine your prior record, if any, and this may prevent you from being accepted into the Program.
4. The victim, if any, will be contacted and must agree to your being admitted into the Program.
5. The arresting officer is also contacted and must agree to your being admitted into the Program.
6. Your employer will be contacted at the beginning and periodically while you are in the Program.
7. The information you give concerning your social history, i.e.: family, schools, prior record, financial status, substance abuse, etc., may be verified. Any false information given may disqualify you from further participation in the program.
8. Information concerning your case is then sent to the State Attorney who will decide if they are willing to hold off prosecution in your case. Once the State Attorney has signed the Deferred Prosecution Agreement, your supervision will begin and you will be notified
9. **IN NO CASE** shall the defendant or his family contact the victim or his family to gain the victim's consent for your participation in the Program.

It is your responsibility to consult your attorney for his/her advice on entering the Program. If you do not have or desire counsel, you may waive your right to counsel.

I hereby acknowledge that I understand the above procedure and I desire to participate and cooperate with it.

(Defendant)

(Date)

Robert Kelley CPSO/ PTI (Officer)

Reply To: Probation & Parole Services
3100 West Fairfield Drive, Pensacola, Florida 32505
Telephone (850)595-8900 Fax (850)595-8671

Officer: _____

DOC#: _____

SEC: _____

DEFERRED PROSECUTION AGREEMENT
FOR _____ COUNTY

It being alleged that you, _____, have committed an offense against the State on or about the (date) _____, to-wit:

Dkt.#: _____

and it further appearing that after an investigation of the offense and into your background, that at this time the interest of the State of Florida and your interest will best be served by the following procedures: THEREFORE: On the authority of William Eddins, State Attorney in and for the First Judicial Circuit, prosecution of this matter for said violation will be deferred for a period of 10 months from this date, provided you abide by the conditions hereafter specified in this contract and order. Your progress will be reviewed in accordance with F.S. 948.08 at the end of 90 and 180 days from this date to determine if prosecution can be permanently deferred.

The defendant agrees to refrain from violation of any law.

The defendant agrees that he/she will work regularly at a lawful occupation.

The defendant agrees that he/she will participate in and pay for programs established for him/her under the supervision of the Department of Corrections. (Mental Health, Drugs, Alcohol Counseling).

The defendant agrees to make him/herself available for all the services of the Program.

The defendant agrees to answer truthfully all inquires by the PTI Program Officer and allow visits at his/her home, employment, school, or elsewhere and carry out any instructions given.

The defendant agrees to support dependents.

The defendant agrees to pay restitution to the victim in the amount of \$_____ plus 4% surcharge per month.

The defendant agrees to pay **\$2.00** per month to the DC Education Trust Fund plus 4% surcharge for each month (he/she) is under supervision pursuant to F.S. 948.09(1)(2).

The defendant agrees to pay cost of supervision in the amount of \$_____ plus 4% surcharge per month.

The defendant agrees to submit to and pay for random urinalysis testing plus 4% surcharge.

The defendant agrees to complete Fundamentals of Life Management Group counseling as directed.

SPECIAL CONDITIONS:

The State Attorney may, during the period of deferred prosecution revoke or modify the conditions of your Deferred Prosecution by:

- (1) Changing the period of deferred prosecution not to exceed an additional _____ days.
- (2) Prosecuting you for this offense if you violate these conditions.
- (3) Void this agreement should it be determined that you have a significant prior record of adult criminal conviction.

If you comply with these conditions during the period of deferred prosecution, no criminal prosecution concerning this charge will be instituted in this county.

By signing this deferred prosecution agreement, the defendant _____, withdraws and/or waives his/her right to a speedy trial for the period of his/her diversion under the Constitution and Laws of Florida and the United States of America cause for which prosecution is being deferred. Further, that he/she understands the contract and will abide by the conditions in the contract.

Defendant's Signature

Date

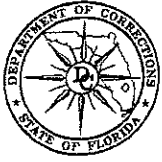
Assistant State Attorney

Date

Project Administrator

Date

Recall Date: _____



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CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

I, _____, consent to disclosure by any Counseling Agency of confidential information concerning my participation in Alcohol, Drug, Child Development, Anger Control, or Domestic Violence Counseling as follows:

1. Name of persons or organizations to whom disclosure is to be made.

DEPARTMENT OF CORRECTIONS

2. Specific type of information to be disclosed.

My presence in the Program, dates of attendance and/or lack of attendance, progress in treatment, results of urinalysis, circumstances about my termination, treatment recommendations.

3. Purpose or need of such disclosure.

To report back the course of my referral on my status with the program.

I understand that this consent may not be revoked by me until there is a formal and effective termination of PTI, and then with the exception of the extent that action has been taken in the reliance therein. In any event, this consent shall have a duration of no longer than that reasonable to effectuate the purpose for which it is given.

DATED this the _____ day of _____, 2010.

Client's Signature

Witness Signature

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IN THE CIRCUIT COURT OF ESCAMBIA COUNTY, FLORIDA

STATE OF FLORIDA

VS.

DKT #: _____

WAIVER OF LIMITATION FOR SPEEDY TRIAL

The defendant hereby stipulates that the time limitations provided under Florida Rule of Criminal Procedure 3.191 providing for a Speedy Trial be and the same is hereby waived and may be extended by Order of the Court.

WITNESS my hand this _____ day of _____, 2010.

(Defendant)

EXECUTED IN MY PRESENCE:

Robert Kelley, CPSO/PTI
Pre-Trial Intervention Officer

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Name: _____
(First) (Middle) (Last) (Maiden)

Race: _____ Sex: _____ Date of Birth: _____ Age: _____ Social Security No.: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Birthplace: _____

Address: _____
(Street) (City) (State) (Zip Code)

Mailing Address: (If different) _____

Home Phone: _____ Work Phone: _____ Emergency Number: _____

Marital Status: (Circle) Single Married Divorced Separated Widow/er Living With

Spouse/Significant Other: _____

Their Address: _____

Your Employer: _____ Immediate Supervisor: _____

Work Address: _____ Telephone No.: _____

Have you ever been arrested before? Yes _____ No _____ Where? _____

What for: _____

Your Present Attorney's Name and Address: _____

DO NOT WRITE BELOW THIS LINE ---- FOR OFFICE USE ONLY

Court Name: (For ITS-Check Clerk's Office) _____

Docket: _____ Charges: _____

Co-Defendant: _____

Judge: _____ Prosecutor: _____ Defense Attorney: _____

Arresting Agency: _____ Bond: _____

Arrest Date: _____ Release Date: _____ Days In Jail: _____

Prior Adult Record: _____

Circuit Court: _____

County Court: _____

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