

**APPLICATION FOR ACCEPTANCE INTO THE PRETRIAL INTERVENTION PROGRAM OF THE  
SEVENTEENTH CIRCUIT COURT DISTRICT**

1. NAME: \_\_\_\_\_  
                    First                                    Middle                                    Last

ADDRESS: \_\_\_\_\_  
                    (Street)                                    (City)                                    (State/Zip)

PHONE: \_(\_\_\_\_)\_\_\_\_-\_\_\_\_                    WORK: \_(\_\_\_\_)\_\_\_\_-\_\_\_\_

2. RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

3. SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. I have been indicted by the Circuit Court of \_\_\_\_\_ County, Mississippi in Cause  
Number CR \_\_\_\_\_ for the crime of: \_\_\_\_\_

5. I am represented by attorney \_\_\_\_\_

Whose address is: \_\_\_\_\_

And whose telephone number is: \_(\_\_\_\_)\_\_\_\_-\_\_\_\_

6. I have not previously been accepted into an intervention program.

7. I am not charged with a crime of violence including, but not limited to murder, aggravated assault, rape, armed robbery, manslaughter, or burglary of a dwelling house.

8. I am not charged with: a(n) offense pertaining to the sale, barter, transfer, manufacture, distribution, or dispensing of a controlled substance, or the possession with intent to sell, barter, transfer, manufacture, distribute, or dispense a controlled substance, as provided in Section 41-29-139(a)(1), Mississippi Code 1972 Annotated, as amended; except for a charge under said statute when the controlled substance involved is one (1)

ounce or less of marihuana; or (b) an offense pertaining to the possession of one (1) kilogram or more of marihuana as provided in Sec. 41-29-139(c)(2)(D), Mississippi Code 1972 Annotated, as amended.

9. My past criminal history is as follows (including delinquency and Juvenile Records):

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10. My educational background is as follows: \_\_\_\_\_

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11. My work record is as follows: \_\_\_\_\_

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12. My family history is as follows: \_\_\_\_\_

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13. My medical treatment is as follows: \_\_\_\_\_

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14. I have undergone psychiatric treatment or care as follows: \_\_\_\_\_

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15. I have attached a copy of any and all psychological tests taken by me.

16. My drug use is as follows: \_\_\_\_\_

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17. My drug treatment is as follows: \_\_\_\_\_

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18. If directed to do so by the District Attorney, I agree to submit to an evaluation administered by Southern Psychological Associates and hereby authorize Southaven Psychological Associates to release its findings to the Pretrial Intervention Officer for review prior to my acceptance into the Pretrial Intervention Program.
19. I waive my right to a speedy trial as guaranteed by the United States Constitution, the Constitution of the State of Mississippi and all pertinent statutes of the State of Mississippi, contingent upon my successful completion of this program, if accepted.
20. I agree to waive extradition to \_\_\_\_\_ County, Mississippi, from any other State of the United States or any other Country. I further agree not to contest any request for my return to said County, State of Mississippi.
21. I hereby agree to obey and abide by any and all conditions, rules, and regulations prescribed by the District Attorney's Office while in the Pretrial Intervention Program, if accepted.
22. I further agree and understand that if accepted into the Pretrial Intervention Program, if I should violated the conditions of the Agreement: (a) the District Attorney may terminate my participation in the program; (b) the Waiver executed pursuant to Section 99-15-115, Mississippi Code 1972 Annotated, as amended, concerning the right to a speedy trial and the tolling of the periods of limitation established by statutes and/or rules of Court shall be void on the date I am removed from the program for the violation; and (c) the prosecution of pending criminal charges against me shall be resumed by the District Attorney.

I hereby affirm that the information provided above is true and correct. Further, I understand and agree to abide by the conditions set forth above, if accepted into the Pretrial Intervention Program.

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant

Approved:

\_\_\_\_\_  
Applicant's Attorney