

STATE ATTORNEY'S OFFICE
PRETRIAL DIVERSION REFERRAL

NEXT COURT DATE: _____

DEFENDANT IS REFERRED TO PRETRIAL DIVERSION AND MUST REPORT TO THE SEMINOLE COUNTY PROBATION OFFICE, located at the North Region, 805 Primera Blvd, Lake Mary, FL 32746 OR the South Region, 120 West Pineview St, Altamonte Springs, FL 32714, WITHIN SEVENTY-TWO (72) HOURS OF RECEIPT OF THIS DOCUMENT TO BE SCREENED FOR THE DIVERSION PROGRAM. AN ORIENTATION APPOINTMENT WILL BE SCHEDULED AT THAT TIME. If you need further information, please call (407) 665-4610.

DEFENDANT: _____ DOB: _____ SS#: _____ Race: _____ Sex: _____

CASE NO.: _____ Date of Offense: _____

CHARGES: _____

The above referenced defendant is recommended for Diversion of the above-described case as follows:

_____ Six Months (M-2) _____ Nine Months (M-1)

RECOMMENDED SANCTIONS: * All have a \$50.00 Cost of Supervision Fee per month. There is no Early Termination of Pretrial Diversion. There are no waivers of Cost of Supervision. BATTERER'S DIVERSION REFERRALS ARE NOT DONE ON THIS FORM. PLEASE OBTAIN BD REFERRALS FROM THE DOMESTIC VIOLENCE DIVISION. PAYMENTS FOR COST OF PROSECUTION AND COST OF INVESTIGATION SHALL BE MADE TO THE SEMINOLE COUNTY CLERK OF COURT

_____ Cost of Prosecution: \$50.00 made payable to the Seminole County Clerk of Court

_____ Cost of Investigation to _____ in the amount of \$ _____ made payable to the Seminole County Clerk of Court

_____ Restitution to _____ in the amount of \$ _____.

_____ Community Service (10 hours minimum for 6 months diversion; 20 hours minimum for 9 month)

*There is a \$3.15 one time cost of Community Insurance Fee

_____ Substance Abuse Evaluation and Counseling or _____ Mental Health Assessment and Counseling as recommended by evaluating agency *Defendant bears the cost for this

_____ Completion of the following class/classes (Defendant bears the costs for classes/testing):

_____ General Misdemeanor Class

_____ Minimum 4 hour Gun Safety Class

_____ Theft Class

_____ 8 Hour Defensive Driving Class

_____ Substance Abuse Class

_____ Parenting Class

_____ Anger Management Class

_____ Random Alcohol/Drug Testing

_____ \$50.00 contribution to Central Florida CRIMELINE.

_____ No return to location of _____

_____ No contact with _____

_____ Other conditions (please specify) _____

Assistant State Attorney

Date

I acknowledge receipt of this referral and understand that I must report to probation within seventy-two (72) hours of my court appearance to set up an appointment to sign my contract, and that the contract must be signed at least ten (10) days prior to my next court date or this offer may be withdrawn. I hereby waive my right to a speedy trial and request the case be abated. I understand that if I successfully complete the Pretrial Diversion Program, the State of Florida will not proceed on the above-styled case.

Date: _____

Defendant's Signature _____