

**14<sup>th</sup> Circuit Solicitor's Office  
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**

**Applying for PTI does not guarantee acceptance into the program.**

**FOR FURTHER INFORMATION, CONTACT:**

**INTERNAL PROGRAMS  
SOLICITOR'S OFFICE**

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

**843-779-8477 (TEL)  
www.scsolicitor14.org**

**Physical:  
102 Ribaut Road  
Beaufort, SC 29902**

**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 \_\_\_\_\_