



**OFFICE OF THE DISTRICT ATTORNEY  
SECOND JUDICIAL DISTRICT  
STATE OF NEW MEXICO**

**RAÚL TORREZ  
DISTRICT ATTORNEY**

**Pre-Prosecution Diversion Program**

**Application Cover Sheet**

As an application to the Pre-Prosecution Diversion Program (PPD), we submit the following original documents, completed and signed in blue or black ink. We understand that an incomplete application will not be considered. If this application is acceptable, Defendant will be scheduled to attend the next PPD orientation meeting. If this application is unacceptable, Defendant may be rejected from PPD and may not apply again.

- \_\_\_\_\_ 1. Application Cover Sheet
- \_\_\_\_\_ 2. Terms and Conditions
- \_\_\_\_\_ 3. Admission Statement
- \_\_\_\_\_ 4.. Release of Information
- \_\_\_\_\_ 5. Social History

This section for DA Office use.

Application Received Date

PPD File #

DA File #

Notes

### **Pre-Prosecution Diversion Program (PPD) Terms & Conditions**

I, the undersigned **Defendant**, submit my application to the Pre-Prosecution Diversion Program (PPD). I understand and agree to all of the following **Terms & Conditions** of PPD. Please review and initial the following conditions.

\_\_\_\_\_ **Voluntary Participation:** My participation in PPD is voluntary.

\_\_\_\_\_ **Defense Attorney Approval:** My attorney has advised me of applicable law and believes it to be in my best interest to apply to PPD.

\_\_\_\_\_ **Prosecution Deferred:** I understand that prosecution will be deferred on the charges against me during the time that I participate in PPD, provided that I agree to and abide by the terms and conditions of PPD. I also understand that prosecution will be resumed if I do not abide by the rules of PPD.

\_\_\_\_\_ **Arrest Record Information Act:** I waive any confidentiality provided by the Arrest Record Information Act to permit scrutiny of records, provided that the publication of the personal information, except for my name, gathered while I participate in PPD, shall not be public record.

\_\_\_\_\_ **Statement of Guilt:** I will give a statement about my participation in the crime(s) with which I am charged, which will be signed and notarized. PPD staff may also request me to provide a written statement of guilt for programmatic purposes. If I am accepted into PPD and then terminated from PPD, this statement may be used as evidence against me in court.

\_\_\_\_\_ **Criminal Record:** I have no prior felony convictions for any crimes of violence. I have no significant criminal record.

\_\_\_\_\_ **Probationary Term:** I agree to participate in PPD for **not less than six (6) months and not more than twenty-four (24) months**. The length of time will be determined by the PPD staff. The time period shall be subject to extension provided that the total time in PPD does not exceed twenty-four months.

\_\_\_\_\_ **Termination from PPD:** I understand that if I am accepted into PPD and then terminated from PPD, the prosecution process shall continue on the charges against me and the court may issue a warrant for my arrest.

\_\_\_\_\_ **Communication:** I agree to promptly reply to any communication from the Office of the District Attorney, PPD Staff, or any other representative of the DAO.

\_\_\_\_\_ **Law Abiding:** I agree to be completely law abiding and agree that I will not violate any municipal, county, state, tribal or federal ordinances or laws.

\_\_\_\_\_ **Driver's License / Identification:** I have or will obtain a valid New Mexico driver's license or photo identification card and carry it with me at all times.

\_\_\_\_\_ **Employment:** I will make diligent efforts to obtain and keep employment. If I am having difficulty finding employment, I will request and cooperate with PPD in any effort they make in finding employment for me. If I lose my job for any reason, I will inform my PPD officer.

\_\_\_\_\_ **Support Dependents:** I will support my dependents and assume the legal obligations of my dependents.

\_\_\_\_\_ **Alcohol / Drugs:** I will not consume alcoholic beverages. I will not unlawfully use, possess, sell or distribute any controlled substance. If required, I will submit to and pay for any alcohol or drug evaluation and recommended counseling or treatment.

\_\_\_\_\_ **Evaluation / Counseling:** I will comply with recommended evaluations, counseling or treatment.

\_\_\_\_\_ **Education:** I will enroll in a GED program if I do not have my high school diploma and am not attending school, provided that such enrollment does not interfere with my employment.

\_\_\_\_\_ **Reporting:** I will report to the PPD staff at the Office of the District Attorney in person twice each month, or as otherwise instructed. Reporting may be required in person, in writing or by telephone.

\_\_\_\_\_ **Monthly PPD Fee:** I will pay a monthly PPD fee between **\$0.00 and \$85.00 per month**. This fee will be waived if I am indigent. This fee may change if my financial circumstances change.

\_\_\_\_\_ **Restitution:** If required, I will pay restitution to the victim(s) for any damages or losses resulting from any criminal act in which I was a principal, accessory or co-conspirator. I will pay the remaining restitution in monthly payments due by the 3 day of the month, unless other arrangements have been approved by PPD staff. The restitution is to be paid to the District Attorney's Office by money order or cashier's check.

\_\_\_\_\_ **Community Service Work:** If mandated by PPD staff, I will complete community service work and provide written documentation of the work done. The number of hours and the deadline dates will be determined by the PPD staff. Additional hours of community service work may be required at the discretion of the PPD staff.

\_\_\_\_\_ **Travel:** I will not leave New Mexico without permission from the PPD staff. I will seek permission prior to any out of state or county travel.

\_\_\_\_\_ **Current Status:** I will immediately report any change in my employment, physical residence, mailing address, telephone, marital status, income, financial status, and any police contact, etc. All notices and correspondence will be sent to me at the last address I provide to the PPD staff.

\_\_\_\_\_ **New Arrests:** I will report any arrest or any contact with a law enforcement agency to the PPD staff immediately. Any arrest while in PPD may be sufficient reason for my termination from PPD and a failure to report an arrest shall be deemed sufficient cause for termination.

\_\_\_\_\_ **Additional Conditions:** I will follow any additional instructions and I will abide by any additional reasonable conditions of the PPD staff.

\_\_\_\_\_ **False Information:** If I provide false information or omit information on any document relating to my application to PPD, that will be sufficient reason for my rejection from PPD. If I provide false information or omit information on any document after being accepted into PPD, that will be sufficient reason for my termination from PPD.

\_\_\_\_\_ **Weapons:** I will not possess or have in my possession any firearm. A firearm is defined as any weapon that will or is designed as any weapon that will or is designed to or may be readily converted to expel a projectile by action of an explosion, including but not limited to, a hand gun, a shot gun, or a rifle.

\_\_\_\_\_ **Violations:** I understand that, if I violate any of these **Terms & Conditions** of PPD, said violation will be sufficient reason for my termination from PPD.

\_\_\_\_\_  
Date      Defendant Printed Name

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date      Attorney for Defendant Printed Name

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

**Pre-Prosecution Program**  
**Admission Statement**

**INSTRUCTIONS FOR STATEMENT**

With the exception of defendants charged with possession of a controlled substance for the first time, this program requires a specific kind of admission to the offense. Even though some form of statement may have been given previously, a statement meeting Pre-Prosecution Diversion requirements is necessary.

The requirements for an admission statement for Pre-Prosecution Diversion are as follows:

1. If more than one crime is involved, then each crime must be set forth separately within the statement.
2. For each crime the statement must include factual admission of each essential element of the crime, including intent to commit the act, and the date, time and place, city and state or country.
3. Keep the statement brief and to the point.
4. Extenuating circumstances and matters in the nature of a defense are inappropriate in a statement because this program does not handle cases in which culpability is not clear.
5. Pre-Prosecution Diversion is a first offender's program. All statements are made with the complete advice and concurrence of the applicant's defense attorney. No coercion, threat, or promise of acceptance is made. Therefore, beginning a statement with such a phrase as, "For the purpose of consideration in the Pre-Prosecution Diversion Program," etc., will not be acceptable.
6. Applicant and attorney shall sign a Waiver of Fifth Amendment Rights.
7. Finally, the statement should be signed and dated by the Applicant and notarized.

EXAMPLE: I, (Defendant name), hereby admit to the following charges:

COUNT 1: SHOPLIFTING (OVER \$500 BUT NOT MORE THAN \$2,500)

That on or about the 1<sup>st</sup> day of January, 2014 in Bernalillo County, New Mexico, the above-named defendant (*altered a label, price tag or marking on/transferred from the container in or on which it was displayed to another container, took possession of and/or concealed merchandise*), (*Describe Merchandise*) belonging to (*Owners Name*), which had a market value over \$500 but not more than \$2,500, with the intent to convert it to defendant's own use without paying for it, contrary to §30-16-20(A), NMSA 1978.

COUNT 2: POSSESSION OF A CONTROLLED SUBSTANCE (FELONY-NARCOTIC DRUG)

That on or about the 1st day of January, 2014, in Bernalillo County, New Mexico, the above-named defendant intentionally had (*Name Substance*), a narcotic drug which is a Schedule I or II controlled substance, in defendant's possession knowing or believing it to be (*Name Substance*) or believing it to be some drug or other substance the possession of which is regulated or prohibited by law, contrary to §30-31-23, NMSA 1978.

\_\_\_\_\_

Notary Public

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission Expires: \_\_\_\_\_

Office of the District Attorney – Second Judicial District, Bernalillo County, New Mexico  
520 Lomas Blvd NW, ABQ, NM, 87102  
Phone: 505-222-1099 Email – [Michelle.Padilla@da2nd.state.nm.us](mailto:Michelle.Padilla@da2nd.state.nm.us)

**Pre-Prosecution Diversion Program**

**Release of Information Authorization**

I, \_\_\_\_\_, give permission to any financial or credit

(print defendant name here)

institution, doctor, medical facility, psychiatric or psychological facility, school, past or present employer, armed forces, law enforcement agency, probation or parole department, insurance agency, social welfare department, alcohol or drug abuse counselor or any other agency or person to release any and all information contained in their files or information personally known by them to any authorized representative of the Second Judicial District Attorney's Office, Bernalillo County, New Mexico.

I acknowledge that this information will be used to investigate and evaluate my background to determine my suitability for acceptance into the District Attorney's Pre-Prosecution Diversion Program (PPD) for first offenders. If I am accepted into the Pre-Prosecution Diversion Program, the information obtained will be used to update my progress while I am in the program.

Photocopies of the original of this release will serve as a substitute for the original. This release will expire three years from the date below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant Printed Name

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Defendant Printed Name

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

Office of the District Attorney – Second Judicial District, Bernalillo County, New Mexico  
520 Lomas Blvd NW, ABQ, NM, 87102  
Phone: 505-222-1099 Email – [Michelle.Padilla@da2nd.state.nm.us](mailto:Michelle.Padilla@da2nd.state.nm.us)

**Pre-Prosecution Diversion Program**

**Social History**

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

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other names you are known by or have used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Driver's License # \_\_\_\_\_

ID card # \_\_\_\_\_ State \_\_\_\_\_

Driver's License or ID Card Expiration Date \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Work number: \_\_\_\_\_

Other numbers you can be reached at: \_\_\_\_\_

E-mail address \_\_\_\_\_

**Address:**

Mailing address \_\_\_\_\_





Do your children have any medical, behavioral, or other issues?

Have your children experienced Adverse Childhood Experiences?

Do your children have medical insurance and a primary care physician?

Does any member of your family have a criminal record? If yes, please give details:

Are any members of your family in jail or prison, or on probation or parole? If yes, please give details:

**Education:**

**Circle:** Less than High School GED/High School Graduate Vocational Training Some College College Graduate

Name of School	City, State	Dates Attended	Degree / Certificate

Do you have any plans for further education or training? If yes, please give details

**Employment History:**

Are you employed now? Name of Employer

Address Telephone

How long have you worked at this job? Rate of pay \$

Job duties

**Military:**

Have you ever served in the U.S. Armed Forces? \_\_\_\_\_ If yes, please give the following details:

Branch \_\_\_\_\_ Entry Date \_\_\_\_\_ Discharge Date & Rank \_\_\_\_\_  
Duties / Training \_\_\_\_\_  
Disabilities / Injuries \_\_\_\_\_

**Health:**

How would you describe your current health: \_\_\_\_\_

Do you currently have any illness, disease or disability? Yes No If yes, please describe your illness, disease or disability: \_\_\_\_\_

Is there any physical or health reason why you are unable to work? Yes No \_\_\_\_\_

Are you currently under a doctor's care? Yes No

Are you taking any medication, to include medical marijuana? Yes No

Have you ever had a serious illness? Yes No

Have you ever been in a serious accident? Yes No

Have you ever had major surgery? Yes No

Have you ever received psychological counseling or psychiatric treatment? Yes No

**Alcohol Use:**

How many alcoholic beverages do you consume in a week? \_\_\_\_\_

Have you ever drunk alcohol in excess? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the criminal charge against you related to the use of alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever received treatment for alcohol use disorder? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and when? \_\_\_\_\_

If no, would you like to receive treatment? \_\_\_\_\_



**Defendant's Comments:**

In addition to what you have provided in your written statement, do you have anything else you would like to say or explain about the current criminal charges against you? Is there anything else you would like PPD to know about your situation and how best PPD can help you? For example, do you have a mental health or substance use disorder for which you like to receive help?

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Have you ever been the victim of a crime? \_\_\_\_\_ If yes, please give details:

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**Miscellaneous Questions:**

1. Restitution: You are required to pay restitution for any damages or losses resulting from your criminal activity. If restitution is required in your case, how will you get the money to pay your restitution?

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2. Activities and Hobbies: What activities or hobbies do you enjoy? \_\_\_\_\_

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3. Questions / Comments: Do you have any questions or comments about the PPD Program?

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I, the undersigned defendant, hereby state that the information herein is true and correct to the best of my knowledge.

I understand that if I provide false information or if I omit information on any document relating to my application to the PPD Program, this will be sufficient reason for my rejection from the PPD Program.

\_\_\_\_\_  
Date      Defendant Printed Name

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date      Attorney for Defendant Printed Name

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

\_\_\_\_\_  
Notary Public

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_, 20 \_\_\_\_.

My Commission Expires: \_\_\_\_\_

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**Pre-Prosecution Diversion Program**

**PPD Contract**

Defendant:

T-4-FR-20 \_\_\_\_ - \_\_\_\_\_

**The Parties Agree as Follows:**

1. Defendant shall comply with the **Terms and Conditions** of the Pre-Prosecution Diversion Program (PPD), which are incorporated herein.
2. Defendant shall pay a monthly PPD fee in the amount of \_\_\_\_\_ (**amount**) for each month that Defendant is in the PPD Program.
3. Defendant shall follow these special conditions:
  - a.
  - b.

_____	_____	_____
Date	Defendant's Printed Name	Defendant Signature
_____	_____	_____
Date	Attorney for Defendant's Printed Name	Attorney for Defendant Signature
_____	_____	_____
Date	Prosecutor's Printed Name	Prosecutor's Signature