

STATE OF SOUTH CAROLINA
FOURTEENTH JUDICIAL CIRCUIT

Post Office Box 1880
Bluffton, South Carolina 29910



Telephone: (843) 779-8893
Email: 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.
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 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/ Retired/Disabled/ 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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COMMUNITY SERVICE HOURS

Warning: *Forgery of this document is a criminal offense punishable by a fine or imprisonment of not more than three years.*

Defendant: _____ Assignment: **HRS** Deadline: _____

Agency: _____ Worksite Supervisor: _____

Agency Phone: _____ Agency E-mail: _____

Agency Address: _____
Street City/State Zip

Date	Hours Worked	Supervisor's Signature		Date	Hours Worked	Supervisor's Signature

TOTAL HOURS: _____ **Supervisor's Signature:** _____

WORK PERFORMANCE: Excellent Good Poor Terminated

COMMENTS: _____

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