**CAUSE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE STATE OF TEXAS § IN THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OF § COURT OF**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ § NAVARRO COUNTY, TX**

**PRETRIAL INTERVENTION PROGRAM PLEA AGREEMENT**

I, THE DEFENDANT IN THIS CASE AGREE TO PARTICIPATE IN THE Navarro County Pretrial Intervention Program (PIP). In exchange for my participation in the PIP, I will plead guilty to the charged offense and comply with all terms of supervision as determined by the Navarro County Community Supervision & Corrections Department (CSCD and the Navarro County District Attorney’s Office (NCDAO). I further understand that if I do not successfully complete the PIP, then proceedings will resume as if I had just plead guilty. This agreement will be used by the State as evidence against me in the prosecution of this case. If I successfully complete the PIP, then the State agrees to dismiss this case. Upon dismissal of this case, I agree to waive my right to seek expunction of this charge for twelve (12) months following the date of the dismissal.

I admit and judicially confess that I am the same person named in the charging instrument, which is attached to this agreement and incorporated by reference for all purposes, and I committed the offense as charged, including any amendments or modifications thereto. I hereby knowingly, intelligently, and freely represent to the Court that I am of competent and sound mind. I admit that sufficient evidence exists to support a finding of guilty. I freely and voluntarily pleas **GUILTY** to the offense specified in this case.

I understand that participation in the PIP is at the sole and independent discretion of the prosecutor for the State. I further understand that if I am terminated from the PIP, my case will be returned to the normal court docket, and the State will resume prosecuting the case against me for my plea of guilty. I understand that if I am terminated from the PIP, there is no appeal of that decision.

Prosecution of this offense shall be deferred for \_\_\_\_\_ Months/ \_\_\_\_\_\_ year(s) from this date \_\_\_\_\_\_\_\_\_\_\_, provided that the defendant abides by the conditions and requirements of the PIP, as set forth in the Navarro County Pretrial Intervention Conditions of Community Supervision for this cause.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEFENDANT

I have explained this Plea Agreement to the defendant. The defendant is competent and completely understands all the requirements and rules of the Navarro County Pretrial Intervention Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney for the Defendant

If the defendant follows the terms of this Plea Agreement and all of the requirements and rules of the Navarro County Pretrial Intervention Program, The State will dismiss this case.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Attorney for the State

**CAUSE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE STATE OF TEXAS § IN THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OF § COURT OF**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ § NAVARRO COUNTY, TX**

**Navarro County Pretrial Intervention Program**

**Condition of Community Supervision**

\_\_\_1. Commit no offense against the laws of the State of Texas, or of any other State, or of the United States

\_\_\_2. Report any arrest to the Community Supervision Officer within 48 hours.

\_\_\_3. Avoid injurious or vicious habits, totally avoiding the use of narcotics, barbiturates, or habit-forming drugs and alcoholic beverages; or purchase the same.

\_\_\_4. Avoid association with persons who have criminal records and those of disreputable or harmful character.

\_\_\_5. Avoid places of disreputable and/or harmful character, such as bars, clubs and any other establishment where the primary source of income is through the sale of alcoholic beverages.

\_\_\_6. Report to the Navarro County Community Supervision Officer immediately and thereafter as he/she shall direct, but at least once each SIXTY days.

\_\_\_7. Permit the Community Supervision Officer to visit at home or elsewhere.

\_\_\_8. Remain within the limits of the supervision county unless granted permission to leave the county by the Community Supervision Officer.

\_\_\_9. Keep the Community Supervision Officer advised of his residence address at all times and obtain his/her permission before changing places of residence.

\_\_\_10. Work faithfully at suitable employment and notify the Community Supervision Officer before quitting or changing jobs.

\_\_\_11. Support his dependents.

\_\_\_12. Pay the costs of this cause in the amount of $0.00 to the Community Supervision and Corrections Department of Navarro County, Texas. Abide by the signed Monthly Payment Plan as directed by the Navarro County Community Supervision and Corrections Department.

\_\_\_13. Pay the sum of $ 60.00 to the Community Supervision and Corrections Department of Navarro County, Texas, each month during said term of supervision, said sum to be used in the administration of Community Supervision as provided by law.

\_\_\_14. Reimburse DPS (PO Box 15999 Austin, Texas 78773-0130) for the crime lab fee of $180.00. This fee shall be paid to the Navarro County Community Supervision and Corrections Department. Abide by the signed Monthly Payment plan as directed by the Community Supervision and Corrections Department.

\_\_\_15. **Make participation/program fee in the amount of $500.00,** to be paid to the Community Supervision and Corrections Department of Navarro County, Texas.

\_\_\_16. At the discretion of the Community Supervision Officer at any time and unannounced and at defendant’s expense, submit a breath, blood, hair and/or an unadulterated and undiluted urine specimen for testing for alcohol, marihuana, and all other controlled substances and dangerous drugs as defined by the Texas Statutes.

\_\_\_17. Complete \_\_\_\_\_ hours of Community Service Restitution **within 180 days of this Order**. Donations to non-profit organizations in lieu of community service will be authorized at the discretion of the Navarro County CSCD.

\_\_\_18. If mandated by law or required by the Community Supervision Officer, attend a DRUG OFFENDER EDUCATION PROGRAM approved by the Navarro County Community Supervision Officer and this Court, and submit a certificate of completion to the Navarro County Community Supervision Officer **within 180 days of this order**.

\_\_\_19. Reimburse the Community Supervision and Corrections Department of Navarro County, Texas, for expenses related to drug testing.

\_\_\_20. Provide a DNA sample as required by State Law to the Community Supervision and Corrections Department of Navarro County, Texas.

\_\_\_21. Pay the DNA Collection Court Cost fee of this cause in the amount of $ 34.00 to the Community Supervision and Corrections Department of Navarro County, Texas and abide by the signed Monthly Payment Plan as directed by the Navarro County Community Supervision and Corrections Department.

\_\_\_22. Reimburse Navarro County for compensation paid to court-appointed counsel for defending the defendant in the case, if counsel was appointed, in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_23. Defendant shall not possess any firearm**.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DATE DEFENDANT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTORNEY FOR DEFENDANT

**CAUSE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE STATE OF TEXAS § IN THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VS § COURT OF**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ § NAVARRO COUNTY, TX**

**WAIVER OF STIPULATION OF EVIDENCE**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(hereafter referred to as “Defendant”), the defendant in this cause, after conferring with and upon the recommendation of my attorney, in open court, agree to waive a trial by jury and agree to and understand the consequences of my plea of guilty. I waive the appearance, confrontation, and cross-examination of witnesses, and consent to the introduction of testimony by affidavits, written statements of witnesses, documentary evidence and written or oral stipulations of the State, myself, and my attorney. I stipulate that such testimony shall have the same force and effect as though the witnesses were present and testifying before the Courts and do stipulate and judicially confess for all purposes that on or about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I did then and there in Navarro County, Texas:

**Commit the offense(s) as alleged in the above referenced cause number and any amendments thereof**.

**Commit the offense(s) alleged in Count(s) \_\_\_\_\_\_ as alleged in the above referenced cause number.**

**Commit the lesser included offense of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**AGAINST THE PEACE AND DIGNITY OF THE STATE OF TEXAS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEFENDANT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the attorney for the Defendant, and I believe that this document was executed by the Defendant knowingly and voluntarily and only after I fully discussed and explained it and its consequences with him/her. I believe that he/she is competent to stand trial. I agree to the prosecutor’s recommendation as to punishment. I waive any further time to prepare for trial to which I or the Defendant may be entitled.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney for the Defendant

The State approves the foregoing Stipulation of Evidence, and offers this document, marked for identification purposes as State’s Exhibit No. 1, as evidence in this cause.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant District Attorney

Thumb print

State’s Exhibit No. 1