

Orange County Corrections Department
*Community Corrections Division***Pretrial Diversion Program*

PRETRIAL DIVERSION INTAKE INTERVIEW CHECKLIST

DEFENDANT (last name, first name) PRINT _____

CASE NUMBER _____

MNI # _____

By placing my initials to the left of the statements listed below, I am indicating that I understand and acknowledge the information contained therein.

1. _____ I have read or had read to me a sample copy of the Pretrial Diversion Contract.
2. _____ I understand the length of participation for my case is six (6) months for a misdemeanor, nine (9) months for a domestic battery charge, twelve (12) months for a DUI – TIER I, and fifteen (15) months for a DUI – TIER II.
3. _____ I understand that the program supervisory fee is \$300.00 for the six (6) month program, \$450.00 for the nine (9) month program, \$600.00 for a DUI – TIER I , and \$750.00 for a DUI –TIER II. This fee is a one-time cost that shall be due at the next appointment **after** I sign my contract. Any variance from this policy or a possible fee waiver, will have to be discussed with my supervising officer and will be granted upon documentation of extreme financial hardship. In addition to the supervisory fee, I understand that I will be required to pay for telephone reporting (\$37.00 -for 6 months- to \$91.00 for 15 months) in addition to a one time \$17.00 Drug Test fee and a one time \$ 20.00 Intake fee as well as a \$50.00 Cost of Prosecution fee, restitution and/or investigative fees, if applicable. **No fees** are due or payable at the intake appointment.
4. _____ I understand I must provide proof of employment and/or student status within thirty (30) days of contract signing by submitting a copy of a recent pay stub and/or school schedule. I also understand that I must lawfully reside in the United States in order to be lawfully employed and/or a student.
5. _____ I understand that I continue to have the right to discuss my case with an attorney.
6. _____ I understand that my participation in the Pretrial Diversion Program is **voluntary**. I may decline consideration for the program and notice of this decision will be forwarded to the State Attorney's Office. My decision to be considered for this program is made freely, voluntarily and without compromise by threat, promise or coercion.
7. _____ I understand that it is my responsibility to **keep all court dates** unless otherwise directed by my attorney or Court personnel. I also understand that it is my responsibility to maintain contact with the Pretrial Diversion office as directed and **notify all (i.e. Court, PTD) of any changes in my status and address.**

DEFENDANT'S SIGNATURE _____

DATE _____

WITNESS _____

DATE _____