

SEMINOLE FELONY DRUG COURT DIVERSION APPLICATION

PLEASE NOTE RECEIVING THIS FORM DOES NOT INDICATE ACCEPTANCE INTO DRUG COURT.
INCOMPLETE FORMS WILL BE RETURNED.

APPLICANT INFORMATION

NAME: _____ CASE NO.: _____ DOCKET NO.: _____

DATE OF OFFENSE: _____ DATE OF ARREST: _____

R/S: ____/____ D.O.B: _____ LAST FOUR DIGITS OF S.S.N: _____

COUNTY OF RESIDENCE: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: FL ZIP: _____

HOME PHONE: (407) 885-3548 CELL PHONE: _____ OTHER PHONE: _____

DEFENSE ATTORNEY

DEFENSE ATTORNEY'S NAME: _____

ADDRESS: _____ CITY: _____ STATE: FL ZIP: _____

PHONE: _____ EMAIL: _____

CRIMINAL HISTORY

HAVE YOU PREVIOUSLY PARTICIPATED IN A FELONY DIVERSION PROGRAM OR HAVE YOU BEEN SANCTIONED REGARDING ANY OTHER FELONY OFFENSE IN ANY JURISDICTION? YES _____ NO _____

IF YES, WHERE, WHEN AND FOR WHAT CHARGE(S): _____

WAIVER OF SPEEDY TRIAL

THE DRUG COURT APPLICATION PROCESS MAY USE A GREAT DEAL OF THE SPEEDY TRIAL PERIOD THAT YOU HAVE BEEN AFFORDED BY FLORIDA STATUTE- F.R.Cr.P 3.191(a)(1). IN ORDER TO ALLOW SUFFICIENT TIME TO CONDUCT THE BACKGROUND INVESTIGATION AND TO PROCESS YOUR APPLICATION, IT IS NECESSARY THAT YOU WAIVE SPEEDY TRIAL THE DEFENDANT AND, IF REPRESENTED BY COUNSEL, BY AND THROUGH THE UNDERSIGNED ATTORNEY HEREBY EXPRESSLY WAIVES HIS/HER RIGHT UNDER F.R.Cr.P 3.191(a)(1) TO A SPEEDY TRIAL WITHOUT DEMAND BY THEIR SIGNATURES BELOW.

SIGNED ON THIS _____ DAY OF _____, 201 _____

DEFENDANT

ATTORNEY FOR DEFENDANT

VICTIM CONSENT & RESTITUTION (TO BE COMPLETED BY TRIAL ASSISTANT STATE ATTORNEY)

NAME: _____ HAS BEEN CONTACTED AND HAS NO OBJECTION TO DRUG COURT.

RESTITUTION: \$ _____

COST OF INVESTIGATION \$ _____ TO: _____

ASSISTANT STATE ATTORNEY

DATE