

335 S. Miller Ave.
Farmington, NM 87401-4205
Phone: 505-599-9810 Fax: 505-599-9822

Pre Prosecution Diversion Program Domestic Violence Information Packet

The following are included in this information packet. For additional information please contact the PPD staff.

1. District Attorney's Guidelines for the Pre Prosecution Diversion Program
2. List of documents required to initiate the PPD application process
3. Waiver of Six Month Trial Rule. magistrate court
4. Booking Order. magistrate court
5. Application Cover Sheet
6. Written Statement, Guidelines and Form
7. Terms and Conditions
8. Release of Information
9. Social History
10. PPD Contract sample

Robert (Rick) P. Tedrow, District Attorney

Pre Prosecution Diversion Program **Domestic Violence Program Guidelines**

Pre Prosecution Diversion Act
NMSA 1978, §§ 31-16A-1– 31-16A-8

The Pre Prosecution Diversion Program (PPD) is an alternative to prosecution offered to selected adult first offenders charged with certain nonviolent felony crimes. The PPD program began in San Juan County in 1976 and has been in continuous operation since that time.

In 2004, with the availability of federal monies, PPD was expanded to include selected offenders charged with certain drug related crimes. This program, the Drug Pre Prosecution Diversion Program (DPPD), has the same guidelines and requirements as the PPD program. Continuation of DPPD is dependent upon continued funding.

On March 1, 2009, PPD expanded to include selected offenders charged with first or second misdemeanor domestic violence related offenses. The Domestic Violence Pre Prosecution Diversion Program (DVPPD) will incorporate some of the guidelines and requirements of the PPD program.

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The following topics are covered in these guidelines. For additional information please contact the PPD staff.

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|--------------------------------|-----------------------------------|
| I. Eligibility Requirements | V. Acceptance into PPD |
| II. Program Requirements | VI. Rejection from PPD |
| III. Application Procedure | VII. Successful Completion of PPD |
| IV. Written Statement of Guilt | VIII. Termination from PPD |

1. **Eligibility Requirements**

- A. Defendant must be represented by an attorney.
- B. The current charge against defendant must be for a first time misdemeanor domestic violence related offense not involving a minor.

2. **Program Requirements**

- a. Defendant must agree to and abide by all requirements of DVPPD. These requirements are set forth in the **Terms & Conditions** and in the **PPD Contract**.

- b. Program requirements include the following, where applicable, but are not limited to:
1. Booking. Provide fingerprints and photographs at the San Juan County Detention Center.
 2. Community service work. Perform and document community service work, 25 to 100 hours.
 3. Driver license. Must have a valid New Mexico driver license or photo identification card.
 4. Drug evaluation. Submit to alcohol and / or drug evaluation.
 5. Drug testing. Pay for and submit to drug testing as directed.
 6. Employment. Maintain employment.
 7. Extradition. Pay extradition costs to the county.
 8. Financial. Meet all financial obligations and support all dependents.
 9. GED. Enroll in a GED program.
 10. Law abiding. Observe and obey all laws.
 11. Life Skills. Pay for and attend Life Skills for Offenders class.
 12. Parenting. Attend parenting classes.
 13. Penitentiary tour. Attend a group pen tour.
 14. PPD fees. Pay monthly PPD fees, \$15.00 to \$85.00.
 15. Probation term. Participate in PPD for 6 to 12 months
 16. Psychological evaluation. Pay for and submit to psychological evaluation.
 17. Reporting. Report to the PPD staff as directed.
 18. Restitution. Pay restitution for damages or losses suffered by victim(s).
 19. Statement. Provide an adequate written statement of guilt.
 20. Travel. Remain in San Juan County unless permission granted for travel out of county.
 21. Other. Abide by any additional reasonable conditions deemed necessary.

3. Application Procedure

- a. Defendant and attorney for defendant will execute and file the magistrate court document:
“Magistrate Waiver of Six Month Trial Rule”
- D. A background investigation will be conducted by the PPD staff to determine defendant's suitability for DVPPD. During this time, defendant's application to DVPPD will remain pending.
- E. Within ten (10) days following the signing of the **“Magistrate Waiver of Six Month Trial Rule,”** attorney for defendant must submit an application to the PPD staff, using the forms provided by the Office of the District Attorney. The sooner an application is submitted, the sooner defendant can be considered for participation in DVPPD. Failure to submit application within this time limit may result in defendant's rejection from PPD.
- F. The DVPPD application includes these documents, completed and signed in blue or black ink by defendant and attorney for defendant. Incomplete applications or documents will delay a decision regarding defendant's participation in DVPPD and may result in defendant's rejection from DVPPD.
1. Application Cover Sheet
 2. Statement

3. Terms & Conditions
 4. Release of Information
 5. Social History
- G. If defendant's application is acceptable, defendant will be scheduled to attend a DVPPD orientation meeting. Attorney for defendant will be notified of the date and time of this meeting. Defendant's attendance at this orientation meeting is mandatory.
- H. Soon after attending orientation, defendant will be interviewed by the PPD staff at the Office of the District Attorney. Defendant will be notified of the date and time of this interview.

IV. **Defendant's Written Statement**

- A. Attorney for defendant must provide defendant's written statement as part of the DVPPD application.
- B. Defendant will not be given repeated opportunities to submit an adequate statement. Failure to provide an acceptable statement will result in defendant's rejection from DVPPD.
- C. An acceptable statement must meet the following criteria:
1. Statement must be true, complete and voluntary and the facts should not be altered by defendant in order to qualify for the DVPPD Program.
 2. Statement must be in defendant's own words and not a legalistic recitation of the elements as contained in the statute or jury instructions.
 3. Statement must acknowledge that defendant has had his/her fifth amendment right explained to him/her by his/her attorney and understands and specifically waives his/her fifth amendment right against self-incrimination.
 4. Statement must contain defendant's admission to each essential element of each crime, as applicable, including date, time, place, venue, intent, how crime was committed, damage done, property taken, and participation of other individuals.
 5. If a multiple page statement is submitted, defendant must sign each page.
 6. Attorney for defendant must sign the statement acknowledging that defendant has been advised of and understands the purpose and consequences of giving the statement.

V. **Acceptance into DVPPD**

- A. Approval from law enforcement and from victim(s) is required for defendant to participate in DVPPD.
- B. If defendant is deemed suitable for DVPPD, the **DVPPD Contract** will be sent to attorney for defendant. In addition to the requirements of the **Terms & Conditions**, the **DVPPD**

Contract will specify the amount of restitution due and a payment schedule, the amount of the DVPPD monthly fee and any special conditions.

- C. Defendant and attorney for defendant must each sign the DVPPD Contract and return it to the PPD staff. Defendant will then be officially accepted into DVPPD. Failure to return the signed DVPPD Contract will result in defendant's rejection from DVPPD.
- D. Upon acceptance into DVPPD, defendant will be notified in writing of the acceptance date. Notice will also be provided to attorney for defendant, the district attorney, the law enforcement agency and the victim.
- E. After acceptance into DVPPD, the criminal complaint or criminal information will be dismissed without prejudice, except in unusual circumstances.

VI. Rejection from DVPPD

- A. If defendant is deemed unsuitable for DVPPD, defendant will be rejected from DVPPD. Notice of rejection will be provided in writing to attorney for defendant and the district attorney. Notice may also be provided to defendant, the law enforcement agency and the victim.
- B. If rejected from DVPPD, defendant may not be reinstated and may not apply to DVPPD again.
- C. The prosecution process shall continue.

VII. Successful Completion of DVPPD

- A. Successful completion of DVPPD is dependent upon defendant's satisfactory performance and completion of all program requirements as specified in the **Terms & Conditions** and in the **DVPPD Contract**.
- B. Upon successful completion of DVPPD, defendant will be notified in writing of the completion date. Notice will also be provided to attorney for defendant, the district attorney, the law enforcement agency and the victim.
- C. If defendant successfully completes DVPPD, there will be no further criminal proceedings against the defendant by the district attorney's office on the charges for which defendant participated in DVPPD.

VIII. Termination from PPD

- A. Termination from DVPPD may result if defendant violates any terms of the **Terms & Conditions** or of the **DVPPD Contract**.

- B. If terminated from DVPPD, defendant shall be notified in writing of the termination date and of the specific reason(s) for the termination. Notice will be sent to defendant's last known mailing address.
Notice will also be provided to attorney for defendant, the district attorney, the law enforcement agency and the victim.
- C. If terminated from DVPPD, defendant may not be reinstated.
- D. If terminated charges will be refiled.

Domestic Violence Pre Prosecution Diversion Program

These documents are required to initiate the DVPPD application process.

1. **Waiver of Six Month Trial Rule**
 - a. File this document with Magistrate Court

2. **Booking Order**
 - g. Need this document if defendant has not been booked at either the San Juan County Detention Center or the Farmington Police Department.

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After completing the above documents, the next step is to complete the DVPPD application packet, using the standard DVPPD forms provided by the District Attorney's Office.

The DVPPD application packet includes:

- a. Application Cover Sheet
- b. Statement
- c. Terms and Conditions
- d. Release of Information
- e. Social History

The completed packet must be submitted to the DVPPD staff within three weeks following the signing of the "Waiver of Time Limit for Preliminary Hearing."

If you have any questions or need forms, please contact the PPD staff, 505-599-9810.

STATE OF NEW MEXICO
COUNTY OF SAN JUAN
IN THE MAGISTRATE COURT

No. _____

STATE OF NEW MEXICO

v.

_____, Defendant.

WAIVER OF SIX MONTH TRIAL RULE

I understand that I have a right to have the trial in this case begin within one hundred eighty-two (182) days after my arraignment. I understand my signature on this form means I give up my right to have the charges in this case dismissed with prejudice if the trial does not begin within one hundred eighty-two (182) days after my arraignment, as by provided by rule. I further understand that I am not giving up any right to a speedy trial under either the United States or New Mexico constitutions. After reading and understanding all of the above, and consulting with counsel, I knowingly and voluntarily give up my right to have the trial in this case begin within the time limits provided by court rule.

Signature of defendant

CERTIFICATE OF DEFENSE COUNSEL
(To be completed if the defendant is represented by counsel)

I have explained to the defendant the right to trial within one hundred eighty two (182) days and that this right may be waived by the defendant and I am satisfied that the defendant understands the waiver of the right to trial within the time provided by court rule.

Defense Counsel

Date

APPROVAL OF JUDGE

Permission to waive trial within the time limits provided by the court rule is:

[] granted under the following conditions: _____
(list any conditions).

[] denied.

Judge

Date

STATE OF NEW MEXICO
COUNTY OF SAN JUAN
IN THE MAGISTRATE COURT

STATE OF NEW MEXICO,

Plaintiff,

vs.

No. _____

_____ ,

Defendant.

Booking Order

IT IS HEREBY ORDERED that the above named Defendant be booked into the San Juan County Detention Center and then be immediately released on existing conditions of release.

Magistrate Judge

Defendant is charged with the following criminal offense or offenses under the law of the State of New Mexico: _____

which occurred on or about: _____ .

335 S. Miller Ave.
Farmington, NM 87401-4205
Phone: 505-599-9810 Fax: 505-599-9822

Pre Prosecution Diversion Program Domestic Violence Application Cover Sheet

As application to the Pre Prosecution Diversion Program (PPD), we submit the following original documents, completed and signed in blue or black ink. We understand that an incomplete application will not be considered.

If this application is acceptable, Defendant will be scheduled to attend the next PPD orientation meeting. If this application is unacceptable, Defendant may be rejected from PPD and may not apply again.

- _____ 1. Statement
- _____ 2. Terms and Conditions
- _____ 3. Release of Information
- _____ 4. Social History

Date	Defendant Printed Name	Defendant Signature
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Date	Attorney for Defendant Printed Name	Attorney for Defendant Signature
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This section for DA Office use.

Application Received Date		PPD File #	
DA File #			
Notes			

Pre Prosecution Diversion Program

Defendant's Written Statement - Guidelines

- A. An acceptable **Statement** must meet the following criteria:
1. The **Statement** must be true, complete and voluntary and the facts should not be altered by the defendant in order to qualify for the PPD Program.
 2. The **Statement** must be in the defendant's own words and not a legalistic recitation of the elements as contained in the statute or jury instructions.
 3. The **Statement** must acknowledge that the defendant has had his/her fifth amendment right explained to him/her by his/her attorney and understands and specifically waives his/her fifth amendment right against self-incrimination.
 4. The **Statement** must contain the defendant's admission to each essential element of each crime, as applicable, including:
 - f. Date
 - g. How crime was committed
 - b. Time
 - g. Damage done
 - c. Place
 - h. Property taken
 - d. Venue
 - i. Participation of other individuals
 - e. Intent
 5. If a multiple page **Statement** is submitted, the defendant must sign the **Statement** on each page.
 6. The attorney for the defendant must sign the **Statement** acknowledging that the defendant has been advised of and understands the purpose and consequences of giving the **Statement**.
- B. The defendant will not be given repeated opportunities to submit an adequate **Statement**. Failure to provide an acceptable **Statement** will result in the defendant's application to the DVPPD Program being rejected.

Pre Prosecution Diversion Program Statement

I, _____, have had my fifth amendment right against
(print defendant name here)
self-incrimination explained to me by my attorney and I understand that I am giving up my fifth amendment right against self-incrimination, that is, the right to not be a witness against myself. I waive this right freely and voluntarily.

I am giving this **Statement** as part of my application to the Pre Prosecution Diversion Program (PPD).

I further understand that if I am rejected from PPD, this **Statement** may only be used against me for purposes of impeachment.

I further understand that if I am accepted into PPD and then terminated from PPD, this **Statement** may be used as evidence against me in court.

I further understand that if I testify in any case of a co-defendant, this **Statement** may be used to impeach me.

Date	Defendant Printed Name	Defendant Signature
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Date	Attorney for Defendant Printed Name	Attorney for Defendant Signature
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(Your statement must give details of the crime(s) with which you are charged and must include the date, time, place, city, county, and state of the crime; how the crime was committed; what your intent was when committing the crime; other individuals involved in the crime; what damage was done; what property was taken, etc. If you need more than one page, you must print and sign your name and date each page.)

Pre Prosecution Diversion Program Terms & Conditions

I, the undersigned **Defendant**, submit my application to the Pre Prosecution Diversion Program (PPD). I understand and agree to all of the following **Terms & Conditions** of PPD. Please review and initial the following conditions.

- _____ **1. Voluntary Participation:** My participation in PPD is voluntary.
- _____ **2. Defense Attorney Approval:** My attorney has advised me of applicable law and believes it to be in my best interest to apply to PPD.
- _____ **3. Prosecution Deferred:** I understand that prosecution will be deferred on the charges against me during the time that I participate in PPD, provided that I agree to and abide by the terms and conditions of PPD.
- _____ **4. Arrest Record Information Act:** I waive any confidentiality provided by the Arrest Record Information Act to permit scrutiny of records, provided that the publication of the personal information, except for my name, gathered while I participate in PPD, shall not be public record.
- _____ **5. Citizenship:** I am a citizen of the United States or if I am not a citizen, I have written documentation to confirm that I am legally residing in the United States.
- _____ **6. Rejection / Withdrawal:** If my application to PPD is rejected or withdrawn, the prosecution process shall continue on the charges against me and I may not apply to PPD again.
- _____ **7. Statement of Guilt:** I will give a written statement about my participation in the crime(s) with which I am charged. If I am rejected from PPD, this statement may only be used against me for purposes of impeachment. If I am accepted into PPD and then terminated from PPD, this statement may be used as evidence against me in court.
- _____ **8. Criminal Record:** I have no prior felony conviction. I have no significant criminal record. I have never been unsatisfactorily discharged from any probation. I have never participated in a first offender diversion program. I have no prior juvenile adjudication for a felony. I have no prior juvenile commitment to a boys school, girls school or other similar youth facility.
- _____ **9. Probationary Term:** I agree to participate in PPD for **not less than twelve (12) months and not more than twenty-four (24) months**. The length of time will be determined by the PPD staff. The time period shall be subject to extension provided that the total time in PPD does not exceed twenty-four months.
- _____ **10. Termination from PPD:** I understand that if I am accepted into PPD and then terminated from PPD, the prosecution process shall continue on the charges against me and the court may issue a warrant for my arrest.

- _____11. **Law Abiding:** I agree to be completely law abiding and agree that I will not violate any municipal, county, state, tribal or federal ordinances or laws.
- _____12. **Driver's License / Identification:** I have or will obtain a valid New Mexico driver's license or photo identification card and carry it with me at all times.
- _____13. **Employment:** I will make diligent efforts to obtain and keep employment.
- _____14. **Support Dependents:** I will support my dependents and assume the legal obligations of my dependents.
- _____15. **Alcohol / Drugs:** I will not consume alcoholic beverages in excess. I will not unlawfully use, possess, sell or distribute any controlled substance. I will submit to and pay for any alcohol or drug evaluation and recommended counseling or treatment. I will submit to and pay for any standardized urine, blood or breath test.
- _____16. **Evaluation / Counseling:** I will submit to and pay for any psychological evaluation and recommended counseling or treatment.
- _____17. **Education:** I will enroll in a GED program if I do not have my high school diploma and am not attending school, provided that such enrollment does not interfere with my employment.
- _____18. **Reporting:** I will report to the PPD staff at the Office of the District Attorney in person twice each month, or as otherwise instructed. Reporting may be required in person, in writing or by telephone.
- _____19. **Monthly PPD Fee:** I will pay a monthly PPD fee of **not less than \$15.00 and not more than \$85.00 per month**. This fee will not be waived. This fee may change if my financial circumstances change. This fee is due by the 3rd day of each month that I am in PPD and is to be paid to the District Attorney's Office by money order or cashier's check.
- _____20. **Restitution:** I will pay restitution to the victim(s) for any damages or losses resulting from any criminal act in which I was a principal, accessory or co-conspirator. I will pay at least one-half of the restitution I owe before I am accepted into PPD. I will pay the remaining restitution in monthly payments due by the 3rd day of the month. The restitution is to be paid to the District Attorney's Office by money order or cashier's check.
- _____21. **Extradition:** I will pay the county for any extradition costs, if I was extradited. Extradition costs are to be paid to the District Attorney's Office by money order or cashier's check.
- _____22. **Community Service Work:** I will complete community service work of **fifty (50) to two hundred (200) hours** and provide written documentation of the work done. The number of hours and the deadline dates will be determined by the PPD staff. Additional hours of community service work may be required at the discretion of the PPD staff.
- _____23. **Penitentiary Tour:** I will arrange my own transportation to Santa Fe, New Mexico, or to Grants, New Mexico to tour the New Mexico State Penitentiary within six months after being accepted into PPD. Group tour dates will be scheduled periodically by the PPD staff and I will receive advance notice of the tour dates.

- _____24. **Travel:** I will not leave San Juan County, New Mexico without permission from the PPD staff. If I have permission to reside in another county, I will not leave that county without permission from the PPD staff.

- _____25. **Current Status:** I will inform the PPD staff of my current whereabouts at all times. I will immediately report any change in my employment, physical residence, mailing address, telephone, marital status, income, financial status, etc. All notices and correspondence will be sent to me at the last address I provide to the PPD staff.

- _____26. **New Arrests:** I will report any arrest or any contact with a law enforcement agency to the PPD staff within five (5) days. Any arrest while in PPD may be sufficient reason for my termination from PPD.

- _____27. **Field Visits:** I give permission for the PPD staff to visit me at my home, place of employment, school or any other location at any time.

- _____28. **Truthfulness:** I will truthfully answer all inquiries made of me by the PPD staff.

- _____29. **Additional Conditions:** I will follow any additional instructions and I will abide by any additional reasonable conditions of the PPD staff.

- _____30. **False Information:** If I provide false information or omit information on any document relating to my application to PPD, that will be sufficient reason for my rejection from PPD.
If I provide false information or omit information on any document after being accepted into PPD, that will be sufficient reason for my termination from PPD.

- _____31. **Violations:** I understand that if I violate any of these **Terms & Conditions** of PPD, that will be sufficient reason for my rejection from PPD or for my termination from PPD.

- _____32. **Weapons:** I will not possess or have in my possession any firearm. A firearm is defined as any weapon that will or is designed as any weapon that will or is designed to or may be readily converted to expel a projectile by action of an explosion ; or the frame or receiver of any such weapon. A firearm includes any hand gun, rifle or shotgun **(Drug Pre Prosecution Diversion Clients)**.

Sign with blue or black ink.

Date	Defendant Printed Name	Defendant Signature
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I have explained all of these Terms & Conditions to my client and I believe my client fully understands them.

Date	Attorney for Defendant Printed Name	Attorney for Defendant Signature
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335 S. Miller Ave.
Farmington, NM 87401-4205
Phone: 505-599-9810 Fax: 505-599-9822

Domestic Violence Pre Prosecution Diversion Program Release of Information Authorization

I, _____, give permission to any financial or credit
(print defendant name here)

institution, doctor, medical facility, psychiatric or psychological facility, school, past or present employer, armed forces, law enforcement agency, probation or parole department, insurance agency, social welfare department, alcohol or drug abuse counselor or any other agency or person to release any and all information contained in their files or information personally known by them to any authorized representative of the Eleventh Judicial District Attorney's Office in and for San Juan County, New Mexico.

I acknowledge that this information will be used to investigate and evaluate my background to determine my suitability for acceptance into the District Attorney's Domestic Violence Pre Prosecution Diversion Program (DVPPD) for first offenders. If I am accepted into the Pre Prosecution Diversion Program, the information obtained will be used to update my progress while I am in the program.

Photocopies of the original of this release will serve as a substitute for the original. This release will expire three years from the date below.

Date	Defendant Printed Name	Defendant Signature
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Date	Witness Printed Name	Witness Signature
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Pre Prosecution Diversion Program Domestic Violence PPD Applicant Social History

Use blue or black ink. Defendant should complete this form in his or her own handwriting. If defendant is unable to complete this form, explain why on the last page and give the name of the person completing this form.

Date: _____

Identifying Information:

Name: Last First Middle Maiden Nickname

Other names you are known by or have used _____

Date of Birth _____ Age _____ Place of Birth _____

Social Security # _____ Census # _____

Race _____ Sex _____ Citizenship _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Driver's License # _____ ID Card # _____ State _____

Is Driver's License valid ? _____ Driver's License or ID Card Expiration Date _____

Give location and description of all scars, marks, tattoos, and piercings

Scars / Marks _____

Tattoos: _____

Piercings _____

Are you left or right handed ? _____ Do you wear eyeglasses or contact lenses ? _____

Address:

Mailing address _____

Street or PO Box Number City State Zip Code

Physical address if different than mailing address. Give exact street address or directions or draw a map.

Home phone number _____ Do you have an answering machine ? _____

Cell phone number _____ Work Number _____

Other phone number(s) where you can be reached or receive a message _____

E-mail address _____

Vehicle:

Do you drive a vehicle ? _____ **Type of vehicle:** Car Truck Van Other _____

Year _____ Make _____ Model _____ Color _____

License Plate # _____ State _____ Vehicle Owner _____

Is this vehicle insured ? _____ Name of Insurance Company _____

Please provide copy of insurance card or bring insurance card to your initial interview.

If no insurance, why not ? _____

If you do not drive or own a vehicle, who provides transportation for you ? _____

Current Criminal Charge(s):

Current criminal charge(s) against you _____

Defense Attorney's Name _____ Public Defender Private Attorney

Arresting Law Enforcement Agency _____

Were you fingerprinted and photographed at the San Juan County Sheriff's Office ? _____

Type of Release: Personal Recognizance Bond Name of Bondsman _____

Names of Co-Defendant(s) _____

Defendant's Comments:

In addition to what you have provided in your written statement, do you have anything else you would like to say or explain about the current criminal charges against you ?

Other than the charge(s) for which you are applying to PPD, do you have any other criminal charge(s) pending ? _____

Do you have any traffic citations pending ? _____

Prior Criminal Record:

List **ALL** contacts you have had with any law enforcement agency as an adult and as a juvenile. Include any time you have been arrested, questioned or detained.

Date	Charge	Law Enforcement Agency	Disposition

Have you ever been the victim of a crime ? _____ If yes, please give details: _____

Residential History:

How long have you lived in New Mexico ? _____ How long have you lived at your current residence ? _____

Type of residence: House Mobile Home Apartment Other _____

Names of people living at this residence _____

List all places you have lived during the past ten (10) years.

Address / City / State	Dates at this location (Month / Year)

Marital Status:

Circle: Single Married Divorced Engaged Separated Common Law Widow Widower

Please provide information about your spouse / future spouse / former spouse / boyfriend / girlfriend / significant other:

Name _____ Date of Birth _____

Employment _____ Address _____

Date and place married _____

If you have been married before, give former spouse’s name, date and place married and date and place divorced:

Do you pay child support ? _____ Do you receive child support ? _____

Children: Please provide information about all your children. Include natural children, step children, adopted children:

Name	Relationship	Age	Living where	Employer / School

Family: Please provide information about your parents, brothers, sisters, and any other close family members:

Name	Relationship	Age	Address	Employer / School

Does any member of your family have a criminal record ? _____ If yes, please give details: _____

Is any member of your family in jail or prison, or on probation or parole ? _____ If yes, please give details: _____

Education:

Circle: Less than High School GED High School Graduate Vocational Training Some College College Graduate

Name of School	City, State	Dates Attended	Degree / Certificate

Do you speak English ? _____ Do you read and write English ? _____

If you do not read and write English, who is helping you complete this form ? _____

Do you speak another language ? _____

Awards / Honors / Activities in School _____

Discipline Problems in School _____

If you dropped out of high school, **what was the reason** ? _____

Do you have any plans for further education or training ? _____ If yes, please give details: _____

Employment History:

Are you employed now ? _____ Name of Employer _____

Address _____ Telephone _____

How long have you worked at this job ? _____ Rate of pay \$ _____

Job duties _____ Supervisor _____

If you are not employed, what are you doing to get a job ? _____

List all places you have been employed during the past ten (10) years:

Employer	City, State	Duties	Dates	Reason for Leaving

Financial:

Income: Job, parents, student financial aid, AFDC, child support, social security, workers’ compensation, retirement, etc.

Source of Income	Amount of Income / How Often Received

Expenses: Rent, car payment, insurance, phone, utilities, groceries, child support, medical, credit cards, school, loans, etc.

Amount Paid / How Often	Paid To	Owed For

Do you have a checking or savings account ? _____ Name of bank: _____

Military:

Are you registered with the Selective Service ? _____ Have you ever served in the U.S. Armed Forces? _____ If yes, please give the following details:

Branch _____ Entry Date _____ Discharge Date & Rank _____

Duties / Training _____ Commendations _____

Disciplinary Actions _____ Were you ever AWOL ? _____

Disabilities / Injuries _____

Alcohol Use:

Have you ever drank alcohol ? Yes No If yes, how often ? _____

Is the criminal charge against you related to the use of alcohol ? Yes No If yes, please give details: _____

Have you ever received treatment for alcohol abuse ? Yes No If yes, where and when ? _____

Drug Use:

Is the criminal charge against you related to the use of drugs ? Yes No If yes, please give details: _____

Have you ever received treatment for drug abuse ? Yes No If yes, where and when ? _____

Please list all drug use. Include past and present.

- | | | | | |
|----|----------------------------|-----|----|-------|
| 1. | Marijuana | Yes | No | _____ |
| 2. | Methamphetamines | Yes | No | _____ |
| 3. | Cocaine | Yes | No | _____ |
| 4. | Peyote | Yes | No | _____ |
| 5. | Heroin | Yes | No | _____ |
| 6. | Spice | Yes | No | _____ |
| 7. | Glue/Gasoline/Paint | Yes | No | _____ |
| 8. | Other controlled substance | Yes | No | _____ |

Health:

How would you describe your current health ? **Circle:** Excellent Good Fair Poor

If your answer to any of these questions is "Yes" , please give details:

Do you currently have any illness, disease or disability ? Yes No _____

Is there any physical or health reason why you are unable to work ? Yes No _____

Are you currently under a doctor's care ? Yes No _____

Are you taking any medication ? Yes No _____

Have you ever had a serious illness ? Yes No _____

Have you ever been in a serious accident ? Yes No _____

Have you ever had major surgery ? Yes No _____

Have you ever received psychological counseling or psychiatric treatment ? Yes No _____



Miscellaneous Questions:

1. **Good Candidate for PPD:** Why are you a good candidate for the PPD Program and why should we accept you into the PPD Program ?

2. **Months in Program:** You are required to be in the PPD Program for 12 to 24 months. How many months do you think you should be in the PPD Program and why ?

3. **Restitution:** You are required to pay restitution for any damages or losses resulting from your criminal activity. You must pay half of the restitution before being accepted into the PPD Program. If restitution is required in your case, how will you get the money to pay your restitution ?

4. **PPD Fee:** You are required to pay a monthly PPD Program fee of not less than \$15.00 and not more than \$85.00. How much do you think you should pay each month ?

5. **Community Service Work:** You are required to complete 50 to 200 hours of community service work. How many hours of community service work do you think you should be required to do and why ?

Where would you like to do your community service work ?

6. **Activities and Hobbies:** What activities or hobbies do you enjoy ?

7. **Questions / Comments:** Do you have any questions or comments about the PPD Program ?



I, the undersigned defendant, hereby state that the information herein is true and correct to the best of my knowledge.

I understand that if I provide false information or if I omit information on any document relating to my application to the PPD Program, this will be sufficient reason for my rejection from the PPD Program.

Date

Defendant Printed Name

Defendant Signature

Date

Attorney for Defendant Printed Name

Attorney for Defendant Signature

If defendant did not complete this form, please explain the reason why and give the name of the person assisting defendant in completing this form:

State of New Mexico

vs.

FIELD(Def.Court.Name)

aka **FIELD(First) FIELD(Middle) FIELD(Last)**

sample only

**Pre Prosecution Diversion Program
PPD Contract**

The Parties Agree as Follows:

1. Defendant shall comply with the **Terms and Conditions** of the Pre Prosecution Diversion Program (PPD), which are incorporated herein.
2. Defendant shall pay a monthly PPD fee in the amount of **\$KEYBOARD(fee amount)** for each month that Defendant is in the PPD Program.
3. Defendant shall pay restitution in the amount of **\$KEYBOARD(restitution total)** to the victim(s), **KEYBOARD(victim name(s))**, to be paid according to the attached **Restitution Payment Schedule**.
4. Defendant shall follow these special conditions:
 - A. Defendant shall attend a Life Skills for Offenders class at San Juan College. Defendant shall pay the \$65.00 fee for this class and attend as instructed by the PPD staff.
 - B. Defendant shall attend the PPD workshops, "Choices and Control" and "Relationships." Defendant shall pay the \$20.00 fee for each workshop and attend as instructed by the PPD staff.
 - C. Defendant shall submit to and pay for a Domestic Violence Assessment and follow any subsequent treatment recommendations.

Date

FIELD(Def.Court.Name), Defendant

Date

APPROVED: **FIELD(Def.Atty)**, Attorney for Defendant

Date

FIELD(Prosecutor), **FIELD(Title.Prosecutor)** District Attorney
On behalf of Robert (Rick)P. Tedrow, District Attorney
Eleventh Judicial District, Division I
San Juan County, New Mexico