## First Offender Drug Program

## APPLICATION FOR PARTICIPATION

## FILL THIS FORM OUT WITH YOUR ATTORNEY

ONCE THIS FORM IS COMPLETELY FILLED OUT, **IT MUST BE SUBMITTED WITHIN 90 DAYS OF YOUR CASE BEING FILED**. YOU MAY EITHER:

Email this completed form to: Firstoffenderdrugprogram@tarrantcounty.com

Or fax this form to: 817-850-5801

Defendant's Name:	First	Middle		Last		
HOME ADDRESS:						
		Apt#	City	State	Zip Code	_
Any Previous Aliase	es/Maiden Names:		Date	of Birth:		
Tarrant County Case	e Number(s):	T	arrant Cour	nty CID Nu	ımber:	
Two phone numbers	d: #1:		and	1 #2:		
additional paper. (M	ne space below why you was fake sure you do not state g Program, these statements	e any facts of your	r alleged o	ffense. Ur		
	information is accurate. ipation in the First Offend		his docum	ent with n	ny attorney and I wis	sh to be
Defendant's Signatu	re	At	torney's Si	gnature		