

**THIRD JUDICIAL DISTRICT ATTORNEY'S OFFICE
MARK D'ANTONIO, DISTRICT ATTORNEY
845 North Motel Blvd., Second Floor, Suite D.,**

**Las Cruces, NM 88007
(575) 524-6370 FAX: (575) 524-6379**



MARK D'ANTONIO
District Attorney

**PRE-PROSECUTION DIVERSION PROGRAM
APPLICATION / REFERRAL**

Date: _____

Answer all questions thoroughly and accurately. You may write on the backs of the pages if you require extra space to complete your answers. Omission or falsification of information may result in the rejection of your application to the PPD Program.

NAME: _____
Last First Middle Maiden

Other names you are known by or you have used: _____

Birth date: _____ Age: _____

Place of Birth: _____ Social Security #: _____

Citizenship: _____ Sex: _____ Race or Ethnic

Origin: _____ Height: _____ Weight: _____ Hair Color: _____

Eye Color: _____ Scars/Tattoos/Marks: _____

PHYSICAL ADDRESS:

_____ Street City State Zip
Code

MAILING ADDRESS:

_____ Street/Box # City State Zip Code

Provide directions to where you live. If necessary, use the back of this page to draw a map:

Type of residence: (check one) _____ House _____ Mobile Home _____ Apt.
_____ Other

Persons living at this residence and their relation to you:

Do you have any plans to relocate? If yes, explain:

HOME PHONE NUMBER: _____ Other numbers where you can be reached or receive messages: _____

EMPLOYER: _____
Name of Company _____ Address _____ Phone _____
Your job title: _____ Work schedule: _____
Number of work hours per week: _____ Monthly income: _____
Does your employer know that you are currently facing criminal charges? _____ Yes _____ No

SCHOOL (if attending): _____
Name of School _____ City, State _____
What type of degree are you pursuing? _____
When do you expect to finish school? _____
Type of financial aid, if any: _____

CRIMINAL CHARGE:
Current criminal charge(s) against you: _____ Defense Attorney: _____
Public Defender _____ Private Attorney _____
Date of offense: _____ Date of arrest: _____
Type of release: _____ Personal recognizance _____ Bond _____
Bondsman: _____
Co-Defendant(s): _____

PRIOR CRIMINAL RECORD:
List all previous contacts you have (as a juvenile and adult) with any law enforcement agency. Include any time you were detained, questioned, arrested, received a summons or citation, or were convicted of any crime.

Date	Charge	City/State	Disposition

Additional space is located after final page

Have you ever been the **victim** of a crime? If yes, provide details:

RESIDENTIAL HISTORY:

List all of the places that you have lived during the past 15 years. Begin with your current address and work backwards.

City/State	Dates of Residence

MARITAL HISTORY:

Current Status:

(Circle) Single Engaged Married Divorced Separated Common Law Widowed

Give information about your **present** spouse, fiancé or common law partner:

Name: _____ Address: _____

Place of Employment: _____

List your marriage(s) and common law relationship(s):

First/Last Name	Year/Place of Marriage	Names of Children Born to relationship

CHILDREN:

Provide information about **all of your children** (natural, step, and adopted):

First/Last Name	Relationship	Age	Address	Employer/School

BROTHERS AND SISTERS:

Provide information about your brothers and sisters:

First/Last Name	Relationship	Age	Address	Employer/School

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

Briefly describe your childhood. What was it like to grow up in your family?

Were you ever abused as a child? If yes, provide details:

Describe any domestic violence experienced in your household while you were growing up:

How has your family reacted to your present trouble with the law?

EDUCATION:

How many years of education have you completed?

List all of the schools that you have attended beginning with the 9th grade:

Name of School	City/State	Date Attended	Degree Awarded

If you dropped out of school prior to high school graduation, explain why:

Awards/Activities in school: _____

Discipline problems in school: _____

Describe any plans you have to further your education:

EMPLOYMENT HISTORY:

List all of the businesses you have been **employed during the past 10 years:**

Employer	City/State	Job Title	Dates	Reason for Leaving

MILITARY SERVICE:

Branch: _____ Entry Date: _____ Discharge Date: _____

Duties/Training: _____

Commendations: _____

Disciplinary Actions: _____

Rank at Separation: _____ Discharge Type _____

VEHICLE IDENTIFICATION:

Describe the vehicle(s) that you drive:

Year: _____ Make: _____ Model: _____ Color: _____ Lic. Plate #: _____

Owner: _____

Year: _____ Make: _____ Model: _____ Color: _____ Lic. Plate #: _____

Owner: _____

Driver's License #: _____ State: _____ Expiration: _____

Auto Insurance Company: _____ Type of Coverage: _____

FINANCIAL:

Income (include job, spouses earnings, child support received, AFDC, food stamps, housing, SSI, retirement, student financial aid, etc.):

Amount of Income	How Often Received	Source of Income

Expenses (include rent, home payment, vehicle payment, phone, utilities, groceries, gasoline, child care, child support payments, medical, credit cards, loans, school, insurance, etc.):

Amount Paid	How Often Paid	Paid To	Purpose

You are required to pay restitution to the victim(s) for any damages or losses resulting from your criminal activity in this case. If you owe restitution, what is your plan for payment?

ALCOHOL USE:

Is the criminal charge against you related to the use of alcohol? If yes, give details:

Do you drink alcoholic beverages? If yes, explain how often and how much you drink:

Have you ever received treatment for alcohol abuse? If yes, indicate when and where you were treated and for how long:

DRUG USE:

Is the criminal charge against you related to the use of drugs? If yes, give details:

Have you ever used drugs? If yes, give details (indicate what drugs you have used, how often you used the drugs and when was the last time you used drugs):

Have you ever received treatment for drug use? If yes, advise when and where you were treated and for how long:

HEALTH:

Describe the present state of your **physical 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 or disability? ___ Yes ___ No

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

Are you taking prescribed medication? ___ Yes ___ No

Have you ever suffered a serious accident or illness? ___ Yes ___ No

Describe the present state of your **mental health**: (circle) excellent good fair
poor

Have you ever seen a counselor, psychologist or psychiatrist? ___ Yes ___ No

How do you feel about participating in counseling or other treatment for mental health or
substance abuse if it is recommended as a requirement of your participation in the PPD Program?

ACTIVITIES:

What activities or hobbies do you enjoy in your spare time:

OTHER:

Why are you a good candidate for the PPD Program?:

Read carefully and sign:

THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE I UNDERSTAND THAT IF I PROVIDE FALSE INFORMATION OR OMIT INFORMATION ON ANY DOCUMENTS RELATING TO MY APPLICATION TO THE PPD PROGRAM, THIS WILL BE SUFFICIENT REASON FOR MY REJECTION FROM THE PPD PROGRAM I FURTHER UNDERSTAND THAT IF I PROVIDE FALSE INFORMATION OR OMIT INFORMATION ON ANY SUBSEQUENT DOCUMENTS AFTER BEING ACCEPTED INTO THE PPD PROGRAM THIS WILL BE SUFFICIENT REASON FOR MY TERMINATION FROM THE PPD PROGRAM.

Date

Applicant Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2014.

Notary Public

My commission expires:

THIRD JUDICIAL DISTRICT COURT
COUNTY OF DONA ANA
STATE OF NEW MEXICO



MARK D'ANTONIO
District Attorney

STATE OF NEW MEXICO,

Plaintiff,

vs.

Defendant.

Court #:

STATEMENT

I, _____, in giving this Statement, understand that I am giving up my fifth amendment right against self-incrimination, that is, the right not to be a witness against myself. I waive this right intentionally, voluntarily and intelligently.

I understand further that this Statement may be used against me in a court of law if I am terminated from the Pre-Prosecution Diversion Program (PPD). This Statement may also be used to impeach me if I testify in any case of a co-defendant.

If not accepted into the PPD Program, this Statement shall be used against me only for purposes of impeachment.

Attorney for Defendant

Date

Defendant

Date



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Instructions and Recommendations for PPD Statement

This program requires a specific kind of admission to the offense. Even though some form of statement may have been previously given, a statement meeting the Pre Prosecution Diversion Program requirements is necessary.

The requirements for an admission statement for the Pre-Prosecution Program are as follows;

- 1.) If more than one crime is involved, then each crime must be set forth separately within the statement.
 - For each Crime a statement must include factual admission of each essential elements of the crime, including the intent to commit the act, the date, time and place, and the city and state or country.
- 2.) Keep the statement brief and to the point.
- 3.) Extenuating circumstances and matters in the nature of a defense are inappropriate in a statement because this program does not handle cases in which culpability is not clear.
 - The Pre-Prosecution Program is a first offenders program. All statements are made with the complete advice and concurrence of the applicant's defense attorney. No coercion, threat, or promise of acceptance is made. Therefore beginning a statement with a phrase such as "For the purpose of consideration in the Pre-Prosecution Program," etc., will not be acceptable.
- 4.) Finally, the statement should be signed and dated by the applicant and notarized.

Recommendation for accuracy for statement of charges can be referenced through the Grand Jury Charging Manual.

<http://www.justice.gov/atr/public/guidelines/4371.htm>



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PRE-PROSECUTION DIVERSION PROGRAM
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby grant any financial/credit institution, doctor, medical facility, psychiatric/psychological facility, school, past or present employer, law enforcement agency, probation department, insurance agency, social welfare department, substance abuse counselor or agency permission to release any and all information personally known by them to any authorized representative of the Third Judicial District Attorney's Office in and for Dona Ana County, New Mexico. I acknowledge that this information will be used by the District Attorney's representative to investigate and evaluate my background to determine my suitability for acceptance into the Pre-Prosecution Diversion (PPD) Program. If I am accepted into the PPD Program, the information obtained will be used to assess my progress in the program.

Photocopies of the original of this release are to serve as a substitute for the original. This release will expire thirty (12) months from the date below.

Signature Date

Witness Date

STATE OF NEW MEXICO
COUNTY OF DONA ANA
IN THE MAGISTRATE COURT

STATE OF NEW MEXICO,

Plaintiff,

v.

No. M-14-FR-

DEFENDANT'S NAME,

Defendant.

**WAIVER OF PRELIMINARY HEARING AND
PRESENTATION OF GRAND JURY**

I have been informed of the criminal charges against me, and of my right to have a preliminary hearing or presentation to a grand jury upon those charges.

I do hereby freely and voluntarily waive my right to a preliminary hearing and presentation to a grand jury.

Acknowledged by:

Attorney for Defendant

Defendant

Date:

Date:

STATE OF NEW MEXICO
COUNTY OF DONA ANA
THIRD JUDICIAL DISTRICT COURT

STATE OF NEW MEXICO,

Plaintiff,

v.

No. D-307-CR-

DEFENDANT'S NAME,

Defendant.

**WAIVER OF PRELIMINARY HEARING AND
PRESENTATION OF GRAND JURY**

I have been informed of the criminal charges against me, and of my right to have a preliminary hearing or presentation to a grand jury upon those charges.

I do hereby freely and voluntarily waive my right to a preliminary hearing and presentation to a grand jury.

Acknowledged by:

Attorney for Defendant

Defendant

Date:

Date:

STATE OF NEW MEXICO
COUNTY OF DONA ANA
THIRD JUDICIAL DISTRICT COURT

STATE OF NEW MEXICO ,

Plaintiff,

v.

No. D-307-CR-

DEFENDANT'S NAME,

Defendant.

WAIVER OF RIGHT TO SPEEDY TRIAL

I have been informed of the criminal charges against me and of my constitutional right to a speedy trial pursuant to Rule 5-604B NMRA.

Pursuant to §31-16A-6(B) NMSA, I do hereby freely and voluntarily waive my constitutional right to a speedy trial within the time limits prescribed by law. I also understand that if I am terminated from the Pre-Prosecution Diversion Program, the criminal charges will be re-filed in the District Court and that I am waiving any objection on speedy trial grounds for the time that elapsed while participating in the Pre-Prosecution Diversion Program.

Acknowledged by:

Attorney for Defendant

Defendant

Date:

Date: