

THE MISDEMEANOR INTERVENTION PROGRAM

The Hillsborough County Sheriff's Office in conjunction with the Hillsborough County State Attorney's Office operates an intervention program for misdemeanants who are first time offenders. The disposition of your case through this program would result in the nolle prosequere of the charge(s) against you and the possible opportunity to avoid a criminal record. It appears you may be eligible for this intervention program.

Entry into the program is by written agreement between you and the State Attorney. Upon execution of this agreement, you would be monitored by the program for a period of three to six months and agree to avoid further violations of the law for that period.

If you would like to be considered for this program, complete the attached Application Form and the Request for Consideration and Waiver of Speedy Trial (**which must be notarized**) along with a \$20.00 money order for the application fee and return them to HCSO Misdemeanor Probation Department (MIP) within ten (10) days.

All those accepted into the program will be required to pay a donation of seventy-five dollars (\$75.00) to the Victims Assistance Fund, a fifty dollar (\$50.00) cost of prosecution fee, a seventy dollar (\$70.00) cost of investigation fee and a cost of supervision fee of seventy-five dollars (\$75.00) for the first month and fifty-five dollars (\$55.00) per month thereafter. Additional costs may be imposed including restitution, rehabilitation programs and a community service insurance fee.

The Constitution and Florida Statutes grant to each defendant the right to a speedy trial, in the event of a misdemeanor, within ninety (90) days. The State cannot extend this time period, however, if the defendant voluntarily agrees, this ninety day limit will be waived. In order for the State to have adequate time to consider your application for the Intervention Program, it will be necessary for you to waive the speedy trial time limitation. Without this waiver, there will not be adequate time to consider your possible entry into the program and the State will proceed with the prosecution of your case.

Follow the instructions printed at the top of the attached APPLICATION FORM.

If you meet the requirements of entry into the program and are subsequently accepted, you will be contacted and advised when to report to our office to sign the agreement, pay the required costs, and be advised of any special conditions of the program.

Please note that making application for this program does not excuse you from your court appearance date.

Final approval to this program is determined SOLELY by The State Attorney's Office.

mipinfo 092915

**THE MISDEMEANOR INTERVENTION PROGRAM
HILLSBOROUGH COUNTY, FLORIDA**

APPLICATION FORM

Within 10 days, this application with the Request for Consideration and Waiver of Speedy Trial form and a \$20.00 application fee must be returned to:

HCSO Misdemeanor Probation Department
George Edgecomb Courthouse
800 E Twiggs Street 1st Floor
Tampa, FL 33602

This non refundable application fee must be in the form of a **money order** made payable to:
Clerk of the Circuit Court (MIP)

Making application for this program does not excuse you from your court appearance date.

DATE OF OFFENSE		CASE NO.			
LAST NAME		FIRST		MIDDLE	
ADDRESS					
CITY		STATE		ZIP	
HOME TELEPHONE		WORK PHONE			
DATE OF BIRTH		RACE		SEX	
SOCIAL SECURITY NO.		DRIVER LICENSE NO.			

ANY OTHER TELEPHONE NUMBER OR ADDRESS AT WHICH YOU MAY BE CONTACTED.

OTHER NAME(S) YOU ARE KNOWN BY OR HAVE USED: _____

CHECK ONE BOX: I HAVE NO PRIOR CRIMINAL/TRAFFIC CHARGES.

I HEREBY ATTEST THAT MY FULL AND COMPLETE NATIONAL CRIMINAL/TRAFFIC RECORD INCLUDING ALL PREVIOUSLY EXPUNGED AND/OR SEALED CRIMINAL/TRAFFIC CHARGES IS LISTED BELOW.

<u>Date Charged</u>	<u>Place</u>	<u>Charge</u>	<u>Sentence/Date</u>

PLEASE CONSIDER THIS MY FORMAL APPLICATION TO BE CONSIDERED FOR THE MISDEMEANOR INTERVENTION PROGRAM.

SIGNATURE OF APPLICANT _____

Failure to reveal your complete national criminal history could result in a violation and termination from the program.

**IN THE COUNTY COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, STATE OF FLORIDA
CRIMINAL JUSTICE DIVISION**

STATE OF FLORIDA
VS.

CASE NO. _____

Print Name

DIVISION _____

**REQUEST FOR CONSIDERATION FOR THE MISDEMEANOR
INTERVENTION PROGRAM AND WAIVER OF RIGHT TO SPEEDY TRIAL**

I understand that by requesting consideration for the Misdemeanor Intervention Program I am voluntarily waiving my right to a speedy trial as provided in Florida Rule of Criminal Procedure 3.191; as explained in the information sheet provided. I hereby waive my right to speedy trial.

Signature of Defendant

Date

COMPLETE THE FOLLOWING:

Mailing Address					
City		State		Zip	

Place of Employment					
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Home Phone		Work Phone	
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****THIS FORM MUST BE NOTARIZED OR YOUR APPLICATION WILL NOT BE ACCEPTED.**

****DO NOT WRITE BELOW THIS LINE - FOR NOTARY USE ONLY.**

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____