



districtattorney
BERNALILLO COUNTY

**BERNALILLO COUNTY DISTRICT
ATTORNEY**

2021



**OFFICE OF THE DISTRICT ATTORNEY
SECOND JUDICIAL DISTRICT
STATE OF NEW MEXICO**

**SAM BREGMAN
DISTRICT ATTORNEY**

Misdemeanor Pre-Prosecution Diversion Program

Application Cover Sheet

As an application to the Misdemeanor Pre-Prosecution Diversion Program (MPPD), we submit the following original documents, completed and signed in blue or black ink. We understand that an incomplete application will not be considered. If this application is acceptable, Defendant will be scheduled to attend the next MPPD orientation meeting. If this application is unacceptable, Defendant may be rejected from MPPD and may not apply again.

- _____ 1. Application Cover Sheet
- _____ 2. Terms and Conditions
- _____ 3. Admission Statement
- _____ 4.. Release of Information
- _____ 5. Social History

This section for DA Office use.

Application Received Date

DA File #

Note

Misdemeanor Pre-Prosecution Diversion Program (MPPD) Terms & Conditions

I, the undersigned **Defendant**, submit my application to the Misdemeanor Pre-Prosecution Diversion Program (MPPD). I understand and agree to all of the following **Terms & Conditions** of MPPD. (Please review and initial the following conditions.)

_____ **Voluntary Participation:** My participation in MPPD is voluntary.

_____ **Prosecution Deferred:** I understand that prosecution will be deferred on the charges against me during the time that I participate in MPPD, provided that I agree to and abide by the terms and conditions of MPPD. I also understand that prosecution will be resumed if I do not abide by the rules of MPPD.

_____ **Arrest Record Information Act:** I waive any confidentiality provided by the Arrest Record Information Act to permit scrutiny of records, provided that the publication of the personal information, except for my name, gathered while I participate in MPPD, shall not be public record.

_____ **Statement of Guilt:** I will give a statement about my participation in the crime(s) with which I am charged, which will be signed and notarized. If I am accepted into MPPD and then terminated from MPPD, this statement may be used as evidence against me in court.

_____ **Criminal Record:** I have no prior convictions for any crimes of violence.

_____ **Probationary Term:** I agree to participate in MPPD for **not less than six (6) months and not more than twelve (12) months**. The length of time will be determined by MPPD staff. The time period shall be subject to extension provided that the total time in MPPD does not exceed twelve months.

_____ **Termination from MPPD:** I understand that if I am accepted into MPPD and then terminated from MPPD, the prosecution process shall continue on the charges against me and the court may issue a warrant for my arrest.

_____ **Communication:** I agree to promptly reply to any communication from the Office of the District Attorney, MPPD Staff, or any other representative of the DAO.

_____ **Law Abiding:** I agree to be completely law abiding and agree that I will not violate any municipal, county, state, tribal or federal ordinances or laws.

_____ **Driver's License / Identification:** I have or will obtain a valid New Mexico driver's license or photo identification card and carry it with me at all times.

_____ **Employment:** I will make diligent efforts to obtain and keep employment, unless I can verify I am disabled or unable to work. If I am having difficulty finding employment, I will request and cooperate with MPPD in any effort they make in finding employment for me. If I lose my job for any reason, I will inform my MPPD officer.

_____ **Support Dependents:** I will support my dependents and assume the legal obligations of my dependents.

_____ **Alcohol / Drugs:** I will not consume alcoholic beverages or use cannabis in any form unless prescribed and verification can be provided. I will not unlawfully use, possess, sell or distribute any controlled substance. If required, I will submit to and pay for any alcohol or drug evaluation and recommended counseling or treatment.

_____ **Evaluation / Counseling:** I will comply with recommended evaluations, counseling or treatment.

_____ **Education:** I will enroll in a GED program if I do not have my high school diploma and am not attending school, provided that such enrollment does not interfere with my employment.

_____ **Reporting:** I will report to MPPD staff at the Office of the District Attorney in person twice each month, or as otherwise instructed. Reporting may be required in person, in writing or by telephone.

_____ **Restitution:** If required, I will pay restitution to the victim(s) for any damages or losses resulting from any criminal act in which I was a principal, accessory or co-conspirator. I will pay the remaining restitution in monthly payments due by the 3rd day of the month, unless other arrangements have been approved by MPPD staff. The restitution is to be paid to the District Attorney's Office by money order or cashier's check.

_____ **Community Service Work:** If mandated by MPPD staff, I will complete community service work and provide written documentation of the work done. The number of hours and the deadline dates will be determined by MPPD staff. Additional hours of community service work may be required at the discretion of MPPD staff.

_____ **Travel:** I will not leave New Mexico without permission from MPPD staff. I will seek permission prior to any out-of-state or -county travel.

_____ **Current Status:** I will immediately report any change in my employment, physical residence, mailing address, telephone, marital status, income, financial status, and any police contact, etc. All notices and correspondence will be sent to me at the last address I provide to MPPD staff.

_____ **New Arrests:** I will report any arrest or any contact with a law enforcement agency to MPPD staff immediately. Any arrest while in MPPD may be sufficient reason for my termination from MPPD and a failure to report an arrest shall be deemed sufficient cause for termination.

_____ **Additional Conditions:** I will follow any additional instructions and I will abide by any additional reasonable conditions of MPPD staff.

_____ **False Information:** If I provide false information or omit information on any document relating to my application to MPPD, or after being accepted into MPPD, that will be sufficient reason for my rejection from MPPD.

_____ **Weapons:** I will not possess or have in my possession any firearm. A firearm is defined as any weapon that will or is designed to or may be readily converted to expel a projectile by action of an explosion, including but not limited to, a hand gun, a shot gun, or a rifle.

_____ **Violations:** I understand that, if I violate any of these **Terms & Conditions** of MPPD, said violation will be sufficient reason for my termination from MPPD.

Defendant Signature

Date

Defendant Printed Name

Attorney for Defendant Signature

Date

Misdemeanor Pre-Prosecution Program

Admission Statement

INSTRUCTIONS FOR STATEMENT

With the exception of defendants charged with possession of a controlled substance for the first time, this program requires a specific kind of admission to the offense. Even though some form of statement may have been given previously, a statement meeting Misdemeanor Pre-Prosecution Diversion requirements is necessary.

The requirements for an admission statement for Misdemeanor Pre-Prosecution Diversion are as follows:

1. If more than one crime is involved, then each crime must be set forth separately within the statement.
2. For each crime the statement must include factual admission of each essential element of the crime, including intent to commit the act, and the date, time and place, city and state or country.
3. Keep the statement brief and to the point. The statement must be legally viable.
4. Finally, the statement should be signed and dated by the Applicant and notarized.

EXAMPLE: I, (Defendant name), hereby admit to the following charge(s):

COUNT 1. Disorderly Conduct

On or about the 1st day of January, 2021, the defendant engaged in violent, abusive, indecent, profane, boisterous, unreasonably loud or otherwise disorderly conduct; or the defendant's conduct tended to disturb the peace, contrary to N.M.S.A §30-20-1(A).

Notary Public

SUBSCRIBED AND SWORN TO before me this

day of ____, 20 ____. My

Commission Expires:

Office of the District Attorney – Second Judicial District, Bernalillo County, New Mexico
520 Lomas Blvd NW, ABQ, NM, 87102
Phone: 505-222-1099 Email – Michelle.Padilla@da2nd.state.nm.us

Misdemeanor Pre-Prosecution Diversion Program

Release of Information Authorization

I, _____, give permission to any financial or credit institution, doctor, medical facility,
(print defendant name here)
psychiatric or psychological facility, school, past or present employer, armed forces, law enforcement agency,
probation or parole department, insurance agency, social welfare department, alcohol or drug abuse counselor
or any other agency or person to release any and all information contained in their files or information
personally known by them to any authorized representative of the Second Judicial District Attorney's Office,
Bernalillo County, New Mexico.

I acknowledge that this information will be used to investigate and evaluate my background to determine my
suitability for acceptance into the District Attorney's Misdemeanor Pre-Prosecution Diversion Program
(MPPD). If I am accepted into the Misdemeanor Pre-Prosecution Diversion Program, the information obtained
will be used to update my progress while I am in the program.

Photocopies of the original of this release will serve as a substitute for the original. This release will
expire two years from the date below.

Printed Name Defendant Signature

Date

Defendant Printed Name

Attorney for Defendant Signature

Date

Office of the District Attorney – Second Judicial District, Bernalillo County, New Mexico
520 Lomas Blvd NW, ABQ, NM, 87102
Phone: 505-222-1099 Email – Michelle.Padilla@da2nd.state.nm.us

Misdemeanor Pre-Prosecution Diversion Program Social History

Date: _____

Name: Last _____ First _____ Middle _____

Other names you are known by or have used _____ Date of Birth _____

Place of Birth _____ Social Security # _____ - _____ - _____

Race _____ Sex _____

Height _____ Weight _____ Hair _____ Eyes _____

Driver's License/ID # _____ State _____ Expiration _____

Home phone number: _____ Cell phone number: _____

Work number: _____ Other numbers you can be reached at: _____

Email address _____

Address:

Mailing address _____, _____, _____, _____
Street or PO Box Number City State Zip Code

Physical address if different than mailing address:

_____, _____, _____, _____
Street or PO Box Number City State Zip Code

Vehicle:

Do you drive a vehicle? _____ Type of vehicle: _____ Year _____ Make _____

Model _____ Color _____ License Plate# _____ State _____

Vehicle Owner _____

If you do not drive or own a vehicle, who provides transportation for you?

Marital Status:

Circle: Single, Married, Divorced, Engaged, Separated, Common Law, Widowed

Please provide information about your partner:

Name _____ Date of Birth _____

Address _____ Phone number _____

Children: Please provide information about all your children. Include natural children, step children, adopted children

Name/relationship	Age	Location of Residence	Employer/School

Education:

Circle one:

Less than High School, GED/High School Graduate, Vocational Training, Some College, College Graduate

School	City/State	Dates Attended	Degree/Certificate

Do you have any plans for further education or training? If yes, please give details:

Employment History:

Are you employed now? _____

Name of Employer _____

Address _____ Telephone _____

How long have you worked at this job _____ Rate of pay \$ _____

Job duties _____

Military:

Have you ever served in the U.S. Armed Forces? _____ If yes, please give the following details:

Branch _____ Entry Date _____ Discharge Date & Rank _____
Duties/Training _____
Disabilities /Injuries _____

Health:

How would you describe your current health: _____

Do you currently have any illness, disease or disability? Yes No If yes, please describe your illness, disease or disability: _____

Is there any physical or health reason why you are unable to work? _____ No _____

Are you currently under a doctor's care? Yes _____ No _____

Are you taking any medication, to include medical marijuana? Yes _____ No _____

Have you ever received psychological counseling or psychiatric treatment? Yes _____ No _____

Alcohol Use:

How many alcoholic beverages do you consume in a week? _____

Have you ever drank alcohol in excess? Yes _____ No _____

Have you ever received treatment for alcohol use disorder? Yes _____ No _____

If yes, where and when? _____

If no, would you like to receive treatment? _____

Drug Use:

Have you ever received treatment for substance use disorder? Yes _____ No _____

If yes, where and when? _____

If no, would you like to receive treatment _____

Current Criminal Charge(s):

Current criminal charge(s) against you: _____

Were you fingerprinted and photographed at the Metropolitan Detention Center? _____

Names of Co-Defendant(s) _____ Do you have any other
criminal offenses pending, to include traffic citations? _____

Prior Criminal Record: List ALL convictions or arrests you have had with any law enforcement agency as an adult and as a juvenile.

	Date	Charges	Law Enforcement Agency

Have You Been a Victim?

Have you ever been the victim of a crime? _____ If yes, please give details: _____

Miscellaneous Questions:

1. Restitution: You are required to pay restitution for any damages or losses resulting from your criminal activity.

2. Activities and Hobbies: What activities or hobbies do you enjoy?

3. Questions / Comments: Do you have any questions or comments about the MPPD Program?

I, the undersigned defendant, hereby state that the information herein is true and correct to the best of my knowledge.

I understand that if I provide false information or if I willfully omit information on any document relating to my application to the MPPD Program, this will be sufficient reason for my rejection from the MPPD Program.

Printed Name Defendant Signature

Date

Defendant Printed Name

Attorney for Defendant Signature

Date

Notary Public

SUBSCRIBED AND SWORN TO before me this

day of ____, 20 ____. My

Commission Expires:

Office of the District Attorney – Second Judicial District, Bernalillo County, New Mexico
520 Lomas Blvd NW, ABQ, NM, 87102
Phone: 505-222-1099 Email – Michelle.Padilla@da2nd.state.nm.us

Pre-Prosecution Diversion Program

MPPD Contract

Defendant:

T-4- ____ -20 ____ - _____

The Parties Agree as Follows:

1. Defendant shall comply with the **Terms and Conditions** of the Misdemeanor Pre-Prosecution Diversion Program (MPPD), which are incorporated herein.

Printed Name Defendant Signature

Date

Defendant Printed Name

Attorney for Defendant Signature

Date

Prosecutor's Signature

Date