

STATE OF SOUTH CAROLINA
FOURTEENTH JUDICIAL CIRCUIT

Post Office Box 1880
Bluffton, South Carolina 29910



Telephone: (843) 255-5880
Facsimile: (843) 255-9441

ISAAC MCDUFFIE STONE, III
SOLICITOR

The Fourteenth Circuit Solicitor's Office is now offering the Traffic Education Program in lieu of points against your driving record. Please read instructions below to insure your successful completion of the program.

- **Attached are an application, a contract, and a community service verification form.**
- **You can register for Alive at 25 at www.scaliveat25.org or by calling 1(800)733-6185. The online class is available at: www.ptihomestudy.com under "Go To Traffic School". You are responsible for providing proof of completion for this course.**
- **You may complete the community service with any non-profit organization.**
- **The referring court will be notified and your ticket dismissed upon receipt of the completed packet.**

Important: You must return the following within 45 days after your referral date to successfully complete the program:

- **\$280.00 fee money order only**
- **completed application**
- **signed contract**
- **court referral**
- **certificate of completion for defensive driving**
- **verification of completed community service**

Failure to complete the program requirements and return the forms and verifications along with the fee of \$280.00 within 45 days will result in your case being returned to court for prosecution.

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TRAFFIC EDUCATION PROGRAM PARTICIPATION CONTRACT

Eligibility

I understand that I must request a referral for TEP from the Court of Jurisdiction.

Fees

I understand that a non-refundable fee of \$280.00 must be paid to cover the cost of the program.

Driving Education Course

I must attend a four-hour driving education course provided by the National Safety Council and **must provide the Traffic Education Program verification of completion.** This class is also available online at www.PTIhomestudy.com. Select "Go To Traffic School" and complete the course. You must provide this office with a copy of the certificate.

Community Service

I understand that I must complete (4) hours of community service for a non-profit organization and that **I must provide verification to the Traffic Education Program.** The hours must be documented on the provided form.

Termination from Program

I understand that if I receive another traffic violation, or fail to complete the community service hours and the driving education course by the deadline, I will be referred back to the court.

Completion

I understand that upon successful completion of the Traffic Education Program, the court will be notified to dismiss the appropriate charge(s).

I hereby consent and allow the Traffic Education Program to discuss my participation with the National Safety Council and the community service agency.

Signature

Date

I further understand and agree that the Solicitor's Office has the sole authority to determine whether or not the rules and regulations of the Traffic Education Program have been violated, and that decision for completion rest solely with the Solicitor or his designee.

I hereby voluntarily consent to participate in the Traffic Education Program and enter into this contract freely and voluntarily, without duress, this _____ day of _____, 20_____, in the county of _____, State of _____.

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COMMUNITY SERVICE TIME SHEET

CLIENT: _____

The above named client has been referred to the Traffic Education Program. This diversion program is governed by the Solicitor/State Prosecutor and allows certain traffic tickets to be dismissed upon successful completion. One component for completion is that each client is required to perform four (4) hours of community service for a **non-profit agency**. Clients are encouraged to be on time, courteous and appropriately dressed.

Upon completion of community service, please have your work site supervisor provide their contact information and confirm your completion. Documentation must be received in this office within forty-five (45) days from your referral date.

Agency Name: _____ Phone Number: _____

Address: _____

Contact Person: _____ Title: _____

Date	Time In	Time Out	Hours	Supervisor

*NOTICE: providing false information on this sheet may constitute a separate criminal offense, including forgery. All individuals involved may be prosecuted.