

STATE OF SOUTH CAROLINA
FOURTEENTH JUDICIAL CIRCUIT

Post Office Box 1880
Bluffton, South Carolina 29910
Shannon Horton – Diversion Officer
internalprograms@scsolicitor14.org



Telephone: (843) 779-8893
Facsimile: (843) 705-7479

ISAAC MCDUFFIE STONE, III
SOLICITOR

TRAFFIC EDUCATION PROGRAM APPLICATION
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 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 available by calling or texting [Steve Sweeney at \(803\)242-0778](tel:8032420778) and scheduling an appointment. You must provide this office with a copy of the certificate.

Community Service

I understand that I must complete (4) four 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 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 _____.

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

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FULL NAME: _____
LAST FIRST MIDDLE

MAILING ADDRESS: _____
STREET OR PO BOX

_____, EMAIL: _____
CITY STATE ZIP CODE

SOCIAL SECURITY#: ____ / ____ / ____ SEX: _____ RACE: _____ ATTORNEY: _____

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

HOME PHONE: _____ CELL PHONE: _____ ALTERNATE: _____

DRIVER'S LICENSE NO: _____ STATE ISSUED: _____

FOR STATISTICAL PURPOSES ONLY: Circle answers that apply to you:

MARITAL	EDUCATION	EMPLOYMENT	PERSONAL INCOME	HOUSEHOLD INCOME
MARRIED	FULL-TIME STUDENT	FULL-TIME	\$0 TO \$5,000	\$0 TO \$5,000
WIDOWED	PART-TIME STUDENT	PART-TIME	\$5,000 TO \$10,000	\$5,000 TO \$10,000
DIVORCED	NOT IN SCHOOL	UNEMPLOYMENT	\$10,000 TO \$20,000	\$10,000 TO \$20,000
SEPARATED	COMPLETED GED	DISABLED	\$20,000 TO \$30,000	\$20,000 TO \$30,000
NEVER MARRIED	# YEARS COMPLETED	RETIRED	\$30,00 TO \$40,000	\$30,00 TO \$40,000
COHABITATION	_____	DSS	\$40,000 TO \$50,000	\$40,000 TO \$50,000
			\$50,000 AND ABOVE	\$50,000 AND ABOVE

LIST TICKET(S) REFERRED TO THE TEP PROGRAM:

TICKET	OFFENSE	DATE	REFERRING COURT
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I DO HEREBY CERTIFY THAT ALL INFORMATION GIVEN ON THIS DOCUMENT IS TRUE AND ACCURATE.

SIGNATURE: _____ DATE: _____

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