

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 individuals who are first time Misdemeanor 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 the MIP Agreement you would be monitored by the program for a period of three to five 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 \$20.00 for the application fee (money order ONLY) and send everything to **the Hillsborough County Clerk of the Circuit Court (MIP)** at the address listed on the first page of the Application Form.

Please note that making this application for the Program does not excuse you from any court appearance date(s).

All those accepted into the program, AFTER April 1, 2023, will be required to pay the following one time: a donation of seventy-five dollars (\$75.00) to the Victim Assistance Fund, a fifty-dollar (\$50.00) Cost of Prosecution fee and a seventy-dollar (\$70.00) Cost of Investigation fee. There is a recurring Cost of Supervision fee of seventy (\$70.00) for each month you are in the program. Further costs may be imposed which may include restitution, rehabilitation programs and a community service insurance fee.

If you are approved for entry into the program, you will be contacted and advised what requirements are necessary for you to complete the MIP Program. The written agreement outlining these requirements for completion of the program will be created and you must sign, date, and return this document for the agreement to be finalized.

PLEASE FOLLOW THE INSTRUCTIONS PRINTED AT THE TOP OF THE MIP APPLICATION FORM.

Final approval to this program is determined solely by the State Attorney's Office.

TAMPA
HCSO MISDEMEANOR PROBATION DEPARTMENT
GEORGE EDGECOMB COURTHOUSE
800 E TWIGGS ST 1ST FLR.
TAMPA FL 33602

PLANT CITY
HCSO MISDEMEANOR PROBATION DEPARTMENT
PLANT CITY COURTHOUSE
301 N MICHIGAN AVE
PLANT CITY FL 33563

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:

HILLSBOROUGH COUNTY CLERK OF THE CIRCUIT COURT
GEORGE EDGECOMB COURTHOUSE
800 E TWIGGS ST
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.			
Email					

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.

Date Charged	Place	Charge	Sentence/Date

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				
Home Phone		Work Phone		

****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 this _____ day of _____, 20_____.

Notary Public

My Commission Expires

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____