



DENTON COUNTY  
FIRST OFFENDER DRUG PROGRAM

Application Booklet

The Honorable Steve Burgess  
The Honorable Brody Shanklin  
Paul Johnson, Criminal District Attorney

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# FIRST OFFENDER DRUG PROGRAM

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# FIRST OFFENDER DRUG PROGRAM

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## PROGRAM INFORMATION

### Primary Mission and Purpose

To improve the overall quality and efficiency of the criminal courts by diverting low risk/low needs first-time drug offenders to a court-supervised program that will enhance public safety, reduce crime, hold offenders accountable, increase sobriety among drug offenders, reduce costs to our community, and ultimately reduce congestion in the criminal court dockets.

### Primary Program Requirements

In order to be considered for the First Offender Drug Program (FODP) a defendant must be approved by the Criminal District Attorney's Office. The individual in the First Offender Drug Program is a first time offender who would be considered a "self-corrector."

The First Offender Drug Program is designed to be minimalistic, and defendants will receive minimum supervision. Defendants are required to provide the following at entry:

- 1) Proof of Education (HS Diploma or equivalent, transcript or proof of current enrollment in high school, GED program or college); and
- 2) Pay program fees in full.

- There are no progressive sanctions.
- No drugs or consumption of alcohol allowed
- Any violation is cause for immediate removal from the program.
- Termination from First Offender Drug Program means that the defendant's case will proceed to formal sentencing based upon the original plea.
- Completion will result in a dismissal. Defendant will be eligible for an Expunction.

**ANY VIOLATION OF PROGRAM CONDITIONS OR FAILURE TO MEET ALL MINIMUM REQUIREMENTS WILL RESULT IN TERMINATION.**

**Program Cost** (*Program fee covers cost of all testing and classes*)

Felony	\$560.00	180-day program Urinalysis 2 x per month Two (2) hair tests
	\$40.00	Short term education class
	\$180.00	Lab Fee

**LIST OF ELIGIBLE OFFENSES**

**The Following Offenses may be Eligible for FODP:**

- 1 Possession of Controlled Substance, under 1 gram
2. Possession of Controlled Substance, 1-4 grams
3. Drug Free Zone, Controlled Substance under 28 grams, PG 3 and 4
4. Possession 4-400, PG 2

Applicant cannot have been convicted, have current or past community supervision or deferred adjudication, nor currently have any pending case for offenses other than Class C misdemeanors.

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## ENTRY PROCESS

**STEP 1:** A defendant speaks with his/her attorney or the attorney speaks with the client about participating in the First Offender Drug Program.

**STEP 2:** A defendant and his/her attorney fill out the one page application on page 6 and submit to the Denton County District Attorney's Office.

***A COMPLETED APPLICATION MUST BE SUBMITTED WITHIN THIRTY (30) DAYS FROM DEFENSE COUNSEL BEING RETAINED OR APPOINTED  
NO EXCEPTIONS.***

**STEP 3:** The Assistant Criminal District Attorney approves or denies defendant for the First Offender Drug Program and notifies the attorney of record.

**STEP 4:** If approved, the Assistant Criminal District Attorney will have the case set on an agreed plea date.

**STEP 5:** The Assistant Criminal District Attorney will request transfer of the case(s).

**STEP 6:** The defendant will report to the Denton County CSCD between 2:00 p.m. and 4:00 p.m. the day before court to submit a UA and pay the \$600.00 program fee.

**STEP 7:** The defendant will appear in the 158th District Court, enter a plea of guilty and formally commence the First Offender Drug Program.

**STEP 8:** The 158th Court Administrator will set the case for final disposition for 180 days.

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## Program Requirements

### FELONY FIRST OFFENDER DRUG COURT

Defendants are scheduled one (1) appearance in court. The scheduled appearance is for admission to the program.

Defendants will:

1. Report to the Denton County CSCD between 2:00 p.m. & 4:00 p.m. the day before court to submit a UA
  2. Report to court at 12:30 p.m. on the agreed plea date;
  3. Complete plea agreement; and
  4. Complete program's admission paperwork.
- The length of the felony program is 180 days.
  - The cost of the felony program is \$600.00 which includes testing and classes. The \$600.00 is to be paid the day before court.
  - A \$180.00 Lab Fee must be paid within sixty (60) days of the plea.
  - The participant will provide 2 clean Urinalysis each month.
  - The participant will provide 2 clean hair drug tests.
  - The participant will complete a short term education or chemical dependency class.

If the defendant violates any term or condition of the program, a discharge letter is completed by the Denton County CSCD and signed by the presiding judge. Court Administrator will immediately notify the Assistant Criminal District Attorney and Attorney of Record with the setting the date for the punishment hearing.

**TERMINATION FROM THE FIRST OFFENDER DRUG PROGRAM WILL RESULT IN A SENTENCING HEARING WITH PUNISHMENT SET BY THE COURT WITHIN THE FULL RANGE OF PUNISHMENT.**

If the defendant successfully completes the program, the Assistant Criminal District Attorney will present to the Judge a Motion to Dismiss the case. The Judge does not see the defendant for dismissal if he or she successfully completes the program.

# FIRST OFFENDER DRUG PROGRAM

## APPLICATION FOR PARTICIPATION

ONCE THIS FORM IS COMPLETELY FILLED OUT, IT MUST BE SUBMITTED  
WITHIN 30 DAYS FROM THE DATE COUNSEL IS OBTAINED OR APPOINTED  
TO: [rick.daniel@dentoncounty.com](mailto:rick.daniel@dentoncounty.com)

Defendant's Name:

First

Middle

Last

HOME ADDRESS:

Number and Street

Apt#

City

State

Zip Code

Any Previous Aliases/Maiden Names: \_\_\_\_\_

Date of Birth:

Denton County Cause Number(s):

Two phone numbers where you may be reached: #1: \_\_\_\_\_

and #2:

Briefly explain in the space below why you want to participate in the First Offender Drug Program. Do not attach additional paper. **(Make sure you do not state any facts of your alleged offense. Until you are accepted into the First Offender Drug Program, these statements could be used against you.)**

I certify the above information is accurate. I have reviewed this document with my attorney and I wish to be considered for participation in the First Offender Drug Program.

Defendant's Signature

Attorney's Signature

Date Submitted

Attorney's Name and Contact Number

Preferred Language  
English \_\_\_\_\_  
Spanish \_\_\_\_\_