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. (THIS IS ONLY FOR THE PTI FEE. THIS DOES NOT COVER ANY OTHER PTI PROGRAM FEES)

- 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. <u>Please Print legibly.</u>
- 2. Be sure to Sign and Date the form.
- 3. Bring a <u>\$5.00</u> Cashier's Check or Money Order payable to "Dallas County". 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 <u>11th Floor Check Department</u> at the Frank Crowley Courthouse.
- 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				

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 <u>30 days prior</u> 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 <u>must</u> complete this form.

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

Family Unit (Members of family/individuals that live	e within the home: list name, age, re	lationship) – i	f additional me	mbers, please use	other side of form
Name:		Age:	Relationship:		
Monthly Income		Mont	Monthly Living Expenses:		
		. /		Total	You Pay
Your Salary	Rent / Mortgage	Rent / Mortgage/ Housing/ HUD			
Spouse's/Other Salary	Utilities (gas, electric, water etc.)				
SSI / SSDI	Transportation Costs: Monthly Bus Pass				
SNAP/Food Stamps					
•	Car Payment: Make/Model/Y				
Social Security Check					
Child Support					
Other Government Check	Clothes/Food/Food Stamps				
Other Income	er Income Day Care/ Child Care/TANF		IF		
	Medical Bills				
Credit Cards					
	Court-Ordered Monies (tickets/bail		ckets/bail		
	bond)				
	Child Support	Child Support			
TOTAL MONTHLY INCOME*	TOTAL MONTHLY LI	VING EXPEN	SES*		

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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.

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Signature of Applicant

Date