

STATE OF GEORGIA V. \_\_\_\_\_, DEFENDANT

CASE/WARRANT NO. \_\_\_\_\_

**PRETRIAL DIVERSION  
THERAPIST/COUNSELOR CERTIFICATION FORM**

*Instructions for participants: Complete this form and return it to the address below within 30 days of your orientation into the Pretrial Diversion Program.*

I, \_\_\_\_\_, hereby certify that I have enrolled in counseling, therapy, or education as indicated below. I understand that failure to complete this counseling, therapy, or education will result in my termination from the Pretrial Diversion Program. I further understand that knowingly submitting false, fictitious, or fraudulent statements herein may subject me to criminal prosecution under OCGA § 16-10-20.

I have enrolled in (*check all that apply*):

- Anger management counseling.
- Family Violence (Batterers) Intervention Program.
- Drug/alcohol counseling.
- Theft and Shoplifting Offenders Program.

Therapist/Counseling/Education Agency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Date of first scheduled session: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Participant's signature \_\_\_\_\_

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Cobb County District Attorney's Office  
Attention: Pretrial Diversion Program  
70 Haynes St., Marietta, GA 30090

e-mail: [pretrialdiversion@cobbcounty.org](mailto:pretrialdiversion@cobbcounty.org)  
Fax: 770-528-3035