

Hidalgo County Domestic Violence Court
Program Application

I. Information

NOTE: Section I is to be completed by the ATTORNEY OF RECORD not the Applicant.

1. Defendant's Name: _____
2. Cause Number(s): CR-_____; CR-_____; CR-_____
3. Case is currently assigned to: _____ Judicial District Court County Court At Law No. _____

ALL APPLICANTS: MUST obtain and provide any restitution information available at the time of the application. (Property loss/damage, medical expenses, including reimbursement receipts and/or insurance payments)

ALL APPLICANTS: MUST be in full compliance with any and all bond conditions originally imposed by the Magistration Court.

ALL APPLICANTS: MUST agree to a bond amendment to include a no harmful contact order as a bond condition.

ALL APPLICANTS: MUST provide stamp filed copies of the Waiver of Speedy Trial and Code of Criminal Procedure Article 39.14 Discovery request to the Criminal District Attorney's Office.

Attorney of Record

Date

State Bar of Texas ID Number

Email Address

Address, City, State, Zip Code

Telephone Number

II. The Program

Participants will participate in the Domestic Violence Court according to their individualized treatment plan. Participants' progression through phases will depend on their individualized treatment needs and compliance with their conditions of probation.

Phase 1

In the first phase, the participant will be engaged in mental health treatment, anger management, poor impulse control as determined by their treatment assessment and plan, appear in court weekly and maintain weekly contacts with the probation officer. Random urinalysis will be present throughout the program. This phase will last a minimum of 60 days, progressing to phase two when the participant has met the treatment goals established by the Domestic Violence Court treatment team.

Phase 2

Phase two will continue with mental health treatment as well as the addition of cognitive behavioral treatment (minimum of 60 days). Court contact will be reduced to every other week, while probation contact will remain weekly. Transition into phase three will be marked by a completion of cognitive behavioral treatment while maintaining compliance with program rules.

Phase 3

Phase three will continue with mental health treatment as well as the addition of substance abuse treatment, if deemed as needed (minimum of 60 days). Court contact will be reduced to monthly. In addition, probation contact will be reduced to bi-weekly. Transition into phase four will be marked by completion of substance abuse treatment or other treatment goals while continuing with treatment objectives.

Phase 4

Phase four will continue with mental health treatment, but will focus on transitioning into the community, using coping skills learned in this phase (minimum of 60 days). Court contact will be maintained at once a month, just as will probation contact. Completion of the phases marks the end of the program, and reintegration into, what will result in, a much safer community.

III. Principals of Operation

Participation in the Domestic Violence Court Program by the Defendant is voluntary. The Defendant will enter into an agreement with the Criminal District Attorney's Office, which includes voluntarily waiving his/her constitutional rights. The agreement is finalized upon signatures of the prosecutor, the Defendant and the Defendant's attorney.

The State reserves the right to review each case for qualification and may choose to deny participation in the program based on circumstances unstated above when review of the facts suggest inclusion in the program would be inappropriate.

This program is subject to cancellation at any time at the discretion of the Hidalgo County Criminal District Attorney's Office.

IV. Eligibility Criteria

The nature of the offense and the circumstances surrounding the commission of the offense are major considerations in the decision to defer prosecution, as is the potential for harm to the victim/community by the Defendant.

The Defendant's attitude plays a major role in determining eligibility. The Defendant MUST accept full responsibility for the offense; therefore, the Defendant's written version of the offense will be an important deciding factor of acceptance into the Domestic Violence Court Program.

In addition to the above, the following factors will be considered for eligibility into the program:

1. Defendant must not have open warrants in any jurisdiction.
2. Defendant cannot have any felony case(s) pending and/or felony convictions.
3. Defendant must comply with all program requirements.
4. Defendant and the alleged victim/prosecuting witness must have been or are presently intimate partners. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: Emotional connectedness. Regular contact. Ongoing physical contact and/or sexual behavior.
5. Defendant and alleged victim/prosecuting witness must both be adults.

V. **Terms and Conditions**

1. Defendant's attorney shall submit the Domestic Violence Court Program Application to the Criminal District Attorney's Office located at 100 East Cano Street, 3rd Floor in Edinburg, Texas within **THIRTY (30) BUSINESS DAYS FROM THE DATE OF ARRAIGNMENT OR THE DATE THE WAIVER OF ARRAIGNMENT WAS FILED.**
2. Defendant must pay the applicable non-refundable program fee. Payment is due prior to being placed in the program.
3. Defendant must timely pay all fees associated with the Domestic Violence Court Program.
4. Upon request of the criminal District Attorney's office, the defendant will attend and observe the Domestic Violence Court prior to participation in an Addiction Severity Index (ASI) evaluation administered by the Hidalgo County Community Supervision and Corrections Department (Adult Probation)
5. Should a violation occur while on the Domestic Violence Court, the Criminal District Attorney's Office, continuing Court of Jurisdiction and the defense attorney will be notified. The decision to terminate an individual from the program rests exclusively with the Criminal District Attorney's Office and/or Presiding Judge.
6. Upon successful completion of the program, the Hidalgo County Community Supervision and Corrections Department Court Officer shall notify the Criminal District Attorney's Office. The prosecutor will check the criminal history of the Defendant to determine if there have been any additional arrests. If there are no new arrests and all terms of the agreement have been followed, including payment of all fines, fees and court costs, the prosecutor will file a motion and order for dismissal of the criminal action.
7. Upon unsuccessful termination/removal from the Domestic Violence Court, the Defendant will be sentenced.
8. **Defendant must sign and execute Defendant's Waiver of Trial by Jury, Defendant's Waiver of Speedy Trial and Voluntarily Waiver his/her Right to have their Criminal Record Expunged from the Hidalgo County District Attorney's Office database.****
9. If defendant is represented by a court appointed attorney he/she must pay \$500.00 (misdemeanor offense) to the Office of the County Clerk (Collections Department) of Hidalgo County to reimburse the county for compensation paid by the county to the court appointed attorney. If the defendant fails to pay the applicable reimbursement fee, he/she will be terminated from the program for non-compliance with the terms and conditions of said program.

VI. Defendant's Personal Information

First Name: _____ Last Name: _____

Physical Address: _____
Apt. # City State Zip Code

Mailing Address: _____
Apt. # City State Zip Code

County of Residence: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Date of Birth: ____/____/____ Place of Birth: _____ Sex: Male/Female

Highest Grade Completed: _____ Marital Status: _____

Number of Dependents: _____ SS#: ____-____-____ Driver's License #: _____

DL State: _____ DL Expiration: _____

Are you currently on any prescription medication(s)? (Circle) YES NO

If yes, please list medication(s): _____

Employment Information

Employment Status (circle *one*): Full-Time Part-Time Seasonal Student Retired
Homemaker Disabled Unemployed

Employer: _____ Position/Title: _____

Address: _____
Street Suite# City State Zip Code

Work Phone: (____) _____ Supervisor's Name: _____

IF **UNEMPLOYED**, HOW LONG? _____

If you are a student, what school/university are you attending?

If you are enrolled in a school or university, **provide a transcript or list of classes** in which you are currently enrolled.

Prior Contacts with Law Enforcement

PRIOR CONTACT WITH THE CRIMINAL JUSTICE SYSTEM. This includes but is not limited to Juvenile Records regardless of disposition, Adult Arrests/Citations regardless of disposition, and Out-of-State Arrests or Citations regardless of disposition. The above applies to the time the application is filed with the Criminal District Attorney's Office, not at the time of the offense. **The application must be supplemented if contact with the Criminal Justice System occurs after the application is filed.** This does not include traffic citations.

Date of Arrest/Citation Disposition	Place of Arrest/Citation	Offense
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Substance Abuse

Are you currently participating or have you ever participated in a substance abuse program?
(Circle) **YES** **NO**

If yes, when? _____ Residential: _____ Outpatient: _____

If yes, where? _____

Are you attending or have you ever attended AA/NA Support Group? (Circle) **YES**
NO



VIII. Certification

I swear and certify the information contained in this application is true and correct and I did not withhold any information and I understand that failure to complete the application true and correct or to withhold any information shall be grounds for removal from the Domestic Violence Court Program.

Applicant/Defendant

Date

SWORN AND SUBSCRIBED before me on this _____ day of _____, 20_____.

Notary Public

IX. Acknowledgement of Defendant

If I am accepted into the Domestic Violence Court Program, it is my understanding I will abide by all terms and conditions of the program listed on page 3 as explained to me by my attorney including the payment of a non-refundable fee in the amount of \$ 250.00.

I authorize the Criminal District Attorney's Office to conduct an investigation to determine my eligibility for the program. I hereby submit my application to be considered as a participant.

I have been advised of my constitutional rights and I will knowingly and voluntarily waive the following rights:

I understand I have a right to a speedy trial of the offense charged against me, and I knowingly and voluntarily and irrevocably give up and abandon my right to a speedy trial of the offense charged against me in the above cause upon acceptance into the Domestic Violence Court Program.

I understand I have a right to a trial by jury on both issues of guilt/innocence and punishment on the offense charged against me in the above cause, and I knowingly and voluntarily and irrevocably give up and abandon my right to a trial by jury upon acceptance into the Domestic Violence Court Program.

I understand I have the right under Article 55.01, Code of Criminal Procedure to request that the record of my arrest for the offense be expunged if I successfully complete the Domestic Violence Court Program. As a condition of participation in the Domestic Violence Court Program, I freely and voluntarily waive my right to have my criminal record (to include the record of my arrest, documents and entries) expunged from the Hidalgo County Criminal District Attorney's Office database.

ALL APPLICANTS: MUST attend Domestic Violence Court Program orientation at the Hidalgo County Courthouse Auditorium at a date and time set by the Criminal District Attorney's Office. Attendance is mandatory and failure to attend will result in the denial of the pretrial diversion application.

DEFENDANT'S NAME (PLEASE PRINT)

DATE

DEFENDANT'S SIGNATURE

CAUSE NO. _____

THE STATE OF TEXAS

§

IN THE COUNTY COURT AT LAW
NUMBER _____

VS.

§

HIDALGO COUNTY, TEXAS

§

WAIVER OF SPEEDY TRIAL

I, _____, Defendant in the above-numbered and styled cause, having been fully advised by my attorney, _____, of my right to a speedy trial, desire to waive, and I hereby intentionally, knowingly, and voluntarily waive all my rights to a speedy trial under the United States Constitution, the Constitution of the State of Texas, and any statutory speedy trial rights. This is my own decision, of my own free will, and with the advice and consent of my attorney.

DEFENDANT'S NAME (PLEASE PRINT)

DATE

DEFENDANT'S SIGNATURE

ATTORNEY FOR DEFENDANT NAME (PLEASE PRINT)

DATE

ATTORNEY FOR DEFENDANT SIGNATURE

The above has been translated and explained to me in Spanish by _____.

CAUSE NO. CR-__-_____-

STATE OF TEXAS

* IN COUNTY COURT AT LAW #_

*

v.

*

*

* HIDALGO COUNTY, TEXAS

WAIVER OF ART. 39.14 DISCOVERY

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COMES DEFENDANT _____, hereinafter referred to as DEFENDANT, files this WAIVER OF ART. 39.14 DISCOVERY, DEFENDANT would show the following:

I.

DEFENDANT, after having been explained by counsel that his/her Waiver is in accord with a Pre-Trial Diversion request, signifies his/her waiver of Texas CCrP Art. 39.14 discovery demand.

WHEREFORE, PREMISES CONSIDERED, the DEFENDANT prays that the court accept this Waiver.

Respectfully submitted,

_____ (Atty/firm name)

_____, TX 785__

956 ____ - ____

fax: 956 ____ - ____

_____@_____.com

_____ (defendant sign)

_____ (print name of defendant)

By: _____ (atty sign)

_____ (atty print name)

SBT _____

Counsel for _____

Certificate of Service

I, _____, affirm that a true and correct copy of the foregoing instrument has been delivered to:

Hidalgo County District Attorney
100 E. Cano
Edinburg, TX 78539

_____@da.co.hidalgo.tx.us (prosecutor email)

_____@da.co.hidalgo.tx.us (ADA legal asst email)

_____ (atty sign)

_____ (atty print name)

CAUSE NO. CR-__-_____-

STATE OF TEXAS

* IN COUNTY COURT AT LAW #_

*

v.

*

*

* HIDALGO COUNTY, TEXAS

WAIVER OF SPEEDY TRIAL

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COMES DEFENDANT _____, hereinafter referred to as DEFENDANT, files this WAIVER OF SPEEDY TRIAL, DEFENDANT would show the following:

I.

DEFENDANT after having been explained by counsel that he/she may retain the right to a speedy trial voluntarily and intelligently waives said right upon contemplation of alternative resolution with the Hidalgo County District Attorney.

WHEREFORE, PREMISES CONSIDERED, the DEFENDANT prays that the court accept this Waiver.

Respectfully submitted,

_____ (Atty/firm name)

_____, TX 785__

956 ____ - ____

fax: 956 ____ - ____

_____@_____.com

_____ (defendant sign)

_____ (print name of defendant)

By: _____ (atty sign)

_____ (atty print name)

SBT _____

Counsel for _____

Certificate of Service

I, _____, affirm that a true and correct copy of the foregoing instrument has been delivered to:

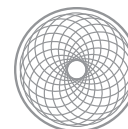
Hidalgo County District Attorney
100 E. Cano
Edinburg, TX 78539

_____@da.co.hidalgo.tx.us (prosecutor email)

_____@da.co.hidalgo.tx.us (ADA legal asst email)

_____ (atty sign)

_____ (atty print name)



Lennard K. Whittaker, Attorney

Practitioner's notes

Date 1/29/22

Re: Domestic Violence Court

Court overseer: Rudy Gonzalez, Judge, County Court at Law #1

This is a little used specialty court program. It has had a 0% recidivism rate for its graduates in its first 5 years. It utilizes a wholistic and individualized approach that often includes family members of the defendant. This program consists of teaching the Defendant Cognitive Behavioral Therapy. Many of the costs involved in this program are reduced based on indigence.

Successful conclusion of this program includes a dismissal of the underlying offense.

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