

TRACY GRAHAM LAWSON

District Attorney
Clayton Judicial Circuit



Shavon Hagger,
Director of Program

Anjie Loveless-Smith,
Assistant Coordinator

Harold R. Banke Justice Center, 4th Floor* 9151 Tara Blvd, Jonesboro, GA 30236

INTERVIEW OF DEFENDANT

Purpose of the interview is to advise the defendant of the requirements, discuss fee and restitution and complete the necessary forms.

Forms to be reviewed:

- Requirements for Voluntary Participation
- Waiver
- Constitutional Rights
- Instructions

Explain the purpose of the Diversion program, explain to the defendant the reward is they **will not** have an arrest record.

As a rule the following persons will not qualify for participation in the program:

- Persons under the age of 17
- Persons with other criminal record (except extreme situations)
- Persons presently on parole or probation
- Persons who willfully failed to appear in court while on bond
- Persons who have escape from jail or mental hospital

Defendant must be of a stable mind and have a stable place of residence.

Discuss Restitution Amount = \$ _____

The administration fee is to be given to the Diversion Representative by certified or cashier's check or money order only, made payable to Clayton County Board of Commissioners.

Participant's Signature

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PRE-TRIAL INTERVENTION INTAKE INFORMATION PACKET

THE PRE-TRIAL PROGRAM IS A PRIVILEGE. NOT EVERYONE IS OFFERED THIS PRIVILEGE. PLEASE TAKE ADVANTAGE OF THIS OPPORTUNITY TO RESOLVE THE CRIMINAL CHARGES PENDING AGAINST YOU AT THIS TIME. PLEASE ALSO NOTE PIDP IS VOLUNTARY AND PARTICIPATION IN THIS PROGRAM IS YOUR DECISION. FAILURE TO DISCLOSE PERTINANT INFORMATION MAY RESULT IN YOUR CASE BEING RETURNED BACK TO COURT FOR PROSECUTION. DO NOT SKIP ANY QUESTIONS. IF THE QUESTION DOES NOT APPLY, PUT NONE OR N/A IN THE SPACE PROVIDED FOR YOUR ANSWER.

LAST NAME: _____ FIRST: _____ MIDDLE: _____ JR/III _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ HOME PHONE NUMBER :(____) _____ - _____
CELL :(____) _____ - _____

ADDRESS: _____
STREET/P.O BOX INCLUDE APT# CITY STATE ZIP CODE

MAIDEN NAME/NICKNAMES: _____ RACE/SEX _____ BIRTHDATE _____

STATE WHERE YOUR WERE BORN _____ DRIVER'S LICENSE# _____ STATE _____

Are you a US Citizen? Circle one: Yes/No

Do you have attorney for the Charge(s)? Attorney Name: _____

PLEASE CHECK EACH SPACE THAT APPLIES TO YOU:

___ Married ___ Widowed ___ Divorced ___ Separated ___ Single ___ Cohabitated

___ Full Time Student ___ Part Time Student ___ Not a Student

___ Employed Full Time ___ Part Time ___ Unemployed ___ Disabled ___ Retired ___ SSI _____

Household: ___ 0-5,000 ___ 5-10,000 ___ 10-20,000 ___ 20-30,000 ___ 30-40,000 ___ 40-50,000 ___ Over 50,000

NAME OF COLLEGE, TECHNICAL OR HIGH SCHOOL CURRENTLY ATTENDING _____

TOTAL NUMBER OF YEARS OF SCHOOL COMPLETED _____ (EX: HIGH SCHOOL =12)

PLACE OF EMPLOYMENT _____ HOW LONG? _____

HAVE YOU EVER APPLIED OR BEEN THROUGH PIDP BEFORE? _____

HAVE YOU EVER APPLIED OR BEEN THROUGH ADP/AEP BEFORE? _____

ARE THERE ANY OTHER CRIMINAL CHARGES PENDING AGAINST YOU AT THIS TIME? IF SO PLEASE LIST THEM _____

WHAT CRIMINAL CHARGE(S) SENT YOU TO PIDP?

WERE THERE ANY OTHER CHARGES THAT OCCURRED AT THE SAME TIME THAT HAS NOT BEEN SENT TO PIDP? _____ IF SO, WHAT HAPPENED WITH THE CHARGE(S)?

IS THIS THE FIRST TIME YOU HAVE BEEN ARRESTED OR GIVEN A CRIMINAL CITATION? _____

IF YOU ANSWER "NO" LIST ANY CRIMINAL VIOLATIONS OR ARREST SINCE THE AGE OF 17. PLEASE NOTE: DUI'S (DRIVING UNDER SUSPENSION) AND DUI'S (DRIVING UNDER THE

INFLUENCE) ARE CRIMINAL OFFENSES. DO NOT INCLUDE TRAFFIC VIOLATION SUCH AS SPEEDING, DRIVING TOO FAST FOR CONDITIONS, ETC.

THE FOLLOWING INFORMATION WILL BE USED TO IDENTIFY INTERVENTION NEEDS. STAFF CAN ASSIST YOU IF REQUESTED.

WHO LIVES IN YOUR HOME WITH YOU? LIST THEIR RELATIONSHIP AND THEIR AGES.

DESCRIBE YOUR GENDERAL HEALTH	GOOD	FAIR	SERIOUS CONCERNS
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DESCRIBE YOUR EMPLOYMENT SITUATION	NONE	STABLE	SERIOUS CONCERNS
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DESCRIBE YOUR FINANCIAL SITUATION	STABLE	FAIR	SERIOUS CONCERNS
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DESCRIBE YOUR FAMILY SITATUATION	GOOD	FAIR	SERIOUS CONCERNS
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IF SERIOUS CONCERNS WERE STATED IN PREVIOUS QUESTIONS, PLEASE STATE WHY: _____

DO YOU HAVE A CLINICAL PSYCHOLOGY DIAGNOSIS? IF YES, PLEASE LIST CONDITIONS.

ARE YOU CURRENTLY ON ANY MEDICATIONS? IF YES, WHAT DRUG(S) AND FOR WHAT MEDICAL CONDITION(S)? _____

HAVE YOU EVER HAD ANY TYPE OF COUNSELING? (INCLUDES ANY COUNSELING EXPERIENCE) PLEASE LIST YOUR AGE. WHILE IN COUNSELING, WHAT WAS THE REASON FOR TREATMENT? LOCATION AND LENGTH OF CARE.

HAVE YOU EVER BEEN PLACED IN A HOSPITAL OR RESIDENTIAL PROGRAM FOR SUBSTANCE ABUSE OR EMOTIONAL PROBLEMS?

WHAT DO YOU HOPE TO GAIN FROM THIS PROGRAM?

SIGNING OF THIS APPLICATION IS MY STATEMENT THAT THE INFORMATION I HAVE GIVEN IS CORRECT AND TRUE. I HAVE NO OTHER CRIMINAL HISTORY OTHER THAN WHAT I HAVE LISTED. I UNDERSTAND I MAY HAVE NO ADDITIONAL ARRESTS FROM THIS DAY FORWARD. IF ANY ADDITIONAL CRIMINAL ARREST(S) OCCUR WHILE ON PIDP, I WILL BE UNSUCCESSFULLY TERMINATED FROM PROGRAM.

IN ADDITION, I UNDERSTAND I MAY NOT USE ANY ILLEGAL SUBSTANCES OR PRESCRIPTIONS NOT PRESCRIBED BY A DOCTOR TO ME.

I UNDERSTAND ALL FEES PAID TO THIS PROGRAM ARE NON-REFUNDABLE.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PIDP STAFF: _____ DATE: _____

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INSTRUCTIONS REGARDING DIVERSION SUPERVISION

You have been directed to follow the instructions listed below and your failure to do so could result in your case being referred back to the Assistant District Attorney for prosecution.

1. You are to report to the Diversion Representative as directed.
2. You are not to change your present place of residence, move outside the jurisdiction of this Court, or leave the State for any period of time without notifying the Diversion Representative.
3. You are to maintain your CURRENT place of employment or obtain employment.
4. You are to maintain good behavior and not violate any local, state or federal laws.
5. You are to avoid associations and places of an undesirable appearance.
6. You are not to use narcotics, dangerous drugs, and excessive use of alcoholic drinks.
7. You are to support any legal dependents to the best of your ability.
8. You are to perform hours of community service at a charity or non-profit organization. (Each month you will submit letters on official letterhead of the agency for whom you have performed community service, verifying the number of hours performed.)
9. Other special conditions:

I have read and understand the above instructions.

Date: _____

Participant Signature

Witness/Diversion Representative

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DEFENDANT WAIVER

TO:

I, _____ hereby authorize the release of such confidential information as may be necessary for the Diversion Representative to determine eligibility for the Pretrial Diversion Program and agree to hold you harmless and relieve and release you from all liability thereof.

Participant's Signature: _____

Witnessed by: _____

Date: _____