

PRETRIAL INTERVENTION

Program Requirements

TO BE ACCEPTED INTO THE PROGRAM YOU MUST AGREE TO THE FOLLOWING:

- 1. Complete the application entirely. Incomplete applications will NOT be accepted.**
- 2. Furnish any and all information on the matter dealing with the pending charge against you, including any prior charges.**
- 3. Make restitution to compensate the victim for any losses. (If applicable)**
- 4. Pay \$100 (cashiers check or money order only) at the submission of your application. made payable to Pretrial Intervention. This fee is NON-REFUNDABLE**
- 5. Pay the \$250 (cashiers check money order only) participation fee upon being accepted into the program. Made payable to Pretrial Intervention**
- 6. Keep all appointments scheduled by the PTI personnel, this includes any programs or classes that you are required to attend.**
- 7. No criminal activity.**
- 8. Complete all assignments designated by the PTI Director.**
- 9. MUST HAVE A COPY OF YOUR PICTURE ID AND SOCIAL SECURITY CARD**
- 10. OUT OF STATE MUST PAY THE \$350.00 AT TIME OF APPLICATION**

ONCE YOU APPLY FOR P.T.I, IT CAN TAKE 6-8 WEEKS TO RECEIVE YOUR LETTER FOR ORIENTATION. PLEASE DO NOT CONTACT THIS OFFICE UNLESS THE 8 WEEK PERIOD HAS EXPIRED.

FOR FURTHER INFORMATION, CONTACT:

INTERNAL PROGRAMS SOLICITOR'S OFFICE

**Mailing:
Post Office Box 1880
Bluffton, SC 29910**

**(843) 255-5880 (tel)
(843) 255-9441 (fax)**

**Physical:
39 Sheridan Park
Bluffton, SC 29910**

APPLYING FOR P.T.I. DOES NOT GUARANTEE ACCEPTANCE INTO P.T.I.

Please be advised that if you are an out of state applicant you must submit the \$350.00 application and participation fees with your completed application.

PRETRIAL INTERVENTION ASSESSMENT

LAST NAME _____, FIRST _____, MIDDLE _____, SUFFIX _____

SOCIAL SECURITY NUMBER: _____ / _____ / _____

MAILING ADDRESS _____, CITY _____,

STATE _____, ZIP CODE _____

STREET ADDRESS: _____

HOME PHONE #: _____ CELL PHONE # _____ WORK PHONE # _____

MAIDEN NAME OR OTHER NAMES USED: _____ RACE: _____ SEX: _____

DATE OF BIRTH: _____ STATE OF BIRTH: _____ AGE: _____

DRIVERS LICENSE (STATE AND NUMBER): _____

CHECK ONE OF THE FOLLOWING: _____ MARRIED
_____ WIDOWED
_____ DIVORCED
_____ SEPARATED
_____ NEVER MARRIED
_____ LIVING WITH BOYFRIEND/GIRLFRIEND

CHECK ONE OF THE FOLLOWING: _____ FULL TIME STUDENT
_____ PART TIME STUDENT
_____ NON STUDENT
_____ GED

NUMBER OF YEARS COMPLETED IN HIGH SCHOOL _____; NUMBER OF YEARS IN COLLEGE _____

CHECK ONE OF THE FOLLOWING: _____ EMPLOYED FULL TIME
_____ EMPLOYED PART TIME
_____ UNEMPLOYED
_____ DISABLED
_____ RETIRED
_____ DSS

ARE YOU A WARD OF THE STATE (IN DSS CUSTODY)? _____

PERSONAL INCOME: \$ _____ Per Year TOTAL HOUSEHOLD INCOME: \$ _____ Per Year

WHO REFERRED YOU TO PTI? _____

ATTORNEY: _____ DATE OF ARREST: _____

WARRANT/TICKET #(S): _____

CHARGE(S): _____

ARRESTING OFFICER: _____ ARRESTING AGENCY: _____

INDICTMENT NUMBER(S): _____

RATIONALITY

PLEASE DESCRIBE THE INCIDENT WHICH RESULTED IN YOU BEING ARRESTED OR ATTACH A WARRANT AND/OR INCIDENT REPORT: _____

DO YOU FEEL THAT YOU SHOULD HAVE BEEN ACCUSED OF/CHARGED WITH THIS CRIME? _____

IF NOT, EXPLAIN WHY: _____

WAS ANYONE ELSE ARRESTED? IF SO, PLEASE LIST NAMES: _____

WHERE YOU TAKEN TO THE DETENTION CENTER? _____

IF YES, DID YOU POST MONEY TO GET OUT OF JAIL? _____

IF SO, HOW MUCH? \$ _____

FAMILY/SOCIAL

STATE NAME, RELATIONSHIP AND PHONE NUMBER OF SOMEONE TO CONTACT IF YOU CANNOT BE LOCATED: _____

WHO DO YOU LIVE WITH (STATE NAMES AND RELATIONSHIPS)? _____

DO YOU HAVE CHILDREN? _____ IF YES, LIST NAMES AND AGES: _____

EDUCATION

DO YOU HAVE HIGH SCHOOL DIPLOMA OR GED? _____ YEAR: _____

SCHOOL PRESENTLY ATTENDING: _____

STATE FUTURE EDUCATION PLANS: _____

MEDICAL/HEALTH

DO YOU HAVE ANY MEDICAL PROBLEMS? _____

ARE YOU UNDER A DOCTORS CARE? _____

IF SO WHO IS DOCTOR? _____

STATE ANY MEDICATION PRESCRIBED: _____

HAVE YOU EVER BEEN IN ANY TYPE OF COUNSELING? _____

IF SO STATE CIRCUMSTANCES: _____

DO YOU THINK YOU THINK THAT YOU NEED COUNSELING? _____

DO YOUR FRIENDS OR FAMILY THINK THAT YOU NEED COUNSELING? _____

IF SO EXPLAIN: _____

EMPLOYMENT

PRESENT EMPLOYMENT: _____

TITLE: _____

HOW LONG AT THIS POSITION? _____

IF LESS THAN 6 MONTHS STATE PREVIOUS EMPLOYMENT: _____

IF YOU HAVE ANY OTHER SOURCE OF INCOME PLEASE EXPLAIN: _____

YOU ARE HEREBY NOTIFIED THAT A COMPLETE CRIMINAL HISTORY INVESTIGATION WILL BE CONDUCTED

HAVE YOU EVER BEEN ARRESTED OR IN TROUBLE WITH THE LAW BEFORE THE INCIDENT FOR WHICH YOU ARE APPLYING FOR PTI? _____

IF YES WHAT WAS THE CHARGE, YEAR, AND DISPOSITION: _____

HAVE YOU BEEN ARRESTED OR IN TROUBLE WITH THE LAW SINCE THE INCIDENT FOR WHICH YOU ARE APPLYING FOR PTI? _____

IF YES, EXPLAIN: _____

ARE YOU CURRENTLY UNDER INVESTIGATION FOR ANY CRIMINAL ACTIVITY AT THIS TIME? _____

IF YES, EXPLAIN: _____

HAVE YOU EVER APPLIED TO OR PARTICIPATED IN A PRE-TRIAL INTERVENTION PROGRAM? _____

IF YES, WHERE AND WHEN: _____

I CERTIFY THAT ALL INFORMATION GIVEN DURING THIS INTERVIEW IS TRUE AND ACCURATE. I HAVE NO PREVIOUS ARRESTS, CONVICTIONS OR PENDING CHARGES OTHER THAN THOSE LISTED ABOVE. I UNDERSTAND THAT THE PTI OFFICE WILL CONDUCT A COMPLETE CRIMINAL HISTORY BACKGROUND CHECK.

SIGNATURE OF APPLICANT _____ DATE _____