

22ND JUDICIAL DISTRICT
WASHINGTON/ST. TAMMANY PARISH
DISTRICT ATTORNEY'S OFFICE

701 N. Columbia Street
Covington, LA 70433 (985)809-8383

Application for

Pre-Trial Intervention (Diversion) Program

Date: _____

I, _____, applicant, hereby request the District Attorney to consider me for placement in the District Attorney's Pre-Trial Intervention Diversion Program (PIP) administered in the 22nd Judicial District, State of Louisiana. Before acceptance, the District Attorney requires that I must fully understand the guidelines and conditions of the Pre Trial Intervention Diversion Program (PIP) which has been fully explained to me below. I acknowledge reading and understanding all the information provided.

GENERAL GUIDELINES FOR THE DISTRICT ATTORNEY'S PRE-TRIAL INTERVENTION DIVERSION PROGRAM (PIP)

This is a voluntary program administered by the District Attorney. You can not be deprived of any of your Constitutional Rights, but you may waive some of them in order to participate. Before you can be considered for the program, you must fully understand the program requirements. If you have any questions as to why you have been referred to the District Attorney's Pre-Trial Intervention Diversion Program (PIP), you should ask at this time. If you have any questions or doubt as to your legal status or program requirements, you should consult with an attorney at this time.

IF YOU DO NOT WISH TO PARTICIPATE AND BE REQUIRED TO WAIVE CERTAIN CONSTITUTIONAL RIGHTS, YOU MAY HAVE YOUR GUILT OR INNOCENCE DETERMINED IN A COURT OF LAW. IF YOU WISH TO BE CONSIDERED FOR THE DISTRICT ATTORNEY'S VOLUNTARY PIP, YOU MUST UNDERSTAND THE FOLLOWING:

If you are not accepted for this program, or withdraw from it, or if you are removed by the District Attorney, you will immediately be subject to prosecution.

If you successfully complete this voluntary PIP, the District Attorney will review and consider the status of the criminal charge(s) pending against you. **A final decision regarding all charges will be made at the end of the period of time designated in the program documents or upon your completion of the program requirements at the sole discretion of the District Attorney.** The District Attorney has the authority to "DECLINE PROSECUTION," based upon the recommendation of the program director. However, even if the charges are declined for prosecution you must retain an attorney if you desire to have your law enforcement arrest record expunged.

The PIP is a completely voluntary program which involves stopping the clock of prosecution to give you an opportunity to realize the seriousness of your action(s) and to allow you to turn your lifestyle around. Its purpose is to allow the applicant to become a productive member of society and your community. It is a privilege offered to you in the sole discretion of the District Attorney and is not a right.

This program is not a contract or a plea agreement regarding the charges pending against you. The District Attorney has full discretion and authority to prosecute you for the pending charges. You are being given an opportunity during this designated period of pre-trial intervention and diversion to suspend our further review of your charges provided you voluntarily enter the program.

You may withdraw from the program at any time or for any reason. The District Attorney may terminate you from the program at any time and for any reason. However, if you no longer participate in the PIP the District Attorney retains all authority to determine the criminal charges to be filed with the Court.

All fees and costs paid by the participant in the program are used for its administration and are not refundable.

_____ Initials

If you caused damage to another person's property, you will be required to make timely restitution to the victim for your criminal act(s) and a schedule of restitution will be determined during your participation in the program.

You may be required to periodically have drug screens conducted by a recognized medical laboratory/clinic or medical doctor at your expense. A copy of the laboratory results must be furnished timely to our office.

Other conditions of the program are as follows:

In addition to the general program guidelines above, you must also understand the following requirements. The District Attorney has the sole discretion to determine if there has been compliance with all conditions outlined herein.

1. I must inform my parent(s), spouse, guardian or member(s) of my immediately family of my participation in PIP, when appropriate;
2. While in the PIP program, I must not violate the law again or purchase a firearm or I may be prosecuted for both this offense and the new offense. Any arrest or conviction for a criminal offense, including but not limited to, traffic violations, violation of state statutes or municipal ordinances whether felony or misdemeanor violations, will result in an immediate termination from the program at the District Attorney's discretion;
3. I must not knowingly associate or congregate with persons who violate the law or associate myself with disreputable persons or frequent disreputable places;
4. I must report to and cooperate with any agency to which I am referred to by the program and with any counselor or District Attorney Program Officer and appear in Court when directed by the program officer;
5. I must pay any restitution for damages to property caused by my criminal offense as determined and directed for payment by the District Attorney's Office.
6. I must notify the PIP Director immediately of any change of address or new telephone number or upon plans to leave the jurisdiction for more than one (1) week.;
7. I must maintain a job and meet my family responsibilities, including obligations of child support whether imposed by a court of law or not, when appropriate.;
8. I must remain in school and receive a high school diploma or equivalent. If I am enrolled in college, I will remain in school during the entire period of PIP.
9. In matters concerning NSF checks (Worthless Checks), I have been explained the fees applicable under state law (R.S. 16:15) which must also be paid while participating in the PIP program. These fees shall be paid in addition to the restitution to the victim for my worthless check;
10. Other Special Conditions: Theft Program Random Drug Screens
 Substance Abuse Program Counseling (12 sessions of Anger Mgmt)
Community Service 32 Hours Other: _____ Other: _____
11. All participants agree to allow the District Attorney, through the director of this program, access to prescription medical records only and medical providers who prescribe controlled dangerous substances to participants in order to determine and evaluate the number and quantity being written, dispensed and provided to participant. Failure to allow access to this information or after review by the program director, it is determined that there exists questionable prescription practices by participant may be cause for termination from the program. All necessary waivers and medical authorization releases must be executed by participant when requested by the program director.

The failure to comply with any of the program guidelines, conditions and requirements described herein may be considered sufficient reason to remove me from the PIP and the charges pending to be referred to the Court for prosecution at the sole discretion of the District Attorney.

_____ Initials

WAIVER CLAUSE

Waiver of all time delays – Waiver of Prescription – Waiver of Attorney

In order to become a participant in the District Attorney's Pre-Trial Intervention Diversion Program (PIP) you must agree to waive all time delays under Louisiana law and the criminal code while participating in the PIP program. You must also waive the presence and the advice of an attorney and fully understand that you may consult with an attorney of your choice at any time.

I, Christine D. Bogus, do hereby waive all time delays, statutes of limitations and prescription under Louisiana law and the criminal code while participating in the PIP. I also waive my right to an attorney at law during my participation in the program and I waive the advice and presence of an attorney to execute this application. I further understand that I may consult with an attorney of my choice at anytime, but hereby declare my desire to enter this program after reading and fully understanding its requirements.

I waive my rights to a speedy trial under the Constitution and laws of the State of Louisiana and the United States of America during the period of my participation in the program. I understand that my criminal charges remain open and suspended from further review by the District Attorney during the PIP time designated. I acknowledge that the District Attorney will not make a final decision on my charges until I have successfully completed the PIP requirements as determined by the District Attorney.

COURT CONDITION

IF YOU ARE ACCEPTED INTO THE PRE-TRIAL INTERVENTION PROGRAM, THIS DOES NOT WAIVE YOUR RESPONSIBILITY TO APPEAR IN COURT ON YOUR ASSIGNED COURT DATE. YOU MUST APPEAR ON YOUR COURT DATE TO BE RE-SERVED OR REQUEST A CONTINUANCE. FAILURE TO APPEAR COULD RESULT IN A WARRANT OF ARREST.

I hereby submit this application for admission into PIP and request acceptance under the guidelines, conditions and requirements set forth herein.

DATE

APPLICANT

MILITARY SERVICE

Are you a Veteran? _____
If YES, which Branch _____ and date of discharge _____

ACCEPTANCE

The above named individual has been interviewed and is hereby accepted into the District Attorney's Pre-Trial Intervention Diversion Program (PIP) for St. Tammany/Washington Parishes, State of Louisiana.

I verify that the participant has read and understood all of the guidelines, conditions and requirements which have been explained to him during the interview process.

DATE

PRE-TRIAL INTERVENTION OFFICER

Attachment: PIP Screening Participant Form

Initials

PIP SCREENING PARTICIPANT FORM

Case No: _____

Date of Referral: _____

Name: _____

Address: _____

DOB: _____ Social Security #: _____

Marital Status: _____ No of Dependents: _____

Phone #: (Home/Cell) _____ Phone #: (Work/Cell) _____

Supervision: Months of Supervision ??? From: _____ To: _____

Enrollment Fee: \$Enrollment Fee ??? Amount Paid: \$ _____

Monthly Supervision Fee: \$35.00 Date: _____

Restitution Fee: \$ _____ Initial: _____

1. If you have not paid your Enrollment Fee in full today and do not pay it as agreed, you **must** show up in court as per the subpoena you were issued.
2. The Supervision Fee must be paid every month starting thirty (30) days from today's date. **No bill or invoice will be sent to you.** It is your responsibility to make sure it is sent on time. If it is not received on time your case will be reset for court.
3. The Enrollment or Supervision Fee **must be a Money Order or Cashier's Check**, payable to the District Attorney's Office. The money order or cashier's check **must have your name, address and case number** on it to be correctly credited to your case file. If you mail your payment, the envelope should be addressed as follows:

**Pre-Trial Intervention Program
c/o District Attorney's Office
701 N. Columbia Street
Covington, LA 70433**
4. At your own expense you will be required to sign up within ninety (90) days from your PIP enrollment date to comply with any special conditions, classes or counseling requirements as follows:
 - _____ **STOP**, shoplifting and theft offense program,
 - _____ **MAP**, twelve week drug abuse program,
 - _____ **Anger Management**, twelve session program
 - _____ **Driver's Improvement Course**.
5. If your case is **reset for court**, your entire Enrollment Fee and any Supervision Fees you have paid until that time will be forfeited.
6. Should you request **to be reinstated** to the program and your request be approved, all fees and conditions must be met prior to reinstatement. There will be a one hundred dollar (\$100.00) reinstatement fee due.
7. If a weapon was seized as a result of your arrest, you must have an attorney file a motion with the Court **for consideration of return of such weapon**.
8. **Failure to appear on your assigned court date may result in a bond forfeiture judgment and warrant of arrest.** Applicant agrees to pay any additional cost associated with the **cancellation of Bond Forfeiture Judgment(s)** with the Clerk of Court related to their successful completion of the PIP, should any be due. The current cost is \$17.00 per judgment.
9. If you want your **arrest record expunged**, it is your responsibility to have your attorney file the motion for expungement when your pre-trial intervention program is completed.

PARTICIPANT

DATE _____