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PRETRIAL INTERVENTION PROGRAM (PTI)
ASSESSMENT QUESTIONNAIRE

IDENTIFICATION INFORMATION

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

SOCIAL SECURITY NUMBER: _____ - _____ - _____ AGE: _____

HAS YOUR ADDRESS AND/OR PHONE NUMBER CHANGED? ☐ YES ☐ NO IF YES, PROVIDE NEW INFORMATION:

ADDRESS: _____
STREET/P.O. BOX _____ APT./LOT# _____ CITY _____ STATE _____ ZIP _____
HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

HAS YOUR SCHOOL AND/OR EMPLOYMENT CHANGED? ☐ YES ☐ NO IF YES, PROVIDE NEW INFORMATION:

☐ SCHOOL ☐ EMPLOYER: _____
ADDRESS: _____
START DATE: ____ / ____ / ____ # OF HOURS WORKED/WEEK: ____ WORK PHONE: (____) _____ - ____

PTI CHARGE INFORMATION

STATE YOUR PTI CHARGE(S):

WERE YOU UNDER THE INFLUENCE OF ALCOHOL/DRUGS AT THE TIME OF THE INCIDENT? ☐ YES ☐ NO IF YES, EXPLAIN:

DRUG USE

DRUG TYPE:	YES / NO:	HOW OFTEN:	LAST USE:
MARIJUANA	☐ YES ☐ NO	☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ TRIED	
ALCOHOL	☐ YES ☐ NO	☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ TRIED	
AMPHETAMINES	☐ YES ☐ NO	☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ TRIED	
METHAMPHETAMINES	☐ YES ☐ NO	☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ TRIED	
OPIATES/HEROIN	☐ YES ☐ NO	☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ TRIED	
COCAINE	☐ YES ☐ NO	☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ TRIED	
*PRESCRIPTION DRUGS	☐ YES ☐ NO	☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ TRIED	
INHALANTS	☐ YES ☐ NO	☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ TRIED	
HALLUCINOGENS/LSD	☐ YES ☐ NO	☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ TRIED	
OTHER _____	☐ YES ☐ NO	☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ TRIED	

***PRESCRIPTION DRUGS FOR WHICH YOU DO NOT HAVE A PRESCRIPTION.**

STATE YOUR DRUG(S) OF CHOICE: _____

DO YOU THINK YOU HAVE A PROBLEM WITH ALCOHOL AND/OR DRUGS? ☐ YES ☐ NO IF YES, EXPLAIN:

FAMILY/PERSONAL HISTORY

DESCRIBE YOUR RELATIONSHIP WITH YOUR SPOUSE OR GIRLFRIEND/BOYFRIEND:

☐ GOOD ☐ OKAY ☐ AWFUL

DESCRIBE YOUR RELATIONSHIP WITH YOUR PARENTS:

☐ GOOD ☐ OKAY ☐ AWFUL

LIST ANY PROBLEMS WITH CHILDREN/CHILD ACCESS/OR CUSTODY ISSUES SUCH AS DSS/FAMILY COURT/CHILD SUPPORT:

MEDICAL/BEHAVIORAL INFORMATION

DO YOU HAVE ANY MEDICAL PROBLEMS/CONDITIONS THAT MAY IMPACT YOUR PARTICIPATION?

☐ YES ☐ NO

IF YES, LIST MEDICAL CONDITIONS (INCLUDING PREGNANCY) AND INCLUDE ALL MEDICATIONS AND DOCTOR'S NAMES:

COUNSELING HISTORY

HAVE YOU EVER BEEN IN ANY TYPE OF COUNSELING? ☐ YES ☐ NO

ARE YOU CURRENTLY INVOLVED IN COUNSELING? ☐ YES ☐ NO

TYPE(S) OF COUNSELING:

☐ DRUG &/OR ALCOHOL ☐ MENTAL HEALTH ☐ FAMILY ☐ PRIVATE COUNSELING

☐ VOCATIONAL REHABILITATION ☐ OTHER: _____

GIVE THE NAME(S) OF THE COUNSELING AGENCY, YOUR COUNSELOR, OR DOCTOR NAME:

STATE THE REASON(S) FOR THE COUNSELING:

WHEN WAS THE LAST TIME YOU ATTENDED COUNSELING?

DO YOU THINK YOU NEED TO BE INVOLVED IN ANY COUNSELING? ☐ YES ☐ NO **IF YES, EXPLAIN:**

WHY DO YOU FEEL YOU SHOULD BE ALLOWED TO ENTER THE PTI PROGRAM?

WHAT CHANGES (DAILY LIFE/RELATIONSHIPS) HAVE YOU MADE SINCE YOUR PTI CHARGE(S)?

STATE YOUR GOALS OR PLANS FOR THE FUTURE:

SINCE YOUR CHARGE(S) RELATED TO PTI, HAVE YOU REMAINED WITHOUT ADDITIONAL ARRESTS? ☐ YES ☐ NO **IF NO, EXPLAIN:**

STATEMENT OF TRUTH AND RESPONSIBILITY

TO THE BEST OF MY KNOWLEDGE, I CERTIFY THAT ALL INFORMATION GIVEN DURING THIS INTERVIEW IS TRUE AND ACCURATE. I HAVE NO PREVIOUS ARRESTS, CONVICTIONS OR PENDING CHARGES OTHER THAN THOSE LISTED WITH PTI. I UNDERSTAND THAT PTI WILL CONDUCT A CRIMINAL BACKGROUND INVESTIGATION. I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KEEP THE PTI OFFICE INFORMED OF MY CURRENT ADDRESS, PHONE NUMBER, AND OF ANY OTHER UPDATES TO THE INFORMATION GIVEN HERE.

DEFENDANT SIGNATURE

DATE

PRINTED OR TYPED NAME OF DEFENDANT

DATE

PRETRIAL INTERVENTION PROGRAM (PTI) APPLICATION

APPLICANT INFORMATION

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

NICKNAME/ALIAS: _____ MAIDEN NAME: _____

MAILING ADDRESS:

PHYSICAL ADDRESS:

STREET/P.O. BOX:	☐ CHECK IF SAME AS MAILING ADDRESS STREET:
APT./LOT #:	APT./LOT#
CITY:	CITY:
STATE:	STATE:
ZIP:	ZIP:

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:

☐ NO ATTORNEY ☐ PRIVATE ATTORNEY ☐ PUBLIC DEFENDER	☐ NO BOND ☐ PR BOND ☐ CASH ☐ SURETY BOND
NAME:	BONDING COMPANY NAME:
STREET/P.O. BOX:	STREET/P.O. BOX:
CITY: STATE: ZIP:	CITY: STATE: ZIP:
PHONE NUMBER: (____) _____ - _____	PHONE NUMBER: (____) _____ - _____

JAIL INFORMATION:

WERE YOU TAKEN TO JAIL? ☐ YES ☐ NO	IF YES, WHERE WERE YOU DETAINED:
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E-MAIL COMMUNICATIONCOMPUTER 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:
☐ MARRIED	☐ FULL-TIME	☐ FULL-TIME	☐ \$0 To \$4,999	☐ \$0 To \$4,999
☐ WIDOWED	☐ PART-TIME	☐ PART-TIME	☐ \$5,000 To \$9,999	☐ \$5,000 To \$9,999
☐ DIVORCED	☐ NOT ATTENDING	☐ UNEMPLOYED	☐ \$10,000 To \$19,999	☐ \$10,000 To \$19,999
☐ SEPARATED	☐ COMPLETED GED	☐ DISABLED	☐ \$20,000 To \$29,999	☐ \$20,000 To \$29,999
☐ NEVER MARRIED	☐ HIGH SCHOOL DIPLOMA	☐ RETIRED	☐ \$30,000 To \$39,999	☐ \$30,000 To \$39,999
☐ COHABITATING	☐ ASSOCIATE'S DEGREE	☐ DSS	☐ \$40,000 To \$49,999	☐ \$40,000 To \$49,999
	☐ BACHELOR'S OR HIGHER	☐ MILITARY VETERAN	☐ \$50,000 Plus	☐ \$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:**

NAME:
STREET:
CITY: STATE: ZIP:
CURRENT GRADE: _____
LAST GRADE COMPLETED: _____
ARE YOU PARTICIPATING IN ANY OF THE FOLLOWING? ☐ JOB CORP ☐ GOODWILL TRAINING PROGRAM ☐ VOC. REHAB ☐ OTHER _____

EMPLOYMENT INFORMATION:

NAME:
STREET:
CITY: STATE: ZIP:
PHONE NUMBER: (____) ____-____
START DATE: ____/____/____
TITLE/POSITION:
NUMBER OF HOURS WORKED PER WEEK: _____ CURRENTLY SEEKING EMPLOYMENT? ☐ YES ☐ 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: ☐ PENDING ☐ PTI ☐ DISMISSED ☐ CONVICTED ☐ UNKNOWN
CO-DEFENDANT NAME:	STATUS OF CASE: ☐ PENDING ☐ PTI ☐ DISMISSED ☐ CONVICTED ☐ 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: _____