

# STATE OF SOUTH CAROLINA



**S.R. HUBBARD III**

SOLICITOR, ELEVENTH JUDICIAL CIRCUIT

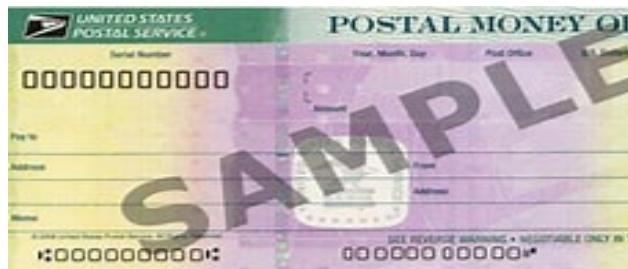
## **PTI APPLICATION PACKET:**

**INCOMPLETE PACKETS WILL NOT BE PROCESSED!**

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

1. Read and fill out the packet:
  - 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.**
  - On the Contract, fill out your name and charge information, then sign and date the form.
2. Make a clear copy of your Driver's License or Picture ID.
3. Make a clear copy of your Social Security card or verification of the number (Tax Return).
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.

PTI →



← Full Name

- 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 is says purchaser or from.**

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 PROGRAM (PTI) APPLICATION**

**APPLICANT INFORMATION**

FULL NAME: \_\_\_\_\_  
FIRST MIDDLE LAST SUFFIX (JR., III, ETC.)

NICKNAME/ALIAS: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

**MAILING ADDRESS:**

**PHYSICAL ADDRESS:**

STREET/P.O. BOX:	<input type="checkbox"/> CHECK IF SAME AS MAILING ADDRESS
APT./LOT #:	STREET:
CITY:	APT./LOT#
STATE:	CITY:
ZIP:	STATE:
	ZIP:

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:**

<input type="checkbox"/> NO ATTORNEY <input type="checkbox"/> PRIVATE ATTORNEY	<input type="checkbox"/> NO BOND <input type="checkbox"/> PR BOND <input type="checkbox"/> CASH
<input type="checkbox"/> PUBLIC DEFENDER	<input type="checkbox"/> SURETY BOND
NAME:	BONDING COMPANY NAME:
STREET/P.O. BOX:	STREET/P.O. BOX:
CITY: STATE: ZIP:	CITY: STATE: ZIP:
PHONE NUMBER: (____) _____ - _____	PHONE NUMBER: (____) _____ - _____

**JAIL INFORMATION:**

WERE YOU TAKEN TO JAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHERE WERE YOU DETAINED:
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**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 Eleventh 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: money orders or cashier's checks from a bank.

**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 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)  
diversion@lex-co.com

Brooke L. Velazquez  
Director of Diversion Programs

Connie S. Garner  
Case Manager II

## APPLICATION

- ❖ \$100 Application Fee (US Postal Money Order Preferred) Payable to PTI
- ❖ Provide A Copy Of Your 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

- ❖ \$250 Participation Fee (US Postal Money Order Preferred) Payable to PTI
- ❖ Random Drug Testing

## PARTICIPATION

- ❖ Keep All Scheduled Appointments (Monthly) \*Cannot Miss Appointments\*
- ❖ Attend Counseling As Assigned (Pay All Fees)
- ❖ Community Service/Care Component Or Essay
- ❖ 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)
  - 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)