

TWELFTH JUDICIAL CIRCUIT  
TRAFFIC EDUCATIONAL PROGRAM

SOLICITOR  
E.L. CLEMENTS III

DIRECTOR  
BILL FLYNN

Location  
180 N. IRBY STREET  
COUNTY COMPLEX, ROOM 206  
FLORENCE, S.C. 29501

Mail  
12<sup>TH</sup> CIRCUIT SOLICITOR'S OFFICE  
TRAFFIC EDUCATIONAL PROGRAM  
180 N. IRBY STREET MSC-Q  
FLORENCE, S.C. 29501

**TRAFFIC EDUCATIONAL PROGRAM ENROLLMENT**

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

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

\_\_\_\_\_ DAY PHONE: \_\_\_\_\_

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

DRIVERS LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

OFFENSE(S): \_\_\_\_\_ D/O \_\_\_\_\_

TICKET # \_\_\_\_\_

DO YOU CURRENTLY HAVE ANY POINTS AGAINST YOUR DRIVERS  
LICENSE? YES NO

AGENCY USE ONLY

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TEP STAFF: \_\_\_\_\_ DATE: \_\_\_\_\_

TRAFFIC EDUCATIONAL PROGRAM  
PARTICIPATION CONTRACT

FEES

I understand that an enrollment fee of \$140.00 and a participation fee of \$140.00 must be paid in order to enroll in the Traffic Educational Program (TEP). 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 the defensive driving course and any additional requirements as directed. I further understand that failure to attend classes, to keep appointments or complete all requirements are grounds for termination from the program.

TERMINATION FROM PROGRAM

I understand that should I fail to abide by these rules and regulations or in the event I am rearrested or charged with another traffic offense, 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 have been violated, and that the decision to order termination rests exclusively with the Solicitor or his designee.

COMPLETION OF PROGRAM

I understand that upon successful completion that I may apply to the court for an order to destroy all official records relating to the arrest upon which I entered. I understand and agree that having my record expunged will be solely my responsibility and that TEP has no responsibility thereafter. I further understand that this expungement will not apply to records of TEP and the Solicitor's Office.

WAIVERS AND AGREEMENTS

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

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 TEP or information obtained through TEP is not admissible as evidence in subsequent proceedings, criminal or civil, and communication between TEP 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 TEP.

I voluntarily consent to participate in the Traffic 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: \_\_\_\_\_