



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

**SAM BREGMAN**  
DISTRICT ATTORNEY

**PRE-PROSECUTION DIVERSION PROGRAM**

Any applicant seeking admission into the Pre-Prosecution Diversion Program (PPD) must submit the following original documents, completed and signed in blue or black ink. An incomplete application will not be considered. If this application is acceptable, the applicant will be scheduled to attend the next PPD orientation meeting. If this application is unacceptable, the applicant may be rejected from PPD and may not apply again.

**Terms and Conditions**

I, the undersigned applicant, submit my application to the PPD. I understand and agree to all of the following Terms and Conditions of PPD.

(Please review and initial the following conditions.)

\_\_\_\_\_ **Voluntary Participation.** My participation in PPD is voluntary.

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

\_\_\_\_\_ **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 PPD, 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 PPD and then terminated from PPD, this statement may be used as evidence against me in court.

\_\_\_\_\_ **Criminal Record.** I have no prior felony convictions for any crimes of violence.

\_\_\_\_\_ **Probationary Term.** I agree to participate in PPD for **not less than six (6) months and not more than twenty-four (24) months.** The length of time will be determined by PPD staff. The time period shall be subject to extension provided that the total time in PPD does not exceed twenty-four months.

\_\_\_\_\_ **Termination from PPD.** I understand that if I am accepted into PPD and then terminated from PPD, 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 District Attorney's Office (DAO), PPD Staff, or any other representative of the DAO.

\_\_\_\_\_ **Law-Abiding.** I agree to completely abide by the law 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 consult and cooperate with PPD staff in any effort they make in finding employment for me. If I lose my job for any reason, I will inform my PPD officer.

\_\_\_\_\_ **Support Dependents.** I will support my dependents and assume any legal obligations I have regarding my dependents.

\_\_\_\_\_ **Alcohol / Drugs.** I will not consume alcoholic beverages. 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. I understand that no drugs or alcohol (including cannabis) are permitted in the District Attorney's building when reporting to in-person supervision.

\_\_\_\_\_ **Evaluation / Counseling.** I will comply with recommended evaluations, counseling or treatment.

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

\_\_\_\_\_ **Reporting.** I will report to the PPD staff at the District Attorney's Office in person each month, or as otherwise instructed. Reporting may be required in person, in writing, virtually by telephone or by video conference, and I may be required to report more or less often than once per month.

\_\_\_\_\_ **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 3 day of the month, unless other arrangements have been approved by PPD staff. Restitution is to be paid through the District Attorney's Office by money order or cashier's check.

\_\_\_\_\_ **Community Service.** If required by PPD 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 PPD staff. Additional hours of community service work may be required at the discretion

of PPD staff.

\_\_\_\_\_ **Travel.** I will not leave New Mexico without permission from PPD 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, any police contact, etc. All notices and correspondence will be sent to me at the last address I provide to PPD staff.

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

\_\_\_\_\_ **Additional Conditions.** I will follow and abide by any reasonable additional instructions or conditions imposed by PPD staff.

\_\_\_\_\_ **False Information.** If I provide false information or omit information on any document relating to my application to PPD, my application to PPD will be rejected. If I provide false information or omit information on any document after being accepted into PPD, I will be terminated from PPD.

\_\_\_\_\_ **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 the frame or receiver of any such weapon, such as, but not limited to, a hand gun, a shot gun, or a rifle.

\_\_\_\_\_ **Violations.** I understand that, if I violate any of the **Terms and Conditions** of PPD, said violation will be sufficient reason for my termination from PPD.

\_\_\_\_\_ **Agreement.** I have read and I understand the PPD Terms and Conditions, and I agree to abide by the Terms and Conditions during my participation in the PPD Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name Printed

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Applicant Printed Name

\_\_\_\_\_  
Attorney for Applicant Signature

**Release of Information Authorization**

I, \_\_\_\_\_, give permission to any financial or credit institution,  
(print applicant name here)  
doctor, medical facility, 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 records 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 Pre-Prosecution Diversion Program (PPD) for first offenders. If I am accepted into the PPD 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.

\_\_\_\_\_  
Date                      Applicant Name Printed                      Applicant Signature

\_\_\_\_\_  
Date                      Attorney for Applicant Printed Name                      Attorney for Applicant Signature

## Social History

### Personal Information.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other names you are known by or have used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Driver's License # \_\_\_\_\_

ID card # \_\_\_\_\_ State \_\_\_\_\_

Driver's License or ID Card Expiration Date \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Work number: \_\_\_\_\_

Other numbers where you can be reached: \_\_\_\_\_

E-mail 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? (YES || NO)

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 one) 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	School/Employer

Please indicate if your child(ren) need(s) any kind of assistance: \_\_\_\_\_

\_\_\_\_\_

**Education.** (circle one) Less than High School || GED/High School Graduate || Vocational Training ||  
 Some College || College Graduate

School	City/State	Dates Attended	Degree/Certificate

**Employment History.**

Are you currently employed? (YES || NO)

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? (YES || NO)

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 explain: \_\_\_\_\_  
\_\_\_\_\_

Is there any physical or health reason why you are unable to work? (YES || NO)

If yes, please explain: \_\_\_\_\_

Are you currently under a doctor's care? (YES || NO)

Are you taking any medication, including medical marijuana? (YES || NO)

Are you receiving or have you ever received psychological counseling or psychiatric treatment? (YES || NO)

If yes, where? \_\_\_\_\_

**Alcohol Use.**

How many alcoholic beverages do you consume in a week? \_\_\_\_\_

Have you ever drunk 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? (YES || NO)

**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? (YES || NO)



**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.** Please list **ALL** convictions or arrests you have had with any law enforcement agency as an adult and as a juvenile.

Date	Location	Conviction/Arrest

**Have You Been a Victim?**

Have you ever been the victim of a crime? (YES || NO)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Miscellaneous.**

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 PPD Program?

---

---

---

---

---

**Acknowledgement.**

I, the undersigned applicant, 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 PPD Program, this will be sufficient reason for my rejection from the PPD Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name Printed

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Applicant Printed Name

\_\_\_\_\_  
Attorney for Applicant Signature

\_\_\_\_\_  
Notary Public

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

**Admission Statement**

Even though some form of a statement may have been given previously, a statement meeting PPD requirements is required.

The requirements for an admission statement for PPD are as follows:

1. If the applicant is charged with more than one crime, each crime must be set forth separately within the statement.
2. The statement must include a factual admission of each essential element for each crime charged, including intent to commit the act, and the date, time and place (city, state/country) of occurrence.
3. Keep the statement brief and to the point. The statement must be legally viable.
4. The statement must be signed and dated by the applicant and notarized.

**EXAMPLE:**

I, (Defendant name), hereby admit to the following charges: COUNT 1: SHOPLIFTING (OVER \$500 BUT NOT MORE THAN \$2,500)

That on or about the 1st day of January, 2022, in Bernalillo County, New Mexico, I (*describe actions that constitute shoplifting, such as "concealed merchandise"*), (*Describe the merchandise*) belonging to (*Owner's Name*), which had a market value over \$500 but not more than \$2,500, with the intent to convert it to my own use without paying for it, contrary to §30-16-20(A), NMSA 1978.

\_\_\_\_\_  
Notary Public

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

## PPD Guidelines

### General

- I. **Criminal History.** An applicant may be eligible if currently charged with a non-violent crime that did not involve a firearm. Applicants must have no prior felony convictions for a violent crime.
- II. **Admissions & Waivers.** PPD requires an admission statement setting forth all elements of each crime committed by the applicant and all waivers needed to allow the case to be re-filed without a probable cause proceeding.
  - A. No Admission Required. Under certain circumstances, an admission statement may not be required.
    1. An admission statement is not required for an applicant that is charged with possession of a controlled substance (PCS) and does not have a prior felony conviction.
    2. If the applicant has a prior felony conviction or is charged with offenses in addition to the PCS, the applicant will be required to make admissions for all charges and priors.
    3. If an applicant is also charged with misdemeanors, the applicant will be required to admit to any misdemeanors charged.
    4. If, at or within ten 10 calendar days (not business days) of the status conference prior to the preliminary hearing, an applicant
      - a) accepts a PPD offer,
      - b) turns in the PPD packet, and
      - c) completes the PPD intake,no admission is required.
- III. **Term.** PPD last for a term of 6-24 months, the length of which will be determined by PPD staff.
- IV. **Victim Involvement.** All victims of crimes will be contacted for the purpose of informing them of diversion and for the purpose of acquiring additional information regarding losses and possible restitution. If the case is deemed appropriate, PPD will inquire with the victim regarding the desire for a Restorative Justice circle as a component of PPD.
- V. **Victim Restitution.** Each participant will be required to make restitution to the victim according to their ability to pay. If the case is deemed appropriate, PPD will inquire with the victim regarding the desire for a Restorative Justice circle as a component of PPD.
- VI. **PPD Terms and Conditions.** Each participant is required to agree to the PPD Terms and Conditions.

## **Acceptance into PPD**

- I. Approval from victim(s) is required for the applicant to participate in PPD.
- II. If the applicant is deemed suitable for PPD, the **PPD Terms and Conditions** will be sent to the attorney for the applicant. In addition to the requirements of the **Terms & Conditions**, the applicant will also agree to the amount of restitution due and a payment schedule.
- III. Upon acceptance of a PPD offer, the applicant must immediately schedule an intake appointment with PPD, and must each provide the acknowledgments in this packet to PPD staff. The applicant will then be officially accepted into PPD upon completion of the intake interview. Failure to comply with these requirements will result in the applicant's rejection from PPD.
- IV. Upon acceptance into PPD, the applicant will be notified in writing of the acceptance date. Notice will also be provided to the attorney for the applicant and the district attorney.
- V. If the PPD packet is completed and a PPD Intake has taken place prior to the preliminary hearing, the criminal complaint will be dismissed. In the alternative, if a criminal information or indictment has been filed in District Court, the case should be stayed until the applicant has completed (or is terminated from) PPD.

## **Termination from PPD**

- I. If a participant is deemed unsuitable for PPD, he/she will be rejected from PPD. Notice of rejection will be provided in writing to the participant's attorney and the assistant district attorney. Notice may also be provided to the participant, the law enforcement agency and the victim.
- II. If terminated from PPD, the defendant may not be reinstated and may not apply to PPD again.
- III. The prosecution process shall continue as normal.

## **Application Procedure**

- I. At or within ten 10 calendar days (not business days) of the status conference prior to the preliminary hearing, an applicant must accept a PPD offer by turning in a completed PPD packet and completing the PPD intake.
- II. If the applicant fails to complete the acceptance process within ten (10) calendar days of the status conference, the PPD offer is revoked. Even if the defendant fails to appear at the Preliminary Hearing, the PPD offer will remain revoked.