

STATE OF SOUTH CAROLINA  
FOURTEENTH JUDICIAL CIRCUIT

Post Office Box 1880  
Bluffton, South Carolina 29910



Telephone: (843) 779-8893  
Email: [InternalPrograms@scsolicitor14.org](mailto:InternalPrograms@scsolicitor14.org)

ISAAC MCDUFFIE STONE, III  
SOLICITOR

TRAFFIC EDUCATION PROGRAM APPLICATION

**COMMERCIAL DRIVER'S LICENSES DO NOT QUALIFY**

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

1. **Pay \$280 TEP fee** online at [www.scsolicitor14.org](http://www.scsolicitor14.org).
2. Fill out and sign the enclosed **TEP application and TEP contract**.
3. **Contact Steve Sweeny at 803-242-0778** to register for the online TEP class. Pay online class fee of \$25 to Steve Sweeny. Once you have completed the online class, you will be provided with a Certificate.
4. **Community Service Hours** are to be completed with a non-profit organization (animal shelter, thrift store, etc.).
5. When you have completed the above requirements, **EMAIL all required paperwork** below to [www.InternalPrograms@scsolicitor14.org](mailto:www.InternalPrograms@scsolicitor14.org):
  - Copy of your driver's license
  - Court referral
  - Signed TEP application
  - Signed TEP contract
  - Receipt of TEP payment
  - TEP online course certificate
  - Completed and Signed Community Service Hours form

Once all requirements are completed and received by the Solicitor's office, the referring court will be notified of your completion of Traffic Education Program and your ticket will be dismissed. A copy of the dismissal will be Emailed to you.

**\*Failure to complete the requirements within 45 days of your Court Referral date will result in Termination of TEP and your case being returned to court for prosecution.**

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

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Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street or PO Box

Social Security No.: \_\_\_\_\_  
City / State Zip Code  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / / State of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State Issued: \_\_\_\_\_

For Statistical Purposes only: Please circle answers that apply to you.

| <u>Marital Status</u> | <u>Education</u> | <u>Employment</u>                                  | <u>Personal Income</u> | <u>Household Income</u> |
|-----------------------|------------------|--|------------------------|-------------------------|
| M/W/D/S               | HS/GED/College   | Full/Part time/<br>Retired/Disabled/<br>Unemployed | \$ _____               | \$ _____                |

List Ticket(s) referred to the Traffic Education Program:

| <u>Ticket No.</u> | <u>Offense</u> | <u>Date</u> | <u>Referring Court Name</u> |
|-------------------|----------------|-------------|-----------------------------|
| _____             | _____          | _____       | _____                       |

I hereby consent and allow the Traffic Education Program to discuss my participation with the National Safety Council and the Community Service agency. 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 the decision for completion rest solely with the Solicitor or his designee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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