



CAUSE NO. C - 1 - CR - \_\_\_\_\_



THE STATE OF TEXAS                                     §                     IN THE COUNTY

v.   §                     COURT-AT-LAW # \_\_\_\_\_

\_\_\_\_\_   §                     TRAVIS COUNTY, TEXAS

DEFERRED PROSECUTION AGREEMENT

The parties to this agreement are the State of Texas, which is represented by the Travis County Attorney or his designated agent, and \_\_\_\_\_ the Defendant, whose date of birth is \_\_\_\_\_.

The Defendant agrees to waive certain rights and to comply with specified terms and conditions. The Defendant also confesses guilt of the offense(s) charged and stipulates to the admissibility of incriminating evidence. In return, the State of Texas agrees to conditionally dismiss the offense(s) charged.

Defendant's waiver of rights

I understand that I have the following rights:

- I have the right to a speedy trial.
- I have the right to a trial by jury.
- I have the right to confront and cross-examine the witnesses against me.
- I have the right to secure the appearance at trial of witnesses in my favor.

\_\_\_\_\_ I knowingly and voluntarily waive these rights.

I have also been advised of and fully understand that

- I have the right to remain silent and not make any statement at all. Any statement I make may be used against me at my trial.
- Any statement I make may be used against me in court.
- I have the right to have a lawyer present to advise me prior to and during any questioning.
- If I am unable to employ a lawyer, I have the right to have a lawyer appointed to advise me prior to and during any questioning.
- I have the right to terminate this interview at any time.

\_\_\_\_\_ I knowingly and voluntarily waive these rights, as well.

\_\_\_\_\_  
Attorney for Defendant

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
State Bar Number

***Defendant's Confession to the Charges***

The State's information alleges that I committed the offense(s) of \_\_\_\_\_  
\_\_\_\_\_ on [date] \_\_\_\_\_, in Travis County,  
Texas. The State's information may be found in the Court Clerk's file, and it is  
incorporated by reference into this agreement as though fully set out.

I am the person named as the defendant in the State's information. I understand  
the allegations against me. I hereby voluntarily confess that they are true.

\_\_\_\_\_  
Attorney for Defendant

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
State Bar Number

***When the Agreement Begins, and How Long it Lasts***

This agreement begins when all of the following have occurred:

- the Defendant has initialed the waivers on pages 1 and 2;
- the Defendant and the Defendant's attorney have signed page 2;
- the Defendant, the Defendant's attorney and the attorney for the State of Texas  
have signed page 7 of the agreement; *and*
- the Court has granted the State's conditional dismissal motion.

This agreement lasts for \_\_\_\_\_, starting the day the Court has  
granted the State's conditional dismissal motion.

***Defendant's Agreement to Specific Terms and Conditions.***

By initialing the line beside each relevant term or condition, the Defendant shows that he or she understands that compliance with this particular term or condition is required. *If the Defendant has already complied with the condition when the parties enter into this agreement, the parties must attach documents showing that compliance.*

The Defendant must timely provide proof of completion of all terms and conditions, by either U.S. postage-prepaid mail, fax transmission, email, or hand-delivery to:

*Street Address*  
Travis County Attorney's Office  
Ned Granger Admin. Bldg.  
314 West 11th, 3rd Floor  
Austin, TX 78701

*Mailing Address*  
Travis County Attorney's Office  
Attn: Deferred Prosecution  
(List cause number from page 1)  
Post Office Box 1748  
Austin, TX 78767-1748

***Best way to communicate is by email:***

**tcaodfpr@co.travis.tx.us** (email)

(512)854-9415 - telephone

(512)854-3377 – fax number

(512)854-4282 – alternative fax number

(List the cause number from page 1)

**Keep a copy, for your own records, of any document(s) sent to the Travis County Attorney's Office. Make sure that the agreement's cause number is on all paperwork. (The cause number is on page 1 of this agreement.)**

Proof is timely provided if it is mailed, fax transmitted, emailed, or hand-delivered within the specified duration of this agreement.

**Mandatory:** While this agreement is in effect, the Defendant shall not commit any other offense(s) above that of a Class C moving traffic violation. For purposes of this agreement, an offense is "committed" if the Travis County Attorney believes that probable cause to arrest the Defendant for that offense develops at any time during or after an arrest.

## Counseling Requirements

- \_\_\_ Obtain a **Domestic Violence Assessment** through the Travis County Counseling & Education Services (TCCES), and **COMPLETE ALL RECOMMENDED COURSES**. TCCES contact number (512) 854-9540.
- \_\_\_ Obtain a **Non-Intimate Partner Violence Assessment** through the Travis County Counseling & Education Services (TCCES), and **COMPLETE ALL RECOMMENDED COURSES**. TCCES contact number (512) 854-9540.
- \_\_\_ Obtain an **Alcohol/Substance Abuse Assessment** through the Travis County Counseling & Education Services (TCCES), and **COMPLETE ALL RECOMMENDED COURSES**. TCCES contact number (512) 854-9540.

### Complete the following course(s):

- |   |                                     |
|---|-------------------------------------|
| ___ Assault (8hrs Misd. I)<br><i>(Only for Non-Intimate Partner violence)</i>               | TCCES contact number (512) 854-9540 |
| ___ Multiple Offender/Felony (20hrs Misd.II)  | TCCES contact number (512) 854-9540 |
| ___ Theft/Shoplifting (8hrs. Misd.I)  | TCCES contact number (512) 854-9540 |
| ___ Austin Stress Clinic Level 1 (8hrs)<br><i>(Only for Non-Intimate Partner violence)</i>  | ASC contact number (512) 326-1717   |
| ___ Austin Stress Clinic Level 2 (20hrs)<br><i>(Only for Non-Intimate Partner violence)</i> | ASC contact number (512) 326-1717   |
| ___ Any Baby Can Parenting Class  | ABC contact number (512) 454-3743   |

#### **NOTES:**

- *A Defendant who resides outside Travis County, Texas must be evaluated in Travis County before doing counseling equivalents in the state or county of residence.*
- *Evaluations MUST be completed within Two (2) months of starting the deferred prosecution agreement.*
- *On-line courses are NOT acceptable.*
- *If the Defendant has already complied with the condition, the parties must attach documents showing that compliance.*

\_\_\_\_ Have no contact through any means with \_\_\_\_\_,  
and do not go within 200 yards of the following location: \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_ Provide proof of a valid Texas driver's license and automotive liability-insurance coverage by the term date of this agreement.

\_\_\_\_ Provide proof of completing a certified Texas Alcohol & Beverage Commission Seller/Server, training course. TABC contact number (512) 451-0231.

\_\_\_\_ Forfeit the weapon. *The ORIGINAL "Forfeiture of Weapon's Agreement" must be attached to this agreement.*

\_\_\_\_ Provide proof of \$\_\_\_\_\_ restitution paid to \_\_\_\_\_.  
Payable only through the Travis County Attorney's Hot Check Division. (A restitution sheet is required.)

\_\_\_\_ Provide proof of the Defendant's pleading to the Class C offense of \_\_\_\_\_,  
and paying a \$\_\_\_\_\_ fine and court costs.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Alcohol Monitoring Requirement

*\*Any indication of the consumption of alcohol is a violation of this agreement.*

\_\_\_\_ Provide proof of installing and maintaining the following alcohol monitoring device(s) for a period of \_\_\_\_\_.

\_\_\_\_ IID    \_\_\_\_ SoberLink    \_\_\_\_ SCRAM    \_\_\_\_ IN-HOM

\* *The ORIGINAL "Alcohol Monitoring Device Agreement" must be attached to this agreement.*

If the Defendant complies with all the specified terms and conditions for the duration of this agreement, the Travis County Attorney agrees not to prosecute the Defendant further for the offense(s).

*Consequences of Defendant's Non-Compliance with or Violation of  
the Agreement's Terms and Conditions*

If the Defendant fails to comply with or violates any of the specified terms and conditions of this agreement, then the Travis County Attorney is no longer subject to the agreement and may refile the charges and prosecute the case to the full extent of the law.

The Defendant hereby agrees to the following if the Travis County Attorney refiles the charges:

- The Defendant agrees to plead guilty or no contest to the refiled charges, as shown by the Defendant's signing the attached plea form.
- The Defendant agrees and stipulates that this agreement, including the written confession of guilt that it contains, is admissible against him or her in court.
- The Defendant agrees and stipulates that affidavits, written statements of witnesses and other documentary evidence--including but not limited to the police offense report--are admissible against the Defendant at trial.
- The Defendant waives any statute-of-limitations objection to the refiled charges.
- The Travis County Attorney's burden of showing the Defendant's non-compliance with this agreement is by a preponderance of the evidence.
- If the parties agree to continue the deferred prosecution agreement after the County Attorney refiles the charges, then the agreement is extended for the same period as the original agreement, without the need to draft and sign a new document. For example, if the initial agreement was to last six months, then the extended agreement will last yet another six months from the date of the second dismissal.

I, the Defendant, have fully discussed this case and the evidence with my attorney. I am satisfied that he or she has properly represented me. **I have received a copy of this Deferred Prosecution Agreement.** I waive any further time to prepare for trial to which my attorney or I may be entitled.

\_\_\_\_\_  
Attorney for Defendant

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
State Bar Number

Date: \_\_\_\_\_

\_\_\_\_\_  
Assistant County Attorney  
Travis County, Texas

\_\_\_\_\_  
State Bar Number

**Defendant's Plea of Guilty or No Contest**

I have consulted with my attorney, who has advised me of the consequences of pleading guilty or no contest. I understand these consequences. I plead guilty/no contest to the offense(s) of \_\_\_\_\_.  
My plea is given freely and voluntarily.

\_\_\_\_\_  
Defendant's signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date



**Alcohol Monitoring Device Agreement  
Travis County Attorney's Office  
Deferred Prosecution Program**



I, \_\_\_\_\_ agree to obtain and maintain the below indicated alcohol monitoring device for a period of \_\_\_\_\_, as part of my agreed upon Deferred Prosecution Agreement Program of the Travis County Attorney's Office.

*\*Any indication of the consumption of alcohol is a violation of this agreement.*

\_\_\_ IID    \_\_\_ SoberLink    \_\_\_ SCRAM    \_\_\_ IN-HOM

- I will notify the Travis County Attorney's Office **within ten(10) working days** from the date of the conditional dismissal, with the name of my chosen vendor, through the communication methods listed on page 3 of the Deferred Prosecution Agreement.
- I will inform my chosen vendor that the Travis County Attorney's Office's is the monitoring agency for my case. Making sure that the monthly monitoring reports are:

Emailed:        TCAODFPR@co.travis.tx.us

or

Fax no.:        (512) 854-3377 Attn: Deferred Prosecution (C-1-CR-\_\_\_\_\_)

- I will direct any questions about my financial burden and device responsibility directly to my chosen vendor.

I understand that **only** the Travis County Attorney's Office will be allowed to give removal authorization for any device being monitored under the Deferred Prosecution Agreement. Judges **do not** have the authorization to remove any device monitored under the Agreement. Any removal of a device other than through the Travis County Attorney's authorization will be considered a violation and subject to the refiling of the original charges for continuing prosecution of the case.

I understand that if I failure to adhere to any of the Deferred Prosecution Agreement's conditions concerning the alcohol monitoring devices, it can result in subsequent time added to the monitoring period, added time to the deferred prosecution agreement, and/or refiling of the original charges and continued prosecution of the case.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Defendant

\_\_\_\_\_  
Date