

PRETRIAL INTERVENTION PROGRAM (PTI) APPLICATION

APPLICANT INFORMATION

FULL NAME: FIRST MIDDLE LAST SUFFIX (JR., III, ETC.)

NICKNAME/ALIAS: MAIDEN NAME:

MAILING ADDRESS:

PHYSICAL ADDRESS:

Table with 2 columns: Mailing Address and Physical Address. Rows include Street/P.O. Box, APT./LOT #, City, State, and ZIP. Includes checkbox for 'CHECK IF SAME AS MAILING ADDRESS'.

SOCIAL SECURITY #: HOME PHONE: () - CELL PHONE: () -

RACE: GENDER: [] MALE [] FEMALE DATE OF BIRTH: / / BIRTH STATE/COUNTRY:

AGE: DL#: DL STATE: DO YOU HAVE A CDL LICENSE? [] YES [] NO

DO YOU HAVE TRANSPORTATION? [] YES [] NO

TRANSPORTATION: [] CAR [] FAMILY/FRIEND [] BUS [] TAXI/RIDESHARE [] OTHER:

TRANSFER REQUEST: I AM REQUESTING MY PTI PARTICIPATION TO BE TRANSFERRED TO ANOTHER COUNTY.

COUNTY TO BE TRANSFERRED TO:

ATTORNEY/BOND/JAIL INFORMATION

ATTORNEY INFORMATION:

BOND INFORMATION:

Table with 2 columns: Attorney Information and Bond Information. Rows include checkboxes for attorney/bond types, Name, Bonding Company Name, Street/P.O. Box, City/State/ZIP, and Phone Number.

JAIL INFORMATION:

Table with 2 columns: Jail Information. Row includes 'WERE YOU TAKEN TO JAIL?' and 'IF YES, WHERE WERE YOU DETAINED:'.

E-MAIL COMMUNICATION

COMPUTER ACCESS? YES NO INTERNET ACCESS? YES NO

BY PROVIDING MY EMAIL BELOW, I AUTHORIZE AND CONSENT TO COMMUNICATE BY EMAIL. IN AUTHORIZING EMAIL COMMUNICATION, I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY PTI STAFF OF ANY CHANGES TO MY EMAIL ADDRESS. I ACCEPT THE LIABILITY AND RISKS ASSOCIATED WITH THE USE OF EMAIL AND UNDERSTAND PTI CANNOT ACCEPT RESPONSIBILITY FOR ANY EMAIL MESSAGES NOT RECEIVED BY OR FROM YOU, OR FOR ANY DELAY IN THE RECEIPT OR DELIVERY OF ANY EMAIL NOTIFICATIONS. PTI IS NOT RESPONSIBLE FOR LOSS OF MESSAGES AND OTHER CONSEQUENCES FROM THE USE OF ELECTRONIC COMMUNICATION.

E-MAIL ADDRESS: _____

BACKGROUND INFORMATION

PLEASE CHECK ALL THAT APPLY:

MARITAL STATUS:	STUDENT STATUS:	EMPLOYMENT:	PERSONAL INCOME:	HOUSEHOLD INCOME:
<input type="checkbox"/> MARRIED	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> \$0 To \$4,999	<input type="checkbox"/> \$0 To \$4,999
<input type="checkbox"/> WIDOWED	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> \$5,000 To \$9,999	<input type="checkbox"/> \$5,000 To \$9,999
<input type="checkbox"/> DIVORCED	<input type="checkbox"/> NOT ATTENDING	<input type="checkbox"/> UNEMPLOYED	<input type="checkbox"/> \$10,000 To \$19,999	<input type="checkbox"/> \$10,000 To \$19,999
<input type="checkbox"/> SEPARATED	<input type="checkbox"/> COMPLETED GED	<input type="checkbox"/> DISABLED	<input type="checkbox"/> \$20,000 To \$29,999	<input type="checkbox"/> \$20,000 To \$29,999
<input type="checkbox"/> NEVER MARRIED	<input type="checkbox"/> HIGH SCHOOL DIPLOMA	<input type="checkbox"/> RETIRED	<input type="checkbox"/> \$30,000 To \$39,999	<input type="checkbox"/> \$30,000 To \$39,999
<input type="checkbox"/> COHABITATING	<input type="checkbox"/> ASSOCIATE'S DEGREE	<input type="checkbox"/> DSS	<input type="checkbox"/> \$40,000 To \$49,999	<input type="checkbox"/> \$40,000 To \$49,999
	<input type="checkbox"/> BACHELOR'S OR HIGHER	<input type="checkbox"/> MILITARY VETERAN	<input type="checkbox"/> \$50,000 Plus	<input type="checkbox"/> \$50,000 Plus

DO YOU RECEIVE ANY OF THE FOLLOWING BENEFITS?

SOCIAL SECURITY UNEMPLOYMENT DSS ASSISTANCE VETERAN OTHER

IF OTHER, WHAT? _____ TOTAL AMOUNT OF BENEFITS RECEIVED: \$ _____ PER MONTH

DO YOU HAVE CHILDREN? YES NO IF YES, HOW MANY? _____

DO YOU HAVE AN OPEN CASE WITH DSS? YES NO IF YES, CASEWORKER'S NAME: _____

SCHOOL/ EMPLOYMENT/MILITARY INFORMATION

SCHOOL INFORMATION:

EMPLOYMENT INFORMATION:

NAME:	NAME:
STREET:	STREET:
CITY: STATE: ZIP:	CITY: STATE: ZIP:
CURRENT GRADE: _____	PHONE NUMBER: (____) ____-_____
LAST GRADE COMPLETED: _____	START DATE: ____/____/____
ARE YOU PARTICIPATING IN ANY OF THE FOLLOWING? <input type="checkbox"/> JOB CORP <input type="checkbox"/> GOODWILL TRAINING PROGRAM	TITLE/POSITION:
<input type="checkbox"/> VOC. REHAB <input type="checkbox"/> OTHER _____	NUMBER OF HOURS WORKED PER WEEK: _____ CURRENTLY SEEKING EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

MILITARY INFORMATION:

BRANCH:	START DATE: ____/____/____	END DATE: ____/____/____
TYPE OF DISCHARGE:	SPECIAL TRAINING:	

PTI CHARGE INFORMATION

THIS INFORMATION IS NOT AN ADMISSION OF GUILT NOR IS IT ADMISSIBLE IN COURT FOR PROSECUTION OF THE CHARGE(S) PENDING AGAINST YOU.

PROVIDE THE TICKET/WARRANT#(S) AND CHARGE INFORMATION FOR THE CHARGE(S) YOU ARE APPLYING TO PTI ON:

TICKET/WARRANT/INDICTMENT#(S) & CHARGE(S):

WAS ANYONE ARRESTED/CHARGED WITH YOU (CO-DEFENDANT)? YES NO

CO-DEFENDANT NAME:	STATUS OF CASE: <input type="checkbox"/> PENDING <input type="checkbox"/> PTI <input type="checkbox"/> DISMISSED <input type="checkbox"/> CONVICTED <input type="checkbox"/> UNKNOWN
CO-DEFENDANT NAME:	STATUS OF CASE: <input type="checkbox"/> PENDING <input type="checkbox"/> PTI <input type="checkbox"/> DISMISSED <input type="checkbox"/> CONVICTED <input type="checkbox"/> UNKNOWN

WHY SHOULD YOU BE GIVEN THE OPPORTUNITY TO PARTICIPATE IN PTI?:

SINCE YOUR PTI CHARGE/ARREST HAVE YOU RECEIVED COUNSELING? YES NO

COUNSELOR/AGENCY: _____ HOW OFTEN DO YOU ATTEND? _____

START DATE: ____ / ____ / ____ LAST APPOINTMENT: ____ / ____ / ____

CRIMINAL HISTORY INFORMATION

FALSE INFORMATION IN THIS SECTION WILL RESULT IN REJECTION OF YOUR APPLICATION OR TERMINATION FROM THE PROGRAM. THE APPLICATION FEE IS NON-REFUNDABLE.

LIST ALL PRIOR CHARGES AND/OR ARRESTS IN ANY STATE AND THE DISPOSITION OF THE CHARGE.

DATE:	STATE:	CHARGE(S):	DISPOSITION (DISMISSED, PENDING, FINE, JAIL, PRISON, PROBATION):

i. HAVE YOU BEEN CHARGED WITH ANY CRIME **SINCE** THE INCIDENT FOR WHICH YOU ARE APPLYING FOR PTI?

YES NO

ii. ARE YOU **CURRENTLY** UNDER INVESTIGATION REGARDING ANY CRIMES?

YES NO

iii. HAVE YOU EVER **APPLIED** AND/OR **PARTICIPATED** IN A PRETRIAL INTERVENTION PROGRAM (PTI)?

YES NO

iv. ARE YOU NOW OR HAVE YOU EVER BEEN ON PROBATION?

YES NO

v. HAVE YOU EVER SERVED TIME IN PRISON?

YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE CONTACT THE PTI OFFICE TO DISCUSS YOUR ELIGIBILITY FOR THE PROGRAM.

CONTACT INFORMATION

I AUTHORIZE AND HEREBY CONSENT TO THE COMMUNICATION BETWEEN THE PRETRIAL INTERVENTION PROGRAM AND MY CONTACT PERSON(S) LISTED BELOW. THE COMMUNICATION MAY INCLUDE, BUT IS NOT LIMITED TO MY APPLICATION, PARTICIPATION IN THE PROGRAM, PROGRESS, AND DRUG TEST RESULTS.

PRIMARY CONTACT INFORMATION:

FULL NAME: _____
FIRST MIDDLE LAST SUFFIX

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: (____) ____ - ____ CELL PHONE: (____) ____ - ____ RELATIONSHIP TO YOU: _____

SECONDARY CONTACT INFORMATION (OPTIONAL):

FULL NAME: _____
FIRST MIDDLE LAST SUFFIX

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: (____) ____ - ____ CELL PHONE: (____) ____ - ____ RELATIONSHIP TO YOU: _____

CHANGE OF ADDRESS/TELEPHONE NUMBER

(INITIAL) IF I CHANGE MY ADDRESS OR TELEPHONE NUMBER, I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY PRETRIAL INTERVENTION (PTI), THE COURT HANDLING MY PENDING CHARGE, AND THE BONDING COMPANY.

(INITIAL) I UNDERSTAND THAT ONLY THE COURT CAN GRANT PERMISSION FOR ME TO LEAVE THE STATE WHILE I HAVE A PENDING CHARGE(S). I UNDERSTAND THAT I MUST CONTACT THE COURT, MY ATTORNEY, OR BONDING COMPANY FOR PERMISSION TO LEAVE THE STATE.

STATEMENT OF TRUTH AND RESPONSIBILITY

TO THE BEST OF MY KNOWLEDGE, I CERTIFY THAT ALL THE INFORMATION GIVEN ON THIS DOCUMENT IS TRUE AND ACCURATE. I HAVE NO PREVIOUS ARRESTS, CONVICTIONS, OR PENDING CHARGES THAT I HAVE NOT REVEALED IN FULL. I UNDERSTAND THAT ANY FALSE OR UNDISCLOSED INFORMATION MAY BE GROUNDS FOR MY REJECTION OR TERMINATION FROM THE PROGRAM. I UNDERSTAND THAT PTI WILL CONDUCT A CRIMINAL HISTORY INVESTIGATION. FURTHERMORE, I UNDERSTAND THAT FEES PAID TO THE PTI PROGRAM ARE NON-REFUNDABLE.

DEFENDANT SIGNATURE: _____ DATE: _____

PRINTED OR TYPED NAME OF DEFENDANT: _____ DATE: _____