Travis County Project Engage Application

Defendant's Name _____ **Date of Birth** _____

Address:_____ **Phone #:**_____

Email: _____ **DL #:** _____

Aliases (if any) _____ **Social Sec. #** _____-____-_____

Employment/school: _____ **Phone #:** _____

Attorney Name: _____ **Phone #:**_____

Attorney Address: _____ **Fax #:**_____

Attorney Email: _____

Cause Number(s) / dates of arrest / charge(s)

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

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. Is the Defendant currently on Community Supervision / Probation in any other jurisdiction?
◯ **YES (name jurisdiction & offense)** _____**NO**_____

I am capable of understanding the requirements for Project Engage, and the requirements have been fully explained to me by my attorney. I swear or affirm that the information provided is true and correct to the best of my knowledge.

_____ _____ _____ _____
Signature of Defendant **Date** **Signature of Attorney** **Date**

For County Attorney Use Only

Reviewed By _____**date** _____ **SID #** _____

Approved _____Denied _____ Reason: _____