

DWI Court Application for Consideration by the Prosecutor

**PLEASE SUBMIT COMPLETED APPLICATION TO THE TRAVIS COUNTY
ATTORNEY'S OFFICE VIA HAND DELIVERY OR FAX NO. 512-854-9316**

Defendant's Name: _____ Date of Birth: _____ SSN: _____

Address: _____ City: _____ County: _____

Phone #: _____ Email address: _____

Employer: _____ Occupation: _____

Attorney Name: _____ Phone #: _____

Attorney Email Address: _____ Fax #: _____

Cause Number(s) / dates of arrest:

_____ / _____

_____ / _____

1. Does the Defendant reside in Travis County? YES / NO (County of residence) _____

2. Does the Defendant have any other pending cases or charges? YES / NO

If Yes, charges and jurisdictions: _____

3. Does the Defendant have any outstanding holds or warrants from any other jurisdiction
(including immigration matters)? YES / NO / UNKNOWN

If Yes, charges and jurisdictions: _____

4. Does the Defendant have adequate and reliable transportation? YES / NO

5. Is the Defendant currently on Probation in any other jurisdiction? YES / NO

If Yes, charges and jurisdictions: _____

6. Has Defendant ever been treated for/diagnosed with a serious mental illness? YES / NO

7. List all medications currently prescribed to the Defendant: _____

I am capable of understanding the requirements for the DWI Court, and the requirements have been fully explained to me by my attorney. I understand that I must also complete a clinical assessment to be considered for the DWI Court.

Signature of Defendant

Date

Signature of Attorney

Date

For County Attorney Use Only

Reviewed By _____ date _____ SID # _____

Approved _____ Denied _____ Reason: _____

