NINTH JUDICIAL CIRCUIT PRETRIAL INTERVENTION INTAKE INFORMATION

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

Rev.4/2016

LAST NAME"	'FIRST	''MIDDL	E	'JR/III''
SOCIAL SECURITY NUMBER"	.""	CELL # ()	
ADDRESS:				
STREET/P.O. BOX	INCLUDE APT. #	CITY	STATE	ZIP CODE
MAIDEN NAME/NICKNAMES:		RACE/SEX	BIRTI	HDATE
STATE WHERE YOU WERE BORN	DRIVER'S	LICENSE #		STATE
PLEASE LIST WHERE YOU HAVE LIVE	D FOR THE LAST	2 YEARS"		
** Are you a US Citizen? "Yes """	No Are you N	Military, Active or	Reserves?	
**Are you a US Veteran? "Yes"""	No "If YES A	pprox. Date of Di	scharge:	
Do you have an attorney for the PT	TI Charge(s)? At	torney Name:		
PLEASE CHECK EACH SPACE THAT A	PPLIES TO YOU:			
MARRIED """"" WIDOWED"""""DIV	ORCED'""""""SEPA	RATE'""""""NEVER	MARRIED'"""""	""COHABITATING
EMPLOYED FULLTIME""""PARTIM	IE'"""""UNEMPLO	YED'""""DISABLI	ED'""""RETIR	ED
HOUSEHOLD INCOME """0-5,000"""5	-10,000''''''10-20,00	00 '''''20-30,000''''''	'30-40,000''''''4	0-50,000'""""OVER 50,000
FULL TIME STUDENT""""""""""""""""""""""""""""""""""""	"" PART TIME ST	UDENT ''''''''''N	OT A STUDENT	Γ
NAME OF COLLEGE, TECHNICAL OR H	IIGH SCHOOL <i>NO</i> I	W ATTENDING		
TOTAL NUMBER OF YEARS OF SCHOOL	L COMPLETED _	(Ex: I	HIGH SCHOOL	=12)
ARE YOU CURRENTLY EMPLOYED?			'JOB TITLI	Ξ
LOCATION:	FOR	HOW LONG?		
LIST YOUR PLACES OF EMPLOYMENT	FOR THE LAST T	WO YEARS		
"				
*HAVE YOU EVER <u>APPLIED</u> , BEEN <u>If yes</u> , list which one		R <u>PARTICIPATE</u>	<u>D</u> IN <i>ANY</i> PT	I BEFORE?
*HAVE YOU EVER APPLIED OR B BEFORE?	EEN IN <i>ANY</i> (AE	P) ALCOHOL EI	OUCATION P.	ROGRAM
ARE THERE <u>ANY OTHER</u> CRIMINAL COURT?	CHARGES PENDI	NG AGAINST YOU	AT THIS TIM	E <u>IN ANY OTHER</u>

IF SO'DESCRIBE.

WHAT CRIMINAL CHARGE(S) SENT YOU TO PTI? "

WERE THERE ANY OTHER CHARGES THAT OCCURRED AT THE SAME TIME THAT HAVE NOT BEEN SENT TO PTI? IF SO, WHAT HAS HAPPENED WITH THE CHARGE (S)?
IN YOUR OWN WORDS, DESCRIBE HOW THIS INCIDENT OCCURRED?
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**WERE THERE ANY GUNS INVOLVED IN THIS ARREST? ""YES"""NO (OTHER THAN POLICE OFFICERS WEAPONS)
**IS YOUR FAMILY AWARE OF YOUR PTI ARREST? """YES """NO
WERE YOU DETAINED ONE OR MORE NIGHTS AT THE JAIL ON THIS CHARGE? """YES"""NO If YES- how many
DID YOU PAY A BOND ON THIS CHARGE? """"YES""""NO IF YES, TO WHO? THE COURT""""OR A BONDING AGENCY"""""
HAVE YOU EVER BEEN ARRESTED OR GIVEN A CRIMINAL CITATION? ""YES"""NO
IF YOU ANSWERED "YES", LIST ANY CRIMINAL CITATIONS OR ARRESTS SINCE THE AGE OF 17.
DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS: PLEASE NOTE: DUS'S (DRIVING UNDER SUSPENSION) AND DUI'S (DRIVING UNDER THE INFLUENCE) ARE CRIMINAL OFFENSES.
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THE FOLLOWING INFORMATION WILL BE USED TO IDENTIFY INTERVENTION NEEDS.
WHO LIVES IN YOUR HOME WITH YOU? (LIST THEIR RELATIONSHIP WITH YOU AND THEIR AGES)
II
n
WERE YOU THE PRIMARY CARE GIVER FOR THE CHILDREN IN YOUR HOME AT THE TIME OF ARREST?

IS YOUR GENERAL HEALTH	GOOD	FAIR	SERIOUS CONCERNS
IS YOUR FINANCIAL SITUATION	STABLE	FAIR	SERIOUS CONCERNS
IS YOUR FAMILY SITUATION	GOOD	FAIR	SERIOUS CONCERNS
ARE YOU CURRENTLY ON <u>ANY</u> MED PROBLEM?	DICATION(S)?	IF YES, WHA	T DRUG/S AND FOR WHAT MEDICAL
violence)			ades past or current <i>classes</i> for DUI or domestic TREATMENT AND LENGTH OF CARE.
HAVE YOU EVER BEEN PLACED IN EMOTIONAL PROBLEMS? (If yes ple			TIAL PROGRAM FOR SUBSTANCE ABUSE OR e)
WHAT DO YOU HOPE TO GAIN FROI	M THIS PROGR	AM?	
AND TRUE. I HAVE NO OTHER CRIM	IINAL HISTOR' IO NEW CRIMI	Y OTHER THA NAL CHARG	IE INFORMATION I HAVE GIVEN IS CORRECT AN WHAT I HAVE LISTED AND I UNDERSTAND ES FROM THIS DAY FORWARD. IF I HAVE AN SUCCESSFULLY TERMINATED.
	OR POSSESS	ALCOHOL IF	OR PRESCRIPTIONS NOT PRESCRIBED BY A UNDERAGE. IF I AM IN PTI FOR AN ALCOHOL
I UNDERSTAND ALL APPLICATION	N FEES PAID T	O THIS PRO	GRAM ARE NON-REFUNDABLE.
SIGNATURE OF APPLICANT:			DATE:
SIGNATURE OF PTI STAFF:			DATE:

(CIRCLE YOUR CHOICE BELOW)

IMPORTANT NOTE: NO APPLICATION CAN BE PROCESSED WITHOUT ALL 3 ITEMS BELOW;

1. Copy of your recent <u>picture ID</u> 2. Copy of your <u>Social Security Card</u> 3. Your <u>\$100.00 Application fee</u> (MONEY ORDER OR CASHIER'S CHECK ONLY)