

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 NO ATTORNEY, PRIVATE ATTORNEY, PUBLIC DEFENDER, NO BOND, PR BOND, CASH, SURETY BOND, and fields for 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? [ ] YES [ ] NO' 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: \_\_\_\_\_

**PRETRIAL INTERVENTION PROGRAM (PTI)  
PARTICIPATION CONTRACT**

STATE OF SOUTH CAROLINA  The State,  <p style="text-align: center;">VS.</p> <hr style="width: 30%; margin-left: 0;"/> Defendant's Name	In the ____ Judicial Circuit  <b>PARTICIPATION CONTRACT</b>
Ticket/Warrant/Indictment #(s):	
Charge(s):	

**I. REPRESENTATIONS OF DEFENDANT**

- a. I certify that I have been advised of the Pretrial Intervention Program (PTI Program or Program), and I am able and willing to meet all criteria necessary to enter the Program.
- b. I certify that all information contained in my application for admission to the PTI Program is true and accurate.
- c. I understand and agree that any false, misleading, or erroneous information provided in my application for admission to the PTI Program or given during my participation in the PTI Program will constitute grounds for rejection or termination from PTI, and that upon such rejection or termination the case will be returned to its assigned court for traditional prosecution.

**II. REQUIRED INFORMATION**

- a. I understand that as part of my participation, I may be required to provide records and relevant authorizations of release for such records, including but not limited to the following: criminal records; education records; work records; family history; medical records; and psychiatric records and psychological testing. I agree to do so.

**III. FEES**

- a. I understand an application fee, as set by statute, must be paid prior to the processing of my application for the PTI Program, and, if I am accepted into the PTI Program, I will be required to pay a separate participation fee set by statute. I voluntarily consent to pay such fees. I further understand that all fees paid are non-refundable. The following forms of payment are accepted:  
\_\_\_\_\_.

**IV. PARTICIPATION**

- a. I agree to attend and complete any and all classes, sessions, tours, programs, assignments, and any additional requirements as directed by the PTI Program staff. I understand that PTI Program staff may require me to obtain employment or enroll in school.
- b. I agree to participate in any counseling programs deemed necessary by the PTI Program staff, either individual or group sessions, and I understand I may be directed to attend counseling sessions offered by agencies outside the Circuit Solicitor's Office. I voluntarily agree to pay any fees these outside agencies may require as a condition of my participation in such programs.
- c. I understand and agree my failure to attend classes, to keep appointments, or to complete any and all requirements are grounds for termination from the PTI Program.
- d. I understand and agree that I may withdraw from the Program at any time, and that should I withdraw, my case will be returned to its assigned court for traditional prosecution.

**V. RESTITUTION**

- a. I understand that, if my offense involved a victim(s) who suffered financial loss, I will be required to make full restitution to the victim(s) of the offense in an amount determined by the Circuit Solicitor's Office. I understand I will be required to enter into a written contractual agreement with the Circuit Solicitor's Office setting forth the amount of restitution to be paid. I further understand that, even if I have completed all other portions of the PTI Program, my failure to make full restitution according to the terms and conditions of the contract will be grounds for termination from the PTI Program, and the case will be returned to its assigned court for traditional prosecution.
- b. If I am terminated from the PTI Program prior to making full restitution to the victim, I understand and agree all monies I have paid as restitution belong solely and exclusively to the victim and will not be returned. I hereby waive any and all rights to such monies and waive any and all claims to the return of the monies paid as restitution.
- c. I further release the PTI Program, its staff, those persons named in my contractual agreement, and their heirs, successors, executors, administrators, and assigns from any and all claims of any nature whatsoever, either in law or equity, as they may relate to monies paid as restitution.

**VI. COMPLETION OF PTI PROGRAM**

- a. I understand that any time after my successful completion of the PTI Program, I may apply to the court to have the criminal charge(s) for which I entered the Program removed from my criminal record, and this removal is called expungement. The Circuit Solicitor’s Office is responsible for processing expungement applications, and the South Carolina Law Enforcement Division is the agency that is responsible for approval of the expungement. The final decision to expunge your record(s) rests exclusively with the South Carolina Law Enforcement Division.
- b. I understand and agree that, if I wish to have the charge expunged for which I successfully completed the Program I must submit an application for expungement to the Circuit Solicitor’s Office. I understand there are separate fees required to apply for an expungement and that I am responsible for those fees. Fees for expungement are governed by the South Carolina Legislature and are subject to change at any time.

**VII. TERMINATION FROM PTI PROGRAM**

- a. I understand that, if I do not comply with the rules and regulations of the PTI Program, or if I am rearrested or charged with another crime, I may be terminated from the PTI Program, and once terminated, I cannot be readmitted into the PTI Program.
- b. I understand and agree the Circuit Solicitor’s Office has the sole authority to determine whether the rules and regulations of the Program have been violated, and the decision to terminate me from the PTI Program rests exclusively with the Circuit Solicitor or his/her designee.
- c. I further understand that if I am terminated from the PTI Program and returned for prosecution, I will report to court as required. I understand it will be my responsibility to find out the dates and times for such court sessions.

**VIII. WAIVERS OF RIGHTS & AGREEMENTS**

- a. I understand that I am guaranteed certain statutory and constitutional rights related to the above- referenced charges. As a condition of my acceptance into and participation in the PTI Program, I agree to waive those rights, which are identified in SC Code Section 17-22-90. I also understand that if I am not accepted into the PTI Program, or voluntarily withdraw from the PTI Program, my waiver of these rights will be withdrawn, and these rights will be reinstated.
- b. I hereby voluntarily agree and consent to give up the following statutory and constitutional rights upon my acceptance into the PTI Program:
  - i. I waive my right to a speedy trial;
  - ii. I agree to the tolling of all periods of limitation established either by statutes or rules of court, including those periods of limitation applicable to any and all motions that may be pending before the Court;
- c. I expressly agree to accept and abide by all the terms and conditions of the PTI Program as established by the Circuit Solicitor and set forth in this Participation Contract;
- d. I agree and promise to pay any and all sums established by the Circuit Solicitor as restitution for the victim(s) of the crime(s), as set forth in the signed Restitution Contract;
- e. I understand and agree that any records pertaining to participation in pretrial intervention or information obtained through PTI is not admissible as evidence in subsequent proceedings, criminal or civil, and communication between pretrial intervention 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;
- f. In no case shall a written admission of guilt be required of a defendant prior to acceptance nor prior to completion of the PTI Program; and
- g. I understand and agree that specific charges may carry additional requirements as established by the PTI enabling statute or the Circuit Solicitor or his/her designee.

By my signature below, I verify that (a) I have read and have had the opportunity to ask questions regarding my rights and the conditions with respect to this Participation Contract; and (b) I freely and voluntarily and without duress agree that I will comply with the Participation Contract conditions and enter into this Participation Contract this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ in the County of \_\_\_\_\_, State of South Carolina.

Defendant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed or Typed Name of Defendant: \_\_\_\_\_ Date: \_\_\_\_\_

Pretrial Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed or Typed Name of Pretrial Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**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:**

<input type="checkbox"/> SCHOOL <input type="checkbox"/> 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> TRIED	
ALCOHOL	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> TRIED	
AMPHETAMINES	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> TRIED	
METHAMPHETAMINES	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> TRIED	
OPIATES/HEROIN	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> TRIED	
COCAINE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> TRIED	
*PRESCRIPTION DRUGS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> TRIED	
INHALANTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> TRIED	
HALLUCINOGENS/LSD	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> TRIED	
OTHER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> 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

STATE OF SOUTH CAROLINA	)	IN THE COURT OF GENERAL SESSIONS
	)	
COUNTY OF _____	)	Indictment No:
	)	Warrant No:
STATE OF SOUTH CAROLINA,	)	
	)	
V.	)	<b>APPLICATION AND</b>
	)	<b>CONSENT ORDER</b>
[ _____ ]	)	<b>FOR FORFEITURE</b>
DEFENDANT.	)	

**Weapon(s):**

**Law Enforcement Agency:**

It appears to this Court the undersigned Defendant has voluntarily requested to be allowed to transfer all of his/her interest in the above-described weapon(s) to the above-named law enforcement agency; and has made application to this Court for approval of said transfer. This Court finds said request was 1) made freely and voluntary and, 2) without fear, threat, or promise. It appears further to this Court the State consents to same. This Court finds it would be both appropriate and fitting to approve said application; therefore, it is ordered as follows:

1. All of Defendant's interest in the above-described weapon(s) is/are hereby transferred to the above identified law enforcement agency.
2. This voluntary transfer of Defendant's interest shall be treated similar to a seizure/forfeiture made and consented to under S.C. Code Ann. Section 44-53-520. The herein law enforcement agency shall be considered the seizing agency and this transfer shall be considered a confirmed forfeiture.
3. Neither the application for nor the execution of this order in any way affects the criminal proceeding against the Defendant; and shall in no way be construed as an admission of guilt or conviction.

AND IT IS SO ORDERED.

\_\_\_\_\_  
Presiding Judge

Dated: \_\_\_\_\_

I SO MOVE:

I SO CONSENT:

\_\_\_\_\_  
Assistant Solicitor

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Attorney for Defendant

# The State of South Carolina



## OFFICE OF SOLICITOR Twelfth Judicial Circuit

PRETRIAL INTERVENTION SERVICES  
E. L. Clements, III  
Solicitor

Location:  
180 N. Irby Street  
County Complex, Room 206  
Florence, South Carolina 29501

Mail:  
City County Complex  
180 North Irby Street MSC-Q  
Florence, South Carolina 29501

Telephone: (843) 292-1632  
Fax: (843) 292-1634

### PRETRIAL INTERVENTION PROGRAM (PTI) WILDLIFE AGREEMENT

Re: The State v. ( )  
Ticket/Warrant/Indictment #(s): ( )  
Charge(s): ( )  
Arrest Date:

I understand that SC Code Section 17-22-55 states:

“As a condition of admission to the pretrial intervention program of a person charged with a fish, game, wildlife, or commercial fishery related offense which does not disqualify him for intervention, this person shall pay an additional administrative charge equal to the maximum monetary fine, not to exceed five hundred dollars, which could be imposed for the offense. The administrative charge must be deposited in the game and fish fund of the county where the offense was committed. Also, if any property was seized and confiscated at the time of the arrest for the offense, as a condition of admission to the pretrial intervention program, the offender must agree to the retention and sale of that property as provided by law by the law enforcement agency making the seizure. The proceeds from the sale also must be deposited in the game and fish fund of the county wherein the offense was committed.”

I HAVE READ OR HAD SUCH READ TO ME AND HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS REGARDING THIS DOCUMENT. THEREFORE, I FREELY AND VOLUNTARILY AGREE TO COMPLY WITH THE REQUIREMENTS LISTED ABOVE AS A CONDITION TO MY PARTICIPATION IN THE PRETRIAL INTERVENTION PROGRAM.

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed Name of Defendant

\_\_\_\_\_  
Pretrial Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed Name of Pretrial Representative