

STATE OF SOUTH CAROLINA



S.R. HUBBARD III

SOLICITOR, ELEVENTH JUDICIAL CIRCUIT

PTI ORIENTATION PACKET

To participate you must do the following:

1. Read and fill out the included packet. If a question does not apply to you then put "N/A". Read the questions carefully and answer them truthfully. **All pages MUST be returned.**
2. Purchase a **\$250 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.
3. Mail the items below to
PTI
205 East Main St., Ste. 105
Lexington, SC 29072.

You must include the following:

- The completed packet (PTI Assessment Questionnaire)
- The **\$250 money order or cashier's check** made payable to PTI with your full name where it says purchaser or from.

Once we receive your paperwork and money order, your requirements will be mailed to you.

INCOMPLETE PACKETS WILL NOT BE PROCESSED!

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

CASE MANAGER'S NAME: _____

IDENTIFICATION INFORMATION

Name: _____

Social Security Number: _____ Age: _____

Has your address or phone number changed? ☐ Yes ☐ No If YES, provide new information:Has your Employment or School changed? ☐ Yes ☐ No If YES, provide new information:**CHARGE INFORMATION**

Your current charge(s):

Were you drinking alcohol or doing any drugs at the time of this incident? ☐ Yes ☐ No If YES, explain its impact:**DRUG USE**

<u>Drug</u>	<u>Yes / No</u>	<u>How Often</u>	<u>Last Time</u>
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Amphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Methamphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Opiates	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
LSD	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Inhalants	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Hallucinogens	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

State your drug of choice: _____

Do you think you have a problem with alcohol or drugs? ☐ Yes ☐ No If **YES**, explain:

FAMILY/PERSONAL HISTORY:

Describe your relationship with your spouse or girlfriend/boyfriend: ☐ Good ☐ Okay ☐ Awful Explain your answer:

Describe your relationship with your parents: ☐ Good ☐ Okay ☐ Awful Explain your answer:

List any problems with children / child access / or custody issues such as DSS / Family Court / child support:

List any history of physical / psychological / sexual abuse:

Do you have any medical problems? ☐ Yes ☐ No

If **YES** list your medical conditions (including pregnancy) including all medications and doctors' name:

Have you ever been in any type of counseling? ☐ Yes ☐ No

Types of counseling:

☐ Drug & Alcohol ☐ Mental Health ☐ Private Counseling ☐ Vocational Rehabilitation
☐ Marriage ☐ Family ☐ Other: _____

Give the name of the counseling agency and your counselor's or doctor's name:

State the reason for the counseling:

Do you think you need to be involved in any counseling? ☐ Yes ☐ No If **YES**, explain:

State your goals or plans for the future:

Have you remained crime free? ☐ Yes ☐ No If **NO**, explain:

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 and of any other updates to the information given here.

Signature

Date