

TWELFTH JUDICIAL CIRCUIT  
ALCOHOL EDUCATIONAL PROGRAM

SOLICITOR  
E.L. CLEMENTS III

COORDINATOR  
BILL FLYNN

Location  
201 W. EVANS STREET  
FLORENCE, S.C. 29501

Mail  
CITY COUNTY COMPLEX  
180 N. IRBY STREET MSC-Q  
FLORENCE, S.C. 29501

**ALCOHOL EDUCATIONAL PROGRAM ENROLLMENT**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

STUDENT: FULL TIME PART TIME N/A (CIRCLE ONE)

NAME OF SCHOOL: \_\_\_\_\_ GRADUATE: \_\_\_\_\_ GED: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OFFENSE(S): \_\_\_\_\_

WARRANT/TICKET # \_\_\_\_\_

HAVE YOU BEEN CHARGED OR ARRESTED FOR ANYTHING OTHER THAN  
THESE CHARGES: YES NO IF YES EXPLAIN \_\_\_\_\_

AGENCY USE ONLY

ACCEPTED \_\_\_\_\_ SUCCESSFUL \_\_\_\_\_ UNSUCCESSFUL \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AEP STAFF: \_\_\_\_\_ DATE: \_\_\_\_\_

ALCOHOL EDUCATIONAL PROGRAM  
PARTICIPATION CONTRACT

FEES

I understand that an enrollment fee of \$250.00 must be paid in order to enroll in the Alcohol Educational Program (AEP). I voluntarily consent to pay such fees. I further understand all fees paid are non-refundable. Cash, Cashier Check or Money Order.

PARTICIPATION

I agree to attend and complete any and all classes, drug screens and any additional requirements as directed by AEP staff. I further understand that failure to attend classes, to keep appointments or complete all requirements are grounds for termination from AEP.

TERMINATION FROM PROGRAM

I understand that should I fail to abide by these rules and regulations of AEP or in the event I am rearrested or charged with another crime, I may be terminated from the Program and that once terminated, I cannot be re-admitted. I further understand and agree that the Solicitor's Office has the sole authority to determine whether or not the rules and regulations of AEP have been violated, and that the decision to order termination from AEP rests exclusively with the Solicitor or his designee.

COMPLETION OF PROGRAM

I understand that upon successful completion of the AEP and my discharge there from, I may apply to the court for an order to destroy all official records relating to the arrest upon which I entered AEP. There is an administrative fee of \$250.00 in order to receive the Expungement Order. I understand and agree that having my record expunged will be solely my responsibility and that AEP has no responsibility thereafter. I further understand that this expungement will not apply to records of AEP and the Solicitor's Office.

WAIVERS AND AGREEMENTS

I understand that before I will be accepted into AEP I must, by law, give up certain statutory and constitutional rights I have pertaining to my present criminal charge(s). I hereby voluntarily agree and consent to give up the following statutory and constitutional rights upon my acceptance into AEP.

1. I waive my right to speedy trial.
2. I agree to the tolling of all periods of limitation established either by status or rules of court.
3. I understand and agree that any records pertaining to participation in AEP or information obtained through AEP is not admissible as evidence in subsequent proceedings, criminal or civil, and communication between AEP staff and defendants shall remain as privileged communications unless a court of competent jurisdiction determines that there is compelling public interest that such communication be revealed.
4. In no case shall a written admission of guilt be required of a defendant prior to acceptance or prior to completion of AEP.

I voluntarily consent to participate in the Alcohol Educational Program and enter into consent freely and voluntarily, without duress, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the county of Florence, State of South Carolina.

\_\_\_\_\_  
Defendant's Signature

SWORN TO BEFORE ME

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
Notary Public of South Carolina

My Commission Expires: \_\_\_\_\_