

**THIRD JUDICIAL DISTRICT ATTORNEY'S OFFICE
AMY ORLANDO, DISTRICT ATTORNEY
845 North Motel Blvd., Second Floor, Suite D.,
Las Cruces, NM 88007
(575) 524-6370 FAX: (575) 524-6379**

**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? _____

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

PARENTS:

Give information about your **parents**:

First/Last Name	Relationship	Age	Address	Employer
	Father			
	Mother			
	Step-Parent			
	Step-Parent			

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?

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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?

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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	Dates 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

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? _____

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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

THIRD JUDICIAL DISTRICT ATTORNEY'S OFFICE
Amy Orlando, District Attorney
845 N. Motel Blvd., 2nd Floor, Suite D
LAS CRUCES, NEW MEXICO 88007
(505) 524-6370

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 (30) months from the date below.

Signature

Date

Witness

Date

STATE OF NEW MEXICO,

Plaintiff,

vs.

Defendant.

Court #:

S T A T E M E N T

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 further understand that this Statement may be used against me in a court of law if I am terminated from the Pre-Prosecution Diversion (PPD) Program. 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

Defendant

Date

Attorney for Defendant

Date

PPD Program Officer

Date

Assistant District Attorney

Date