**CAUSE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **THE STATE OF TEXAS** | **§** | **IN The District Court**  |
|  | **§** |  |
| **VS.** | **§** | **OF POTTER COUNTY ,TEXAS** |
|  | **§** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **§** | **\_\_\_\_\_\_\_\_ Judicial District** |

**VETERANS TREATMENT AND MENTAL HEALTH DOCKET FELONY PRE-TRIAL INTERVENTION CONTRACT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Defendant, was arrested in Potter County, Texas on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and charged with the felony offense of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a \_\_\_\_\_\_\_\_ degree level felony offense, in the cause number listed above assigned to District Court listed above of Potter County, Texas. The 47th Judicial District Attorney’s Office agrees to withhold prosecution under the following terms and conditions, and the undersigned Defendant agrees to these terms and conditions, to wit:

[DEGREE LEVEL]

[TITLE OF FELONY OFFENSE]

[DATE OF ARREST]

[DEFENDANT NAME]

**GOOD BEHAVIOR**

 The Defendant shall remain on good behavior, committing no criminal offense, for a period of twelve (12) months from the date of this agreement. The Defendant understands that the supervision period for pre-trial intervention may exceed the treatment period. I, being the Defendant in the above numbered cause, agree to abide by the terms of this pre-trial diversion contracts as reflected below.

**CONFESSION**

 Further, I, having been advised of my constitutional right against self –incrimination, do hereby admit I am the Defendant in the above referenced case, I hereby admit to the facts contained in the indictment for the above referenced case. I also judicially confess to the information contained in the attached document styled “CONFESSION” and agree to the terms contained therein.

\_\_\_\_\_\_I served in the United States Military wherein I developed a brain injury, mental illness, or mental disorder which in turn contributed to my commission of the above named criminal offense. I am not using my military service as an excuse for my criminal conduct. I am instead seeking treatment for the problems I suffer from so that I am able to avoid criminal conduct from this point forward.

OR

\_\_\_\_\_\_I have been diagnosed with a mental disability, mental illness, mental disorder, or traumatic brain injury which contributed to my commission of the above named criminal offense. I am not using my diagnosis as an excuse for my criminal conduct. I am instead seeking treatment for the problems I suffer from so that I am able to avoid criminal conduct from this point forward.

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

[SIGNATURE OF DEFENDANT]

**TERMS OF VETERANS TREATMENT AND MENTAL HEALTH DOCKET PRE-TRIAL INTERVENTION PROGRAM SUPERVISION**

 Further, I, the defendant in the above cause, agree that for a term of twelve (12) months from the date of this agreement, I will be under the supervision of the office of the Potter County Community Supervision and Corrections Department (CSCD). However, I may be required to be supervised on a less intensive basis after my treatment is complete as determined by the staffing committee. During the term of my supervision period I shall comply with all rules and regulations of said office including, but not limited to, the following as indicated:

1. Commit no offense against the laws of this State, any other state, or United States.
2. Avoid injurious or vicious habits.
3. Avoid persons of disreputable or harmful character, and specifically avoid association with any person previously convicted of a crime.
4. Avoid places of disreputable or harmful character and do not voluntarily remain at any location where a criminal act is being committed.
5. Report to a designated agent of the CSCD in person at his/her office in Amarillo, Potter County, Texas as directed by CSCD throughout the term of this contract beginning as directed by Veterans Treatment and Mental Health Docket.
6. Permit the Pre-Trial Intervention Program (PTIP) officer to visit me at my home or elsewhere and permit any peace officer to stop me or visit me to determine whether or not I am in violation of any part of this contract including law violations.
7. Report any changes in employment, home address, marital status or any arrest to the CSCD within 48 hours of each such change. The Defendant understands that any move involving a new home address that is not in Potter County or a contiguous county may result in removal from the Veterans Treatment and Mental Health Docket Pre-Trial Intervention Program.
8. Work faithfully at suitable employment if required by staffing committee. Support my dependents.
9. Attend all Court and Staffing meetings.
10. Abstain from the use of controlled substances or illegal drugs in any form unless taken under a physician’s directions
11. Pay program fees as directed by the Veterans Treatment and Mental Health Docket or CSCD to cover the cost of participation in the pre-trial intervention program. These fees may be reduced or waived by the VT/MH and CSCD depending on the result of a financial study. A financial study will only occur if requested and the results of that study will be considered by the VT/MH and CSCD in determining if fees are to be lowered or waived. A financial study will not necessarily result in any changes to fees. The following fees are required under the pre-trial intervention contract unless further actions is taken by the VT/MH PTIP:
	1. Pay a supervisory fee of sixty dollars ($60.00) to the CSCD on or before the fifth (5th) day after the date of this agreement, and each month thereafter during the term of community supervision.
	2. Pay a ten dollar ($10.00) per urinalysis (UA) test.
	3. Pay any fees associated with an alcohol monitoring device if applicable
12. [ ]  Pay to the Department of Court Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as restitution to the victim.

 [ ]  Such restitution shall be paid in a lump sum to be paid in full within 30 days of the Court’s acceptance of this agreement.

 [ ]  Such restitution shall be paid in installments of \_\_\_\_\_\_\_\_\_\_ per month for a period of

 \_\_\_\_\_\_\_\_months.

1. [ ]  Defendant will pay to the Department of Court Services $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to reimburse the County for attorney fees for Court appointed attorney. (Such fees shall be paid in installments of $\_\_\_\_\_\_\_\_\_ per month, paid each month
2. At all times abstain from the consumption of alcohol.
3. Remain within a specified place, to wit: the confines of Potter, Randall, and Armstrong Counties of the State of Texas during the term of diversion except by written permission of CSCD or in conjunction with your treatment plan.
4. [ ]  Obtain a GED during the term of diversion
5. Submit to testing as requested by the community supervision officer for the presence in the defendant’s body of controlled substances, illegal drugs, alcohol or any substance capable of causing intoxication.  A payment of $10 is required within 30 days of a sample being submitted.  Should confirmation be required on preliminary positive result an additional payment of $15.00 shall be required within 30 days from the date of each positive confirmation; Detection of any controlled substance or alcohol shall be a violation of this contract and grounds for cancellation and subsequent prosecution.  Refusal to comply of false/tampered samples will be counted as failures.  Breath or blood test refusals are not allowed under the terms of this contract.
6. [ ]  Remain at your residence, on file with CSCD between the hours of \_\_\_\_\_\_\_ P.M. and \_\_\_\_\_\_\_\_\_\_ A.M.
7. [ ]  Do not enter the premises of any bars, cocktail lounge, club, or any other establishment that derives its primary income from the sale of alcohol or alcoholic beverages.
8. [ ]  Attend Narcotics/Alcoholics Anonymous meetings \_\_\_\_\_\_\_\_\_\_\_\_ time(s) each week.
9. [ ] Complete \_\_\_\_\_\_ hours of community service at the rate of \_\_\_\_ hours per month to begin immediately;
10. [ ]  Have no contact with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during the term of the Pre-Trial Diversion Program.
11. Submit to drug and alcohol evaluation and successfully complete any treatment as recommended including aftercare and AA attendance.  If required to complete the department’s SATP program, a fee of $50.00 will be due within 30 days of placement; Report to the staffing committee of the Veterans Treatment and Mental Health Docket as directed by the Veterans Treatment and Mental Health Docket until the Defendant is released from the program or otherwise directed by CSCD or the VT/MH Staff.
12. [ ] Submit to mental, drug, alcohol, and other evaluations as recommended by the VT/MH, United States Department of Veterans Affairs (VA), or CSCD, and follow all treatment recommendations. Proof of successful completion of the evaluations and treatment recommendations is required.
13. [ ]  Within 90 days, complete DWI 3rd Education Program at the direction of the CSCD.
14. [ ]  Within 160 days, complete the Victim Impact Panel at the direction of the CSCD.
15. [ ]  Pay $180.00/$60 DPS Lab fee, if any, due within six (6) months.
16. [ ]  Possess a valid driver’s license and insurance on any vehicle driven by defendant if defendant’s driver’s license is not suspended. Will submit proof of valid driver’s license and insurance to any CSCD employee making a request.
17. [ ]  Participate in the Secure Continuous Remote Alcohol Monitor (SCRAM) Ankle Monitor Program for a period up to 90 days. The defendant will abide by all rules set out by the participant agreement.
	1. Be responsible for the cost of SCRAM in the amount of $\_\_\_\_\_\_\_\_\_ at a rate pf $\_\_\_\_\_\_\_\_ per month to begin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
	2. The defendant is to report to the supervision officer as directed by the Court or supervision officer, but at least twice monthly and obey all rules and regulations of the Community Supervision and Corrections Department.
	3. The defendant is to obtain telephone service within one (1) week of being placed in the SCRAM program. The defendant will then maintain telephone service while in the program.
18. [ ]  Defendant is to serve \_\_\_\_\_\_ days in the Potter County jail as a condition of Pre-Trial Diversion. Defendant shall report to jail at 5:00 p.m. on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
19. The Defendant understands that the Defendant remains on bond for this contract and that as a condition of that bond, the Defendant is required to obey all these conditions. The Defendant further understands that the Veterans Treatment and Mental Health Docket Pre-Trial Intervention Program may impose sanctions for not fulfilling the terms of this agreement. These sanctions may include up to thirty (30) days in the Potter County Jail. Violations of these conditions can result in discharge from the Veterans Treatment and Mental Health Docket program and also constitute a violation of bond which subjects the Defendant to being arrested on these charges and the Defendant agrees to the admissibility of these violations at any future trial or criminal hearing involving the above cause number.
20. [ ]  Other specific conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FUTURE DISMISSAL AGREEMENT**

In return for Defendant’s agreement to this Veterans Treatment and Mental Health Docket Pre-Trial Intervention Contract, the 47th Judicial District Attorney’s Office agrees to dismiss all charges connected with this case upon the successful completion of the intervention term. However, should Defendant fail to abide by the terms and conditions of this contract, Defendant’s case will be prosecuted by the 47th Judicial District Attorney’s Office and this contract will be used as an admission. The Defendant may apply for expunction after successful completion and dismissal of this agreement. However, the Defendant agrees that the 47th Judicial District Attorney’s Office is exempt from any expunction orders and may keep a record of this file and agreement and the information can be used for law enforcement purposes including, but not limited to, prosecution for future law violations.

SUBSCRIBED AND SWORN TO BY A PERSON AUTHORIZE TO TAKE OATHS ON THIS \_\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

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

 [Authorized Person Taking Oath]

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

[DEFFENDANT], Defendant

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

[DEFENSE COUNSEL], Attorney for Defendant

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

[ADA], Assistant District Attorney

**CAUSE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **THE SATE OF TEXAS** | **§** | **IN The District Court**  |
|  | **§** |  |
| **VS.** | **§** | **OF POTTER COUNTY ,TEXAS** |
|  | **§** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **§** | **\_\_\_\_\_\_\_\_ Judicial District** |

**CONFESSION**

**Prior to making the aforesaid confession, I have been warned that:**

1. I have the right to remain silent and not make any statement at all, and any statement I make may be used against me at my trial.
2. Any statement I make may be used as evidence against me in Court.
3. I have the right to have a lawyer present to advise me prior to and during any questioning.
4. If I am unable to employ a lawyer, I have the right to have a lawyer appointed to advise me prior to and during any questioning.
5. I have the right to terminate the interview at any time. I further understand by signing this agreement, I have voluntarily, knowingly and intelligently waived the rights set out in these warnings.
6. My statements contained in the application, the packet and in the contract are admissible against me as a declaration against interest and a statement of party opponent in any future proceeding if the District Attorney deems that I have violated this contract.
7. Whether or not this contract is in effect or has been terminated by either party, the statements depicted in Number 6 shall be admissible in any trial against me in any proceeding relating to these facts, including but not limited to hearing and trial. I understand that I retain the right to plead Not Guilty and demand a trial.
8. This agreement constitutes a contract and I agree that any violation by me authorizes further proceedings against me and I will not contest the admission of these documents and statements.
9. I have consulted with my attorney and I enter into this contract freely, voluntarily and knowingly.
10. I hereby waive any medical privilege and allow the VT/MH staffing committee and officers to communicate with my medical professionals in order to develop and ensure my compliance with and successful completion of any recommended treatment plans.
11. I understand that this document will be filed with the Court and is a judicial admission which may be used against me in any subsequent proceedings.
12. I agree to the admissibility of any violations or results obtained against me and understand that the prosecution will introduce all violations against me as a violation of the contract and/or as a violation of bond conditions notwithstanding any statues to the contrary.
13. I understand that the aforementioned application, contract and this confession will not be used against me in any later trial or hearing if the presiding judge does not authorize my participation in the Veterans Treatment and Mental Health Docket. I acknowledge, accept and understand that the application, contract, and this confession can and will be used as evidence against me in later legal hearings and trials if the Presiding Judge authorizes my participation in the Veterans Treatment and Mental Health Docket program and I am later removed from the program for any reason.

Further, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, having been advised of my constitutional right against self-incrimination, do hereby admit I am the Defendant in the above referenced case. I hereby admit to the facts contained in the offense report and I further confess that on or about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Potter County, Texas, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[NAME OF DEFENDANT]

[DATE OF OFFENSE]

[NAME OF DEFENDANT]

did commit the criminal offense of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I admit that the police officer lawfully detained me and I do not contest the officer’s reason for stopping and arresting me. I additionally admit that: (track the indictment language)

[NAME OF CRIMINAL OFFENSE]

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

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

Defendant’s Printed Name Defendant Signature

Subscribed and sworn to before me on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

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

Defense Lawyer Authorized Person Taking Oath

Left Thumbprint Defendant

**CAUSE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| **THE SATE OF TEXAS** | **§** | **IN The District Court**  |
|  | **§** |  |
| **VS.** | **§** | **OF POTTER COUNTY ,TEXAS** |
|  | **§** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **§** | **\_\_\_\_\_\_\_\_ Judicial District** |

**ORDER AUTHORIZING PARTICIPATION IN THE VETERANS TREATMENT AND MENTAL HEALTH DOCKET PRE-TRIAL INTERVENTION PROGRAM**

 Upon motion by the defendant, and agreement by the State of Texas, by and through the District Attorney of the 47th Judicial District of Texas, the Court ORDERS that:

1. The above numbered cause shall be administratively handled through the proceedings of the Veterans Treatment and Mental Health Docket Pre-Trial Intervention Program until such time that the Veterans Treatment and Mental Health Docket determines that the defendant has either successfully completed the program or determines that the defendant shall be placed back onto the original Court’s standard criminal docket.
2. The defendant shall pay a monthly pretrial intervention fee, UA fee and other reasonable and necessary fees as assigned by the Veterans Treatment and Mental Health Pre-Trial Intervention Program. These payments shall be made to CSCD, who is hereby ordered to collect said amount and to supervise this agreement.
3. The defendant shall perform this agreement as set out in Veterans Treatment and Mental Health Docket Pre-Trial Intervention Contract above, and;
4. That the above styled and numbered cause is hereby reset until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, unless otherwise ordered by the Court or by request of the Veterans Treatment and Mental Health Docket Pre-Trial Intervention Program.

Signed and ordered this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

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

JUDGE PRESIDING

In the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Potter County, Texas