

DWI Court Application for Consideration by the Prosecutor

PLEASE SUBMIT COMPLETED APPLICATION TO THE DALLAS COUNTY ATTORNEY'S OFFICE VIA HAND DELIVERY

Defendant's Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

Aliases (if any) : _____

Attorney Name: _____ Phone #: _____

Attorney Address: _____ Fax # : _____

Cause Number(s) / dates of arrest:

_____/_____/_____ ____/____/_____
_____/_____/_____ ____/____/_____

1. Does the Defendant reside in Dallas 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 Community Supervision / Probation in any other jurisdiction?
YES (name jurisdiction and offense) _____ NO _____

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 District Attorney Use Only

Reviewed By _____ Date _____

SID# _____

Approved _____ Denied _____ Reason: _____

