

NAME \_\_\_\_\_ FELONY CASE # \_\_\_\_\_

# APPLICATION FOR FELONY DRUG COURT DIVERSION\*

(\* MUST INCLUDE COPIES OF THE ARREST REPORT, COI AFFIDAVIT, AND THE 'INFORMATION' FILED BY THE STATE ATTORNEY)

### SEND PACKET TO:

Department of Corrections / PTI  
1431 Chaffee Drive, Suite 5  
Titusville, Florida 32780

PH: (321) 264-4073 • Fax: (321) 264-4081

## APPLICANT INFORMATION

NAME \_\_\_\_\_ ALIAS/ MAIDEN NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Social Sec. # \_\_\_\_\_ Place of Birth (city/state/country) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

## ATTORNEY REPRESENTATION (if not represented, enter "NONE")

DEFENSE ATTORNEY'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

## CRIMINAL HISTORY

HAVE YOU PREVIOUSLY PARTICIPATED IN A FELONY DIVERSION PROGRAM OR HAVE YOU BEEN SANCTIONED REGARDING ANY OTHER FELONY OFFENSE IN THE STATE OF FLORIDA OR ANY OTHER STATE OR COUNTRY?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHEN/ WHAT CHARGE(S):

ALSO LIST ANY OTHER PENDING CASES:

## VICTIM INFORMATION

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

THE PTI APPLICATION PROCESS AND BACKGROUND INVESTIGATION MAY USE A GREAT DEAL OF THE SPEEDY TRIAL PERIOD THAT YOU HAVE BEEN AFFORDED BY FLORIDA STATUTE- F.R.Cr.P 3.191(a)(1). IN ORDER TO ALLOW SUFFICIENT TIME TO CONDUCT THE BACKGROUND INVESTIGATION AND TO PROCESS YOUR APPLICATION, IT IS NECESSARY THAT YOU WAIVE SPEEDY TRIAL.

### WAIVER OF SPEEDY TRIAL

THE DEFENDANT AND IF REPRESENTED BY COUNSEL BY AND THROUGH THE UNDERSIGNED ATTORNEY HEREBY EXPRESSLY WAIVES HIS/HER RIGHT UNDER F.R.Cr.P 3.191(a)(1) TO A SPEEDY TRIAL WITHOUT DEMAND BY THEIR SIGNATURES BELOW. THE DEFENDANT AND THE ATTORNEY FOR THE DEFENDANT ACKNOWLEDGE THAT THEY HAVE DISCUSSED THE TERMS AND CONDITIONS OF THE CONTRACT AND, IF DESIRED, WAIVE PRESENCE OF COUNSEL AT THE TIME OF SIGNING THE CONTRACT.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_  
DEFENDANT

\_\_\_\_\_  
ATTORNEY FOR DEFENDANT