

Pre Trial Diversion Program Office
115 West Adams Street, Suite 1
(City of Dothan Magistrate building)
334-615-4130 office
334-615-792-3918 fax
pretrial@dothan.org

Please Read and keep this page with you for future reference

Pre Trial Diversion is a program is designed for first time offenders or those who have a relatively clean criminal record/driver's history. Every person arrested or given a traffic citation, by the City of Dothan, may make application to determine if you or the offense you are charged with, is eligible per the City Ordinance for participation in the Pre Trial Diversion Program. Successful completion in the program will result in dismissal of the charges against you.

Application Process:

You will need to complete an application for the Pre Trial Diversion Program. Once the application is completed, you will be given a new court date specifically for the Pre Trial Diversion Program.

A background check will be conducted on the applicant and this information will be sent to the Prosecutor. They will review the information and decide if you are able to participate in the Pre Trial Diversion Program. This generally takes 30-45 days. Once a decision is made, you will be sent a letter notifying you of your approval or denial for participation in the program.

If approved, you will receive a letter notifying you of approval with an appointment to appear in the Pre Trial Diversion office. At this appointment, you will sign your Pre Trial-Diversion agreement, enter your plea virtually with the Judge, and pay the required initial payment. If you are approved to participate in the Pre Trial Diversion Program an **initial down payment** of \$250.00 (for traffic tickets) or \$500.00 (DUI's and misdemeanors) is required. Although this is not the total amount assessed, this down payment is required at the time you sign your agreement.

If you are denied participation in the Pre Trial Diversion Program, you have three options. You can appeal the Prosecutor's denial to the Judge. To do this, you complete the Appeal Form. This appeal can be submitted prior to your court date or on the day you appear in court. Once you have completed the appeal form, the Judge will review the appeal and a decision will be mailed to you.

The second option upon your denial of Pretrial Diversion is to enter a plea of Not Guilty. At that time, you will receive a new court date for trial on your case. Third option is to enter a Plea of Guilty.

Any other questions or concerns please contact the Pre Trial Diversion Office at pretrial@dothan.org.

**DOTHAN MUNICIPAL COURT
PRETRIAL DIVERSION APPLICATION**

For office use:

Trial Date _____ Date: _____ Case No. _____

Amount payable at trial date _____ Application Received by: _____

Officer Name: _____ IO Report #: _____

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

Full Name: _____
Last First Middle

EMAIL: _____ @ _____

Date of Birth: _____ SSN: _____

Driver's License #: _____ State _____

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 No

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**? Failure to provide accurate information is grounds for **Denial of Admission** into the Pre Trial Diversion Program. Yes No

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 Diversion or similar program, charges still pending, etc.):

Are you currently on Probation? No Yes
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 No

Do you have transportation? Yes No

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

Do you have a valid CDL? Yes No

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 Dothan Pretrial Diversion Program and I understand that any omissions or misrepresentations herein are grounds for the denial of my application.

If you are approved for entry into the Pretrial Diversion Program, I will be required to make an initial payment of \$ _____ on my next court 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 Dothan, 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 Dothan 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 Dothan Pretrial Diversion Program, 115 W. Adams St., Suite One, Dothan, AL 36303

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)