

STATE OF SOUTH CAROLINA



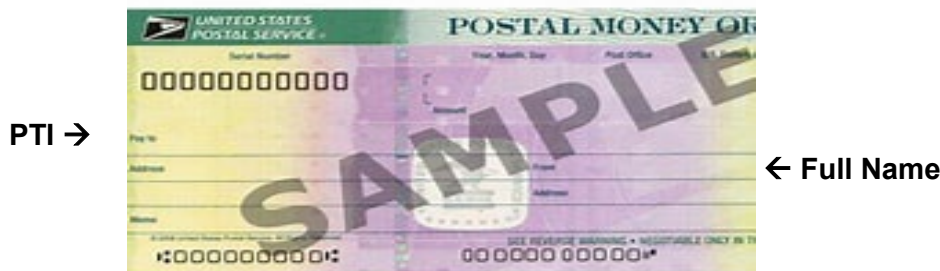
S.R. HUBBARD III

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.

**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