# FOLEY MUNICIPAL COURT
## PRETRIAL DIVERSION APPLICATION

For office use:
Trial Date _____ Case No. _____

Amount payable at trial date _____
Application Received by: Date: _____

You must fully and accurately complete this application.
Any omissions or misrepresentations may cause your application to be denied.

Full Name: _____ (Last) _____ (First) _____ (Middle)

Date of Birth: _____ SSN: _____

Physical Address: _____

City, State Zip: _____

How long at present address: _____

Previous physical address: _____

City, State Zip: _____

Telephone Number(s) _____ Cell Number(s): _____

Place of Employment and Job Title: _____

Employment Address: _____

City, State Zip: _____

How long at present employment: _____

Supervisor: _____

Previous Employer: _____

List the charges and case numbers for the cases in which you are applying for Pretrial Diversion.

| Charge(s) | Case Number(s) |
|---|---|
| | |
| | |
| | |

Will you be requesting or already have legal representation? Yes o No o

If yes, attorney's name and number: _____

I waive the right to be represented by legal counsel. (Please initial) _____

Have you ever been arrested, charged, or convicted of any crime, including DUI's and minor traffic offenses? Yes o No o

If Yes, list all charges you were arrested or ticketed for, the date and jurisdiction (location) of the offense and the outcome (pled/found guilty, found not guilty, dismissed, Pretrial or similar program, charges still pending, etc.):

_____

_____

_____

_____

Are you currently on Probation? Yes o No o

If Yes, list the name, address and telephone number of your Probation Officer

_____

_____

List any items (money, vehicle, firearms, etc.) confiscated at time of arrest:

_____ _____

Other than the case that is the subject of this application, do you currently have any other Criminal or Traffic charges pending? Yes o No o

Do you have transportation? Yes o No o

Do you have a valid driver's license? Yes o No o

Do you have a valid CDL? Yes o No o

Please list any medical conditions that could impact your ability to complete the program:

_____

If you have ever been under the care of any psychiatrist or any other mental health professional, please state the name of the provider and condition for which you were treated:

_____

I have fully and accurately completed this application for entrance into the City of Foley Pretrial Diversion Program and I understand that any omissions or misrepresentations herein are grounds for the denial of my application.

If approved for entry into the Pretrial Diversion Program, I will be required to make an initial payment of $_____ on my trial date of_____

This application is incomplete and will not be reviewed unless the above initial payment amount and trial date is filled in by the City Attorney or Prosecutor.

_____

Defendant's signature

_____

Date

# AUTHORIZATION TO RELEASE INFORMATION TO PRETRIAL DIVERSION OFFICER

TO WHOM IT MAY CONCERN:

I, _____ the undersigned, hereby authorize the Pretrial Diversion Program for the City of Foley, Alabama or its authorized representative(s) or employee(s) bearing this release or copy thereof, to obtain any information in your files pertaining to my:

Employment; education records; medical records, psychological and psychiatric records, and residential records.

I hereby direct you to release such information. This release is executed with full knowledge and understanding that the information is for the Foley Pretrial Diversion Program Office's official use.

I hereby release you, as custodian of such records, any school, college, or university, or other educational institution; hospital or other repository of medical records; social service agency; any employer or retail business establishment, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

The information hereby obtained by the aforementioned pretrial services office is to be used only for the purpose of pretrial services investigation and report and, if applicable, for supervision. If I am found guilty, such information will also be made available to the court for sentencing purposes.

Regarding protected health information, I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Regarding protected health information, I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the Pretrial Diversion Office contact at:

City of Foley, Attn: Municipal Court, P. O. Box 400, Foley, AL 36536

I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires me to participate in the program will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my pretrial diversion agreement.

_____ _____ _____

(Authorizing Signature -Full Name) (Full name -Printed or Typed) (Date)

WITNESS- _____ _____

(Full name -Printed or Typed) (Date)

OR- _____ _____

(Notary Public) (Date)