



**SHAREN WILSON, CRIMINAL DISTRICT ATTORNEY**

**Tim Curry Criminal Justice Center, 401 West Belknap, Fort Worth, Texas 76196**

**Telephone: 817.884.1633 Office Hours: 7:45 A.M. to 5:00 P.M.**

## **DEFERRED PROSECUTION PROGRAM APPLICATION**

The Tarrant County Criminal District Attorney's Office offers the Deferred Prosecution Program (DPP) to first time criminal offenders who meet certain program requirements. This Program is designed to give eligible applicants an opportunity to learn from and make amends for their mistakes. If the program is successfully completed: 1) case against applicant will be dismissed, and 2) applicant is eligible for an immediate expunction. The completed application must be turned in to the Tarrant County Criminal District Attorney's Office within **90 days** of the filing of the applicant's case. Incomplete applications will not be considered. Untimely applications will not be considered.

Your application must include the following items:

- DPP Questionnaire, fully completed by the applicant.
- Two (2) signed letters of recommendation. Each letter must state that it is written by a person who is not a relative or co-defendant, state that the writer has known the applicant for at least three (3) years, and state the nature of the pending criminal charge.
- Personal statement. (page 6)
- High school transcript, diploma, college transcript or GED certificate.
- Negative drug test, given at the Tarrant County Community Supervision and Corrections Department. (Necessary paperwork will be provided when application is turned in to obtain drug test)
- Non-refundable initial program fee of \$25.00.

**Notice to Applicant: If you have any questions regarding your case or the application process, please do not call the Criminal District Attorney's Office. The Criminal District Attorney's Office is legally prohibited from answering your questions. Please direct all questions to your attorney.**



9. Are you currently or have you ever been diagnosed with or been prescribed medication for a mental disease or disorder? Yes / No (circle one) If yes, please explain and list the medication prescribed: \_\_\_\_\_

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10. (A) Present Employer: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Starting Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_

(B) Past Employer: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Starting Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

11. Have you ever used or do you currently use any illegal drugs, such as marijuana, heroin, cocaine, LSD, pills (for which you do not have a prescription) or other hallucinogens? Yes / No (circle one) If yes, list what drugs, the dates and extent of your usage:

\_\_\_\_\_  
\_\_\_\_\_

12. List all immediate relatives (spouse, parents, siblings, children):

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>AGE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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13. High School: \_\_\_\_\_ City/State: \_\_\_\_\_

Attended from: \_\_\_\_\_ To: \_\_\_\_\_

Graduated? Yes / No (circle one) If no, state reasons: \_\_\_\_\_

14. GED: Yes / No (circle one) If yes, when and from what school? \_\_\_\_\_

15. College: \_\_\_\_\_ City/State: \_\_\_\_\_

Attended from: \_\_\_\_\_ To: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduated? Yes / No (circle one) If no, state reasons: \_\_\_\_\_

16. What social media do you use? \_\_\_\_\_

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What is your log in ID for each? \_\_\_\_\_

What is the password for each? \_\_\_\_\_

**CHARACTER REFERENCES**

Please list the names of the TWO (2) people who have provided reference letters for you. Include the reference letters with your application. A relative or co-defendant may not provide reference letter.

- 1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
In what capacity (friend, fellow worker, etc.): \_\_\_\_\_
  
- 2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
In what capacity (friend, fellow worker, etc.): \_\_\_\_\_

**PERSONAL STATEMENTS**

**1. Why should you be considered for the Deferred Prosecution Program?**

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**2. What do you hope to learn from this program?**

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**3. Use this space for any further information you wish to add:**

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**CERTIFICATE**

**BEFORE ME, the undersigned Notary Public, in and for the State of Texas, on this day personally appeared \_\_\_\_\_, who after being duly sworn deposes and says:**

**I swear the answers I gave to each and all of the foregoing questions true and correct.**

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

**SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.**

\_\_\_\_\_  
**Notary in for the State of Texas**

**My commission Expires: \_\_\_\_\_**

CAUSE NO. \_\_\_\_\_

THE STATE OF TEXAS

§

IN THE \_\_\_\_\_

§

v.

§

COURT NO. \_\_\_\_\_

§

\_\_\_\_\_

§

TARRANT COUNTY, TEXAS

**WAIVER OF RIGHTS AND JUDICIAL ADMISSIONS**

I, \_\_\_\_\_, the Defendant herein, voluntarily and knowingly waive the following rights and enter the following judicial admission and confession:

**Waiver of Right to Counsel**

I understand that, if accepted into the Deferred Prosecution Program, I will be placed on an informal and unofficial probationary period to be determined by the Tarrant County Criminal District Attorney's Office. As part of that program, I will need to communicate with attorneys and staff members of the Tarrant County Criminal District Attorney's Office. I also understand that I have a right to counsel under the United States and Texas Constitutions. After being fully informed of my rights, I hereby waive my Constitutional rights to counsel to the extent necessary for participation in the Deferred Prosecution Program so that I can communicate with attorneys and staff members of the Tarrant County Criminal District Attorney's Office outside the presence of my attorney.

\_\_\_\_\_  
(initials)

**Waiver of Right to a Speedy Trial**

I understand that I have the absolute right to a speedy trial under the United States and Texas Constitutions and under the Texas Code of Criminal Procedure. After being fully informed of my rights, I believe that a speedy trial is not in my best interest and I hereby waive my Constitutional and statutory rights to a speedy trial. I further waive any right to move for discharge under the speedy trial provision prior to trial.

\_\_\_\_\_  
(initials)

**Waiver of Right to an Indictment**

I understand that I have the right to an indictment by a grand jury in a felony case. After being fully informed of my rights, I believe that an indictment is not in my best interest and I hereby waive my right to a grand jury indictment.

\_\_\_\_\_  
(initials)



**Waiver of Right to Confront and Cross-Examine Witnesses**

I understand that I have the right to confront and cross-examine witnesses against me under the United States and Texas Constitutions and under the Texas Code of Criminal Procedure. After being fully informed of my rights, I hereby waive my Constitutional and statutory rights to confront and cross-examine witnesses against me. If I am charged with possession of marihuana, a dangerous drug or any other controlled substance, I specifically waive my right to confront witnesses to the possession or testing of the drugs, and my right to contest any drug testing results related to this charge.

\_\_\_\_\_  
(initials)

**Waiver of Right to Remain Silent**

I understand that I have the right to remain silent and not to be compelled to give evidence against myself under the United States and Texas Constitutions and under the Texas Code of Criminal Procedure. After being fully informed of my rights, I hereby waive my Constitutional and statutory right to remain silent and not to be compelled to give evidence against myself. I understand that any judicial confession, admission or stipulation may be admitted against me in a court of law and may serve as a legally binding confession to the offense of \_\_\_\_\_.

\_\_\_\_\_  
(initials)

**Judicial Confession, Admission and Stipulation of Evidence**

I, by my signature below, and after being fully advised of my rights connected with this case and the consequences of waiving those rights by my attorney of record, \_\_\_\_\_

\_\_\_\_\_ do admit that, in Tarrant County, on or about the \_\_\_\_\_, did commit the offense of \_\_\_\_\_. I am guilty of the instant offense and all lesser included offenses.

If I am charged with an offense of possession of marihuana, a dangerous drug or any other controlled substance, I specifically waive any drug testing related to this case; and admit and stipulate that the substance in my possession was \_\_\_\_\_.

\_\_\_\_\_  
(initials)

SIGNED this \_\_\_\_ day of \_\_\_\_\_, 20 .

\_\_\_\_\_  
DEFENDANT

APPROVED:

\_\_\_\_\_  
ATTORNEY FOR DEFENDANT