



\*REPORT DIRECTLY TO: PROBATION OFFICE- 207 NORTH COMAL- SAN ANTONIO, TX 78207\*

APPLICATION FOR  PROBATION /  DEFERRED ADJUDICATION

CAUSE NUMBER: \_\_\_\_\_

SPANISH SPEAKER

THE STATE OF TEXAS

IN THE COUNTY COURT

VS.

§

AT LAW NO. 11

§

BEXAR COUNTY, TEXAS

TO THE JUDGE OF SAID COURT:

Now comes the Defendant in the above styled and numbered cause, and praying that he be granted probation in said cause, would show the Court:

- (1) That he/she has never before been convicted in this or any other jurisdiction of a felony.
- (2) That he/she has fully executed, and has attached as an exhibit to this application, a "Defendant's Personal Data Sheet." Each statement of which is true and correct and is made a part of this application as fully and to all intents and purposes as though incorporated in this the body thereof.

DEFENDANT

THE STATE OF TEXAS

§

COUNTY OF BEXAR

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared the Defendant in the above styled and numbered cause, who being by me duly sworn, deposes and says on this oath that every averment in the foregoing petition and application for probation, and in the "Defendant's Personal Data Sheet," attached as an exhibit thereto, is true and correct, and that he/she understands and acknowledges that any untrue statement in said application, or in said exhibit, may be grounds for denial or revocation of any probation in said cause.

SID NO: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

DEFENDANT

SUBSCRIBED AND SWORN TO BEFORE ME ON this \_\_\_\_ day \_\_\_\_\_ of A.D. 20 \_\_\_\_.

BEXAR COUNTY DEPUTY CLERK

<input type="checkbox"/> DEFERRED ADJUD <input type="checkbox"/> PROBATION	FINE: _____	RESTITUTION: _____
SENTENCE: _____	CRT COSTS: _____	CAA: _____
PROBATED FOR: _____	SUPERVISORY FEE: _____ <input type="checkbox"/> Evaluate for reduced supervisory fees	ATTY'S NAME: _____

<input type="checkbox"/> DWI Education _____ <input type="checkbox"/> DWI Intervention _____ <input type="checkbox"/> Victim Impact Panel <input type="checkbox"/> Live Version <input type="checkbox"/> TAIP Evaluation _____ <input type="checkbox"/> Alc/Drug Eval <input type="checkbox"/> Aggressive Driving <input type="checkbox"/> Alcohol Awareness <input type="checkbox"/> You Impact	<input type="checkbox"/> Anger Management <input type="checkbox"/> Battering Intervention <input type="checkbox"/> Stress Education <input type="checkbox"/> Parenting Prog <input type="checkbox"/> Life Skills <input type="checkbox"/> Theft Class Lvl 1 <input type="checkbox"/> Theft Class Lvl 2 <input type="checkbox"/> GED/HS Diploma <input type="checkbox"/> Cognitive Behavior Prog. <input type="checkbox"/> Prob. compliance: _____	<input type="checkbox"/> Jail time _____ <input type="checkbox"/> No Contact Business _____ <input type="checkbox"/> No Contact Person _____ <input type="checkbox"/> No HOIC _____ <input type="checkbox"/> Community Service _____ <input type="checkbox"/> Permission to Transfer to _____ <input type="checkbox"/> Permission to Travel _____ <input type="checkbox"/> Zero Tolerance for _____
<input type="checkbox"/> Ignition Interlock _____ <input type="checkbox"/> In Home Device _____ <input type="checkbox"/> SCRAM _____ <input type="checkbox"/> Soberlink _____ <input type="checkbox"/> Portable Alcohol Monitor _____ <input type="checkbox"/> Affidavit of Non-Driving <input type="checkbox"/> DL Suspension _____ <input type="checkbox"/> No Driving _____ <input type="checkbox"/> SR 22/32 _____	<input type="checkbox"/> Antabuse _____ <input type="checkbox"/> Outpatient CSCD <input type="checkbox"/> Outpatient Other _____ <input type="checkbox"/> TX Drug Offender Prog <input type="checkbox"/> AA/NA _____ X per _____ <input type="checkbox"/> UAs _____ X per _____ <input type="checkbox"/> Report weekly for _____	<input type="checkbox"/> Drug Court _____ <input type="checkbox"/> DWI Court _____ <input type="checkbox"/> Veterans Court _____ <input type="checkbox"/> Mental Health Court _____ <input type="checkbox"/> Mentally Impaired Caseload <input type="checkbox"/> MIOF _____ <input type="checkbox"/> SATF _____ <input type="checkbox"/> ISF _____

<input type="checkbox"/> Run cc w/ _____ <input type="checkbox"/> Destroy Weapon <input type="checkbox"/> Take into Consideration <input type="checkbox"/> Financial Assessment <input type="checkbox"/> AFFV
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OTHER: \_\_\_\_\_