

**PRETRIAL INTERVENTION AND DIVERSION PROGRAM (PIDP)**

**District Attorney  
Clayton Judicial Circuit**



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**CONSTITUTIONAL RIGHTS**

The purpose of this questionnaire is to demonstrate your understanding of your Constitutional Rights. (The Participant will read and answer the first six questions without assistance from the interviewer.)

- 1) Please print your true name: \_\_\_\_\_
- 2) Please print your birthday: \_\_\_\_\_  
(Month, day and year)
- 3) What is the highest level of education you have completed? \_\_\_\_\_
- 4) What is the name of the last school you attended? \_\_\_\_\_
- 5) Are you presently under the influence of drugs or intoxicants? Yes or No \_\_\_\_\_
- 6) Do you understand the questions you have been asked thus far? Yes or No \_\_\_\_\_

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(The Participant will read and answer the following questions with assistance from the interviewer.)

- 7) Do you want to consult with your attorney at this time?  
Answer YES or NO \_\_\_\_\_
- 8) You have been accused of violating the law. The purpose of our talking with you at this time is to determine whether or not you clearly understand your Constitutional Rights, and for you to decide whether or not you desire to be diverted from the usual criminal justice system and considered for the Diversion Program.

Do you understand the purpose of our talking with you at this time?

Answer YES or NO \_\_\_\_\_

- 9) Do you understand that any decisions you make to enter the Diversion Program is yours alone, and must be made freely and voluntarily by you.

Answer YES or NO \_\_\_\_\_

- 10) Do you understand that you have been accused of a crime by:

\_\_\_\_\_  
Answer YES or NO \_\_\_\_\_

- 11) How old were you at the time this violation is alleged to have occurred?

\_\_\_\_\_

- 12) Do you understand that you are to be presumed innocent of this violation of the law until you plead GUILTY or are found GUILTY in a court of law?

Answer YES or NO \_\_\_\_\_

- 13) Do you understand that you have the right to answer in court any accusations made against you?

Answer YES or NO \_\_\_\_\_

- 14) Do you understand that you have the right to have an attorney represent you and advise you at every step, in any portion of these procedures?

Answer YES or NO \_\_\_\_\_

- 15) Do you understand that by participating in the Diversion Program you surrender some of your Constitutional Rights, regarding any events that occur in connection with the Diversion Program.

Answer YES or NO \_\_\_\_\_

- 16) Do you understand that by making application you are admitting guilt?

Answer YES or NO \_\_\_\_\_

- 17) Do you understand that there was sufficient probable cause to charge you with a crime?

Answer YES or NO \_\_\_\_\_

- 18) Do you understand that you have the right to a trial by jury?

Answer YES or NO \_\_\_\_\_

- 19) Do you understand that you have the right to question witnesses against you and present witnesses and evidence on your own behalf?  
Answer YES or NO \_\_\_\_\_
- 20) Do you understand that you have the right to a public and speedy trial and that by applying for Diversion the trial will be delayed?  
Answer YES or NO \_\_\_\_\_
- 21) Do you understand that successful completion of the Diversion Program will result in the entry of a nolle prosequi to the charges, and the participant may be eligible for an expungement?  
Answer YES or NO \_\_\_\_\_
- 22) Do you understand an investigation of your personal and family background may be conducted by a Diversion Program representative?  
Answer YES or NO \_\_\_\_\_
- 23) Do you now wish the Prosecuting Attorney to consider your application for the Diversion Program and defer or delay further prosecution of your case?  
Answer YES or NO \_\_\_\_\_
- 24) Do you understand that payment of restitution and fees is a component of the Diversion Program and any payments you make are nonrefundable?  
Answer YES or NO \_\_\_\_\_
- 25) Do you fully understand all of the questions you have been asked?  
Answer YES or NO \_\_\_\_\_
- 26) Do you understand any information provided by you during this program, including your admission of guilt, may be used against you should you fail to satisfactorily complete the program.  
Answer YES or NO \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Diversion Representative: \_\_\_\_\_

Participant's Attorney: \_\_\_\_\_

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