

Application for Waiver/Reduction of Pre-Trial Intervention Agreement Fee

Applicant Name:	Cause No: Court: Next Court Date:
Address:	DOB:
Referring Attorney:	Referring Attorney Phone:
Referring Attorney Email:	

Instructions for Application for Waiver/Reduction of Pre-Trial Intervention Agreement Fee

There is a \$500.00 fee to participate in a Pre-Trial Intervention Agreement. If you feel you are unable to pay all or part of this fee, complete the following instructions.

1. Fill out the form “**Application for Waiver/Reduction of Pre-Trial Intervention Agreement Fee**”. Make sure the top portion is filled out completely with DOB and Social Security Number. **Please Print legibly.**
2. Be sure to Sign and Date the form.
3. Bring a **\$5.00** Cashier’s Check or Money Order payable to “**Dallas County Criminal District Attorney’s Office**”. A credit or debit card may be used; there is a **2.15% processing fee for using a credit/debit card**, and the cardholder must be present with ID to process the payment.
4. Submit documentation to the **11th Floor Check Department** at the Frank Crowley Courthouse.
5. Bring **COPIES** of the following documents (if they apply to you). These documents are used to determine if you are eligible for a waiver or reduction of the Pre-Trial Intervention Agreement fee.

MONTHLY INCOME		
	Item	DA Staff
	Paycheck stubs/income verification showing your income for <u>one month</u> (one month = 4 paystubs if you are paid weekly; 2 x if paid bi-weekly; 1 x if paid monthly)	
	Housing Assistance	
	Food Stamps/SNAP	

Application for Waiver/Reduction of Pre-Trial Intervention Agreement Fee

MONTHLY INCOME		
	Medicaid and/or SSI	
	Child support (receipt)	
	Copy of rental agreement/mortgage	
	Utilities – Gas/Water/Electricity	
	Cell phone bills	
	Car payments	
	Insurance	
	Child support payments	
	Daycare expenses	
	Medical expenses	
	Credit card payments	
	Student loans or other education payment	
	Court ordered payments unrelated to the current case	

6. The Application and supporting documents must be submitted **30 days prior** to the execution of the Pre-Trial Intervention Agreement. If the paperwork is not submitted within that period, **the defendant will not be considered indigent** for the Pre-trial Intervention Agreement and will have to pay all fees. If the Defendant submitted paperwork in time but is rejected for lack of documentation, the defendant may submit missing documents or a written explanation as to why documents do not exist within the next thirty days for reconsideration.
7. A decision as to eligibility will be relayed to the Referring Attorney by the Assistant District Attorney.

All information is subject to verification. Falsification of information is a criminal offense.

Application for Waiver/Reduction of Pre-Trial Intervention Agreement Fee

To determine if you are eligible for a waiver or reduction of the Pre-Trial Intervention Agreement Fee, you **must** complete this form.

Applicant Name:	Applicant Phone:
Address:	
DOB:	Social Security Number:
Cause No:	Court:

Family Unit (Members of family/individuals that live within the home: list name, age, relationship) – if additional members, please use other side of form

Name:	Age:	Relationship:

Monthly Income		Monthly Living Expenses:		
		Total	You Pay	
Your Salary		Rent / Mortgage/ Housing/ HUD		
Spouse's/Other Salary		Utilities (gas, electric, water etc.)		
SSI / SSDI		Transportation Costs: Monthly Bus Pass Car Payment: Make/Model/Yr of car:		
SNAP/Food Stamps				
Social Security Check				
Child Support				
Other Government Check		Clothes/Food/Food Stamps		
Other Income		Day Care/ Child Care/TANF		
		Medical Bills		
		Credit Cards		
		Court-Ordered Monies (tickets/bail bond)		
		Child Support		
TOTAL MONTHLY INCOME*		TOTAL MONTHLY LIVING EXPENSES*		

Application for Waiver/Reduction of Pre-Trial Intervention Agreement Fee

I swear the above information is true and correct. Information listed above is accurate and I will immediately notify the Court of any changes in my financial situation.

By my signature below, I authorize Dallas County to obtain and review a consumer credit report on me. My credit report will be obtained from a credit reporting agency chosen by Dallas County. I understand and agree that Dallas County intends to use the credit report for the purpose of determining whether I am eligible for a waiver/reduction of the fee associated with the Pre-Trial Intervention Agreement.

My signature below also authorizes the release of financial or other information I have supplied Dallas County, to the credit reporting agency in connection with the evaluation of whether I am eligible for a waiver/reduction of the fee associated with the Pre-Trial Intervention Agreement.

**** All information is subject to verification. Falsification of information is a criminal offense.***

Signature of Applicant

Date