

# COLLIN COUNTY DISTRICT ATTORNEY'S BURDEN-TO-BLESSING PRE-TRIAL DIVERSION PROGRAM

## CSCD FORMS

### PERSONAL DATA INFORMATION

Currently on Supervision: ☐ Yes ☐ No Previously on Supervision: ☐ Yes ☐ No Where: \_\_\_\_\_

LAST	FIRST	MIDDLE	SUFFIX (SR, JR, II, III)	
MAILING ADDRESS	APT.	CITY	STATE	ZIP
PHYSICAL ADDRESS (if different)		CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS		
WHO WILL YOU BE LIVING WITH?		NAME OF MINORS IN HOME		
NAME OF ANY VICTIM(S) OR CO-DEFENDANTS IN HOME				

### PERSONAL REFERENCES: (list 3 references one of which that does not reside with you)

1.	NAME	RELATIONSHIP
	ADDRESS	CITY STATE ZIP PHONE
2.	NAME	RELATIONSHIP
	ADDRESS	CITY STATE ZIP PHONE
3.	NAME	RELATIONSHIP
	ADDRESS	CITY STATE ZIP PHONE

### EMPLOYMENT:

☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL ☐ STUDENT/RETIRED/DISABLED ☐ UNEMPLOYED

EMPLOYER	START/END DATE	EMPLOYER PHONE NUMBER
ADDRESS	CITY	STATE ZIP
WAGES	POSITION	SUPERVISOR'S NAME IS YOUR EMPLOYER AWARE? (Y or N)

### PERSONAL INFORMATION:

DATE OF BIRTH: _____ Month Day Year	RACE <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Other: _____	HS DIPLOMA: <input type="checkbox"/> YES <input type="checkbox"/> NO GED: <input type="checkbox"/> YES <input type="checkbox"/> NO
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	HIGHEST GRADE COMPLETED: (Including those with GED)
HAIR:	CITIZENSHIP: <input type="checkbox"/> US <input type="checkbox"/> Mexico <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other: _____	MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
EYES:	PLACE OF BIRTH: _____ CITY STATE COUNTRY	# OF CHILDREN UNDER 18:
HEIGHT:	WEIGHT:	MILITARY STATUS: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Discharged <input type="checkbox"/> None Type of Discharge: _____
		LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____

SOCIAL SECURITY NUMBER:	DL # AND STATE:	DL EXPIRATION DATE:
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### AUTO:

MAKE:	MODEL:	BODY STYLE:	COLOR:
YEAR:	LICENSE PLATE:	STATE:	

### SCARS/MARKS/TATTOOS:

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**ALCOHOL AND DRUG HISTORY:**

Indicate the type and frequency of drug(s) use as it applies to your entire life by placing an "X" in the appropriate space.

	DAILY	WEEKLY	MONTHLY	OCCASIONALLY	AGE 1 <sup>ST</sup> USED	DATE LAST USED	DENIED USE
1. Alcohol/Beer							
	How many drinks—shots or beers—do you have in one sitting?				<input type="checkbox"/> 1-4 drinks	<input type="checkbox"/> 5-8	<input type="checkbox"/> 9 or more
2. Cocaine							
3. Crack							
4. Heroin							
5. Marijuana							
6. Amphet/Methamphetamine							
7. LSD							
8. PCP							
9. Inhalants							
10. Other drugs:							
_____							
_____							

Indicate the type and number of incidents of drug counseling or treatment received:

_____	DWI education	_____	AA/NA, etc.
_____	Individual counseling	_____	Drug education classes
_____	Out-patient group counseling	_____	Residential treatment

**AT THE TIME OF THIS OFFENSE:**

1. Were you under the influence of drugs and/or alcohol? ☐ YES ☐ NO
2. Was this offense committed to buy drugs and/or alcohol? ☐ YES ☐ NO
3. When was the date of your last drug use? \_\_\_\_\_
4. What is your drug of choice? \_\_\_\_\_
5. Do you a history of IV drug use? ☐ YES ☐ NO

**AFFIDAVIT:**

I swear the above answers are true.

Defendant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Defendant's Printed Name: \_\_\_\_\_

**COLLIN COUNTY DISTRICT ATTORNEY'S BURDEN-TO-BLESSING PRE-TRIAL DIVERSION PROGRAM  
CSCD TEXT COMMUNICATION OPT-IN / OPT-OUT**

Collin County CSCD has the ability to send certain reminders and information to the defendant via text messaging (example: appointment reminder). Please indicate whether you would like to opt-in to this service.

Defendant's Name: \_\_\_\_\_ Cause Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

☐ OPT-IN      I agree to allow Collin County CSCD to communicate with me via text messaging.

☐ OPT-OUT      I do not want to receive communication from Collin County CSCD via text messaging.

Defendant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_