

CHARLESTON COUNTY PRE-TRIAL INTERVENTION INTAKE INFORMATION PACKET

THE PTI PROGRAM IS A PRIVILEGE, NOT EVERYONE IS OFFERED THIS PRIVILEGE. PLEASE TAKE ADVANTAGE OF THIS OPPORTUNITY TO RESOLVE THE CRIMINAL CHARGES PENDING AGAINST YOU AT THIS TIME. PLEASE ALSO NOTE PTI IS VOLUNTARY AND YOUR PARTICIPATION IN THIS PROGRAM IS YOUR DECISION. FAILURE TO DISCLOSE PERTINANT INFORMATION MAY RESULT IN YOUR CASE BEING RETURNED BACK TO COURT FOR PROSECUTION. DO NOT SKIP ANY QUESTIONS, IF THE QUESTION DOES NOT APPLY, PUT NONE OR N/A IN THE SPACE PROVIDED FOR YOUR ANSWER.

LAST NAME: \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
JR/III \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_--\_\_\_\_--\_\_\_\_\_ HOME PHONE NUMBER (\_\_\_\_) \_\_\_\_\_--\_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET/P.O. BOX INCLUDE APT. # CITY STATE ZIP CODE

MAIDEN NAME/NICKNAMES: \_\_\_\_\_ RACE/SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

STATE WHERE YOU WERE BORN \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

\*\*\* Are you a US Citizen? Circle one: Yes / No

\*\*\* Do you have an attorney for the PTI Charge(s)? Attorney Name: \_\_\_\_\_

PLEASE CHECK EACH SPACE THAT APPLIES TO YOU:

MARRIED  WIDOWED  DIVORCED  SEPARATED  NEVER MARRIED  COHABITATED

FULLTIME STUDENT  PARTIME STUDENT  NOT A STUDENT

EMPLOYED FULLTIME  PARTIME  UNEMPLOYED  DISABLED  RETIRED  DSS

PERSONAL INCOME:  0-5,000  5-10,000  10-20,000  20-30,000  30-40,000  40-50,000  OVER 50,000

HOUSEHOLD:  0-5,000  5-10,000  10-20,000  20-30,000  30-40,000  40-50,000  OVER 50,000

NAME OF COLLEGE, TECHNICAL OR HIGH SCHOOL NOW ATTENDING \_\_\_\_\_

TOTAL NUMBER OF YEARS OF SCHOOL COMPLETED \_\_\_\_\_ (Ex: HIGH SCHOOL=12)

PLACE OF EMPLOYMENT \_\_\_\_\_ HOW LONG? \_\_\_\_\_

\*\*\*\*\*HAVE YOU EVER APPLIED OR BEEN THROUGH PTI BEFORE? \_\_\_\_\_

\*\*\*\*\*HAVE YOU EVER APPLIED OR BEEN THROUGH ADP/AEP BEFORE? \_\_\_\_\_

ARE THERE ANY OTHER CRIMINAL CHARGES PENDING AGAINST YOU AT THIS TIME? IF SO, PLEASE LIST THEM.  
\_\_\_\_\_

WHAT CRIMINAL CHARGE(S) SENT YOU TO PTI?  
\_\_\_\_\_

WERE THERE ANY OTHER CHARGES THAT OCCURRED AT THE **SAME TIME** THAT HASN'T BEEN SENT TO PTI?

\_\_\_\_\_ IF SO, WHAT HAS HAPPENED WITH THE CHARGE (S)?

IN YOUR OWN WORDS, DESCRIBE HOW THIS INCIDENT OCCURRED? \_\_\_\_\_

Were there any weapons involved in this offense? Yes / / No

Is your family aware of this arrest? Yes / No

**IS THIS THE FIRST TIME YOU HAVE BEEN ARRESTED OR GIVEN A CRIMINAL CITATION?** \_\_\_\_\_

**IF YOU ANSWER "NO", LIST ANY CRIMINAL VIOLATIONS OR ARREST SINCE THE AGE OF 17.**

PLEASE NOTE: DUS'S (DRIVING UNDER SUSPENSION) AND DUI'S (DRIVING UNDER THE INFLUENCE) ARE CRIMINAL OFFENSES. DO NOT INCLUDE TRAFFIC VIOLATIONS SUCH AS SPEEDING, DRIVING TOO FAST FOR CONDITIONS, etc....) \_\_\_\_\_

**THE FOLLOWING INFORMATION WILL BE USED TO IDENTIFY INTERVENTION NEEDS. STAFF CAN ASSIST YOU IF REQUESTED.**

WHO LIVES IN YOUR HOME WITH YOU? (LIST THEIR RELATIONSHIP WITH YOU AND THEIR AGES)

DESCRIBE YOUR GENERAL HEALTH	GOOD	FAIR	SERIOUS CONCERNS
DESCRIBE YOUR EMPLOYMENT SITUATION	NONE	STABLE	JEOPARDY STATUS
DESCRIBE YOUR FINANCIAL SITUATION	STABLE	FAIR	SERIOUS CONCERNS
DESCRIBE YOUR FAMILY SITUATION	GOOD	FAIR	SERIOUS CONCERNS

**ARE YOU CURRENTLY ON ANY MEDICATIONS? IF YES, WHAT DRUG AND FOR WHAT MEDICAL PROBLEM?** \_\_\_\_\_

HAVE YOU EVER HAD ANY TYPE OF **COUNSELING?** INCLUDE ANY COUNSELING EXPERIENCE? LIST YOUR AGE, WHILE IN COUNSELING, REASON FOR TREATMENT, LOCATION AND LENGTH OF CARE.

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HAVE YOU EVER BEEN PLACED IN A HOSPITAL OR A RESIDENTIAL PROGRAM FOR SUBSTANCE ABUSE OR EMOTIONAL PROBLEMS?

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WHAT DO YOU HOPE TO GAIN FROM THIS PROGRAM?

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SIGNING OF THIS APPLICATION IS MY STATEMENT THAT THE INFORMATION I HAVE GIVEN IS CORRECT AND TRUE. I HAVE NO OTHER CRIMINAL HISTORY OTHER THAN WHAT I HAVE LISTED AND I UNDERSTAND THAT I MAY HAVE NO ADDITIONAL ARREST FROM THIS DAY FORWARD. IF I HAVE AN ADDITIONAL CRIMINAL ARREST WHILE ON PTI I WILL BE UNSUCCESSFULLY TERMINATED.

I ALSO UNDERSTAND I MAY USE NO ILLEGAL SUBSTANCES OR PRESCRIPTIONS NOT PRESCRIBED BY A DOCTOR TO ME. I MAY NOT DRINK OR POSSESS ALCOHOL IF UNDERAGE. IF I AM IN PTI FOR AN ALCOHOL OFFENSE MY ALCOHOL USE IS PROHIBITED.

**I UNDERSTAND ALL FEES PAID TO THIS PROGRAM ARE NON-REFUNDABLE.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNATURE OF PTI STAFF:** \_\_\_\_\_

**DATE:** \_\_\_\_\_