

# STATE OF SOUTH CAROLINA



**S.R. HUBBARD III**

SOLICITOR, ELEVENTH JUDICIAL CIRCUIT

## **PTI APPLICATION PACKET:**

### **To apply you must do the following:**

1. Read and fill out the packet:
  - On the Contract, fill out your name and charge information, initial next to items 1-7 to show that you understand what is being asked of you, then sign and date the form.
  - On the Application, if a question does not apply to you than put "N/A". Read the questions carefully and answer them truthfully. **All pages MUST be returned.**
2. Make a clear copy of your Driver's License or Picture ID.
3. Make a clear copy of your Social Security card.
4. Purchase a **\$100 money order or cashier's check**
  - Make it payable to **PTI**.
  - **Print** your full name on the money order where it says purchaser or from.
5. Mail the items below to:

PTI  
205 East Main St., Ste. 105,  
Lexington, SC 29072.

  - **You must include the following:**
  - The completed packet (Application and Contract)
  - A copy of your driver's license or picture ID
  - A copy of your Social Security card
  - The **\$100 money order or cashier's check made payable to PTI with your full name where it says purchaser or from.**

**INCOMPLETE PACKETS WILL NOT BE PROCESSED!**

If you have any questions or concerns please contact the PTI Office at 803-785-8197 between 8am and 5pm Monday – Friday.

**\*The flow chart explains the program and process.  
Please keep it for your review.\***

**PRETRIAL INTERVENTION APPLICATION**

**APPLICANT INFORMATION**

<b>Interviewer: To Be Assigned</b>		<b>SSN:</b>	<b>Arrest County:</b>
<b>First Name:</b>	<b>Middle:</b>	<b>Last:</b>	<b>Suffix: (Jr., Sr., II)</b>
<b>Alias First Name:</b>		<b>Last (Maiden):</b>	
<b>Current Mailing Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Home Phone:</b>		<b>Cell Phone:</b>	<b>DL #:</b>
<b>DL State:</b>	<b>CDL:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Sex:</b>	<b>Race:</b>
<b>Attorney:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Name:</b> <b>Law Firm:</b>	<b>Phone #:</b>
<b>Bonding Company:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Name:</b>	<b>Phone #:</b>
<b>Date of Birth:</b>		<b>Birth State/Country:</b>	
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never Married  <input type="checkbox"/> Living With Boyfriend/Girlfriend			
<b>Individual Income:</b> <input type="checkbox"/> 0-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$39,999  <input type="checkbox"/> \$40,000-\$49,999 <input type="checkbox"/> \$50,000-Plus			
<b>Family Income:</b> <input type="checkbox"/> 0-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$39,999  <input type="checkbox"/> \$40,000-\$49,999 <input type="checkbox"/> \$50,000-Plus			
<b>Spouse's Name:</b> <b>(Husband or Wife)</b>		<b>Spouse Employed:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Your Mother's Name:</b>		<b>Your Father's Name:</b>	<b># of Children You Have:</b>

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION & EMAIL COMMUNICATION**

I, \_\_\_\_\_ AUTHORIZE AND HEREBY CONSENT TO THE COMMUNICATION BETWEEN THE 11<sup>TH</sup> JUDICIAL CIRCUIT DIVERSION PROGRAMS AND MY CONTACT PERSON TO DISCLOSE INFORMATION REGARDING MY APPLICATION AND PARTICIPATION IN THE PROGRAM TO INCLUDE MY COOPERATION, PROGRESS AND DRUG TEST RESULTS.

I FURTHER AUTHORIZE AND HEREBY CONSENT TO THE COMMUNICATION BETWEEN THE 11<sup>TH</sup> CIRCUIT DIVERSION PROGRAMS AND MYSELF USING EMAIL. BY PROVIDING MY EMAIL ADDRESS, I AM AGREEING TO THE COMMUNICATION REGARDING MY APPLICATION AND PARTICIPATION IN THE PROGRAM. I FURTHER ACCEPT THE LIABILITY AND RISKS ASSOCIATED WITH THE USE OF EMAIL COMMUNICATION AND RELEASE THE PROGRAM AND ITS STAFF FROM ANY HARM THAT MAY BE CAUSED USING THIS FORM OF COMMUNICATION.

**Email Address:** \_\_\_\_\_

**Signature of Defendant:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**PRETRIAL INTERVENTION APPLICATION**

<b>Date of Offense:</b>	<b>Charge:</b>	<b>Disposition:</b>
<b>Date of Offense:</b>	<b>Charge:</b>	<b>Disposition:</b>

**Have You Been Charged With Any Crime Since The Incident For Which You Are Applying For PTI:**

YES  NO \* INCLUDING OTHER STATES/COUNTRIES\* IF YES, YOU MUST SPEAK WITH A PTI REPRESENTATIVE!\*

**If Yes Explain:**

<b>Date of Offense:</b>	<b>Charge:</b>	<b>Disposition:</b>
<b>Date of Offense:</b>	<b>Charge:</b>	<b>Disposition:</b>

**Are You Currently Under Investigation Regarding Any Crimes:**

YES  NO \* INCLUDING OTHER STATES/COUNTRIES \* IF YES, YOU MUST SPEAK WITH A PTI REPRESENTATIVE!\*

**If Yes Explain:**

**Have You Ever Applied And/Or Participated In Any Pretrial Intervention Program (PTI):**  YES  NO

**If Yes, You Must Speak With A PTI Representative!**

**Have You Ever Been On Probation:**  YES  NO

**If Yes, You Must Speak With A PTI Representative!**

**Have You Ever Served Time In Prison:**  YES  NO

**If Yes, You Must Speak With A PTI Representative!**

**STATEMENT OF TRUTH AND RESPONSIBILITY**

**I CERTIFY THAT ALL THE INFORMATION GIVEN DURING THE INTERVIEW IS TRUE AND ACCURATE. I HAVE NO PREVIOUS ARRESTS, CONVICTIONS OR PENDING CHARGES OTHER THAN THOSE LISTED ABOVE. I UNDERSTAND THAT PTI WILL CONDUCT A CRIMINAL INVESTIGATION.**

**I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KEEP THE PTI OFFICE INFORMED OF MY CURRENT ADDRESS AND OF ANY OTHER UPDATES TO THE INFORMATION GIVEN HERE.**

<b>Signature of Applicant:</b> <span style="background-color: yellow; display: inline-block; width: 400px; height: 15px;"></span>	<b>Date:</b>
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**Printed Name of Applicant:**

**\*\*CASE MANAGEMENT NOTES: STAFF USE ONLY\*\***

**PRETRIAL INTERVENTION CONTRACT**

<b>STATE OF SOUTH CAROLINA</b> THE STATE,  Vs.  _____	IN THE ELEVENTH JUDICIAL CIRCUIT   PARTICIPATION CONTRACT
DEFENDANT'S NAME	

<b>CHARGE:</b>	<b>WARRANT #:</b>
<b>CHARGE:</b>	<b>WARRANT #:</b>

**REQUIRED INFORMATION:**

I CERTIFY THAT I AM A QUALIFIED APPLICANT FOR THE PRETRIAL INTERVENTION PROGRAM (PTI), THAT MY APPLICATION FOR ADMISSION CONTAINS TRUE AND ACCURATE INFORMATION.

I UNDERSTAND THAT ANY FALSE, MISLEADING, OR ERRONEOUS INFORMATION PROVIDED IN MY APPLICATION OR GIVEN DURING MY PARTICIPATION IN THE PTI PROGRAM WILL CONSTITUTE GROUNDS FOR REJECTION/TERMINATION FROM PTI AND THAT UPON SUCH REJECTION/TERMINATION THE CASE WILL BE RETURNED FOR PROSECUTION.

I UNDERSTAND THAT INFORMATION I AM REQUIRED TO PROVIDE MAY INCLUDE, BUT WILL NOT BE LIMITED TO: CRIMINAL RECORD, EDUCATION RECORD AND WORK RECORD, FAMILY HISTORY, MEDICAL AND/OR PSYCHIATRIC RECORDS AND PSYCHOLOGICAL TESTING, IF ANY.

I HEREBY AUTHORIZE THE DIRECTOR OF THE PRETRIAL INTERVENTION PROGRAM OR REPRESENTATIVES TO OBTAIN AND/OR RELEASE SUCH INFORMATION FOR ANY PURPOSE DIRECTLY RELATED TO MY PARTICIPATION IN THE PRETRIAL INTERVENTION PROGRAM.

**FEES:**

I UNDERSTAND THAT AN APPLICATION FEE, AS SET BY STATUTE, MUST BE PAID PRIOR TO THE PROCESSING OF MY APPLICATION IN THE PRETRIAL INTERVENTION PROGRAM, AND THAT IF I AM ACCEPTED IN THE PROGRAM I WILL BE REQUIRED TO PAY A PARTICIPATION FEE, AS SET BY STATUTE. I VOLUNTARILY CONSENT TO PAY SUCH FEES. **I FURTHER UNDERSTAND THAT ALL FEES ARE NON-REFUNDABLE. (US POSTAL MONEY ORDERS PREFERRED).**

**PARTICIPATION:**

I AGREE TO ATTEND AND COMPLETE ANY AND ALL CLASSES, SESSIONS, TOURS, PROGRAMS, ASSIGNMENTS, AND ANY ADDITIONAL REQUIREMENTS AS DIRECTED BY THE PRETRIAL INTERVENTION STAFF. I UNDERSTAND THAT THE PTI STAFF MAY REQUIRE ME TO OBTAIN EMPLOYMENT OR TO ENROLL IN SCHOOL.

I AGREE TO PARTICIPATE IN ANY COUNSELING PROGRAMS DEEMED NECESSARY BY THE PRETRIAL INTERVENTION STAFF, EITHER INDIVIDUALLY OR IN GROUP SESSIONS, AND UNDERSTAND THAT I MAY BE DIRECTED TO ATTEND COUNSELING SESSIONS OFFERED BY AGENCIES OUTSIDE THE PRETRIAL INTERVENTION PROGRAM. I VOLUNTARILY AGREE TO PAY ANY FEES THAT THESE OUTSIDE AGENCIES MAY REQUIRE AS A CONDITION OF MY PARTICIPATION IN SUCH PROGRAMS.

I FURTHER UNDERSTAND THAT FAILURE TO ATTEND CLASSES, TO KEEP APPOINTMENTS, OR TO COMPLETE ALL REQUIREMENTS ARE GROUNDS FOR TERMINATION FROM THE PRETRIAL INTERVENTION PROGRAM.

**RESTITUTION:**

I UNDERSTAND THAT I WILL BE REQUIRED TO MAKE FULL RESTITUTION TO THE VICTIM(S) OF THE OFFENSE, AND THE AMOUNT OF SUCH RESTITUTION WILL BE DETERMINED BY THE SOLICITOR'S OFFICE. I UNDERSTAND THAT I WILL BE REQUIRED TO ENTER INTO A WRITTEN CONTRACTUAL AGREEMENT WITH THE VICTIM, SETTING FORTH THE AMOUNT OF RESTITUTION TO BE PAID. I FURTHER UNDERSTAND THAT FAILURE TO MAKE FULL RESTITUTION ACCORDING TO THE TERMS AND CONDITIONS OF THE CONTRACT WILL BE GROUNDS FOR TERMINATION FROM THE PRETRIAL INTERVENTION PROGRAM, AND THAT THE CASE WILL BE RETURNED FOR PROSECUTION, **EVEN IF I HAVE COMPLETED ALL OTHER PORTIONS OF THE PROGRAM.**

IN THE EVENT THAT I AM TERMINATED FROM THE PRETRIAL INTERVENTION PROGRAM PRIOR TO MAKING FULL RESTITUTION TO THE VICTIM, I UNDERSTAND THAT ALL MONIES I HAVE PAID AS RESTITUTION BELONG SOLELY AND EXCLUSIVELY TO SAID 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.**

**I FURTHER RELEASE THE PRETRIAL INTERVENTION 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 KIND OF NATURE WHATSOEVER, EITHER IN LAW OR EQUITY, AS THEY MAY RELATE TO MONIES PAID AS RESTITUTION.**

**TERMINATION FROM PROGRAM:**

I UNDERSTAND THAT SHOULD I FAIL TO ABIDE BY THE RULES AND REGULATIONS OF THE PTI PROGRAM, 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 READMITTED INTO THE PROGRAM.

I FURTHER UNDERSTAND AND AGREE THAT THE SOLICITOR’S OFFICE HAS THE SOLE AUTHORITY TO DETERMINE WHETHER OR NOT THE RULES AND REGULATIONS OF THE PRETRIAL INTERVENTION PROGRAM HAVE BEEN VIOLATED, AND THAT THE DECISION TO ORDER TERMINATION FROM THE PRETRIAL INTERVENTION PROGRAM RESTS EXCLUSIVELY WITH THE SOLICITOR OR HIS DESIGNEE.

I FURTHER UNDERSTAND THAT IF I AM TERMINATED FROM PTI AND RETURNED FOR PROSECUTION, I WILL REPORT TO ALL TERMS OF THE COURT THEREAFTER. I UNDERSTAND THAT IT WILL BE MY RESPONSIBILITY TO FIND OUT THE DATES AND TIMES FOR SUCH COURT SESSIONS.

**COMPLETION OF PROGRAM:**

I UNDERSTAND THAT UPON SUCCESSFUL COMPLETION OF THE PRETRIAL INTERVENTION PROGRAM AND MY DISCHARGE THEREFROM, I MAY APPLY TO THE COURT FOR AN ORDER TO DESTROY ALL OFFICIAL RECORDS RELATING TO THE ARREST UPON WHICH I ENTERED THE PRETRIAL INTERVENTION PROGRAM.

I UNDERSTAND AND AGREE THAT HAVING MY RECORD EXPUNGED WILL BE SOLELY MY RESPONSIBILITY AND THAT THE PRETRIAL INTERVENTION PROGRAM HAS NO RESPONSIBILITY THEREAFTER. I FURTHER UNDERSTAND THAT THIS EXPUNGEMENT WILL NOT APPLY TO RECORDS OF THE PRETRIAL INTERVENTION PROGRAM, SOLICITOR’S OFFICE, STATE COORDINATOR’S OFFICE, OR OF THE PRETRIAL INTERVENTION SPECIAL SECTION OF THE SOUTH CAROLINA LAW ENFORCEMENT DIVISION.

**WAIVERS AND AGREEMENTS:**

I UNDERSTAND THAT BEFORE I CAN BE ACCEPTED INTO THE PRETRIAL INTERVENTION PROGRAM 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 THE PRETRIAL INTERVENTION PROGRAM.  
*(INITIAL EACH ITEM TO SHOW THAT YOU AGREE)*

- \_\_\_\_\_1. I WAIVE THE RIGHT TO A SPEEDY TRIAL,
- \_\_\_\_\_2. 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,
- \_\_\_\_\_3. I EXPRESSLY AGREE TO ACCEPT AND ABIDE BY ALL THE TERMS AND CONDITIONS OF THE PRETRIAL INTERVENTION PROGRAM AS ESTABLISHED BY THE SOLICITOR,
- \_\_\_\_\_4. I AGREE AND PROMISE TO PAY ANY AND ALL SUMS ESTABLISHED BY THE SOLICITOR AS RESTITUTION FOR THE VICTIM(S) OF THE CRIME(S), AS SET FORTH IN THE SIGNED RESTITUTION CONTRACT,
- \_\_\_\_\_5. I UNDERSTAND AND AGREE THAT ANY RECORDS PERTAINING TO PARTICIPATION IN PRETRIAL OR INFORMATION OBTAINED THROUGH PRETRIAL INTERVENTION IS NOT ADMISSIBLE AS EVIDENCE IN SUBSEQUENT PROCEEDINGS, CRIMINAL OR CIVIL, AND COMMUNICATION BETWEEN PRETRIAL INTERVENTION COUNSELORS AND DEFENDANTS SHALL REMAIN AS PRIVILEGED COMMUNICATION UNLESS A COURT OF COMPETENT JURISDICTION DETERMINES THAT THERE IS COMPELLING PUBLIC INTEREST THAT SUCH COMMUNICATION BE REVEALED,
- \_\_\_\_\_6. IN NO CASE SHALL A WRITTEN ADMISSION OF GUILT BE REQUIRED OF A DEFENDANT PRIOR TO ACCEPTANCE NOR PRIOR TO COMPLETION OF THE PRETRIAL INTERVENTION PROGRAM, AND
- \_\_\_\_\_7. I UNDERSTAND AND AGREE THAT SPECIFIC CHARGE(S) MAY CARRY ADDITIONAL REQUIREMENTS AS ESTABLISHED BY THE PRETRIAL INTERVENTION ENABLING STATUTE OR THE SOLICITOR/HIS DESIGNEE.

*I VOLUNTARILY CONSENT TO PARTICIPATE IN THE PRETRIAL INTERVENTION PROGRAM AND ENTER INTO THIS CONTRACT FREELY AND VOLUNTARILY, WITHOUT DURESS THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, IN THE COUNTY OF \_\_\_\_\_, STATE OF SOUTH CAROLINA.*

<b>Signature of Applicant:</b>	<b>Date:</b>
<b>Printed Name of Applicant:</b>	<b>PTI Witness:</b>

# PRETRIAL INTERVENTION FLOW CHART

Office of Diversion Programs  
Marc H. Westbrook Judicial Center  
205 East Main Street, Suite 105  
Lexington, SC 29072  
803-785-8197  
803-785-8229 (Fax)

Brooke L. Velazquez, Director  
Connie S. Garner, Case Manager II

## APPLICATION APPOINTMENT

- ❖ \$100 Application Fee (US Postal Money Order Preferred) Payable to PTI
- ❖ Provide Arrest Papers, Picture I.D. & Verification Of Social Security Number
- ❖ Update PTI Of Current Address & Phone Number – If Changes Occur
- ❖ Application Processing Can Take Up To Six (6) Weeks Due To Case Investigation
  - Must Notify Law Enforcement/Victims, Conduct Criminal Background Check & Solicitor Must Approve Case

## ORIENTATION APPOINTMENT

- ❖ Keep Scheduled Appointment
- ❖ \$250 Participation Fee (US Postal Money Order Preferred) Payable to PTI
- ❖ \$30 Drug Test Fee (US Postal Money Order Preferred) Payable to MEDS
- ❖ Provide Picture I.D.

## PARTICIPATION

- ❖ Keep All Scheduled Appointments (Monthly) \*Cannot Miss Appointments\*
- ❖ Attend Counseling As Assigned (Pay All Fees)
- ❖ Perform 30 (Magistrate/Municipal Level) / 50 (General Sessions Level) Hours of Community Service
- ❖ Submit A Written Law Report - Based on Charge(s)
- ❖ Restitution:
  - Sign Contract Agreeing To Monthly Payments (To Be Paid Within 12 Months Based on Amount)
  - \$25 Restitution Expense Fee (US Postal Money Order Preferred) Payable to PTI
  - Payments Are In The Form Of Money Orders (US Postal Money Order Only) Payable To Victim
  - Cannot Miss Payments (Missing a Payment Can Be Grounds For Termination)
- ❖ Forfeiture Agreement:
  - Weapon(s) Charges
  - Sign Agreement Surrendering The Weapon To Law Enforcement For Destruction
- ❖ Drug Testing:
  - Randomly Drug Tested During Participation (Must Have Picture ID)
  - Pay All Costs Associated With Drug Tests (US Postal Money Order Preferred)
  - Failure To Submit Will Result In Forfeiting Any Fees Paid & Will Be Considered Positive (+).
  - All Positive Drug Tests Will Result In An Automatic Assessment With A Substance Abuse Counselor
- ❖ Complete Any Other Requirements As Directed By The Solicitor

## EXPUNGEMENT PROCESS

- ❖ \$250 Administrative Fee (US Postal Money Order ONLY) Payable to 11<sup>th</sup> Circuit Solicitor
- ❖ \$35 Filing Fee (US Postal Money Order ONLY) Payable to the Clerk of Court
- ❖ Entire Process Can Take 4 – 6 Months (Process Starts After Payment is Received)