

Please bring the following to appointment: Valid Picture I.D.; Social Security Card; All Arrest Information; \$100.00 cash or money order.

OFFICE OF SOLICITOR
THIRD JUDICIAL CIRCUIT
PRETRIAL INTERVENTION PROGRAM

APPLICATION

I. **PERSONAL:**

Last Name: _____ First Name: _____ Middle Name: _____

Nickname / Alias / Maiden Name: _____

Street Address: _____ Mailing Address _____

City: _____ State: __ __ Zip Code: _____ - _____

Home Phone: _____ - _____ - _____ Business Phone: _____ - _____ - _____

Drivers License # _____ Social Security # _____ - _____ - _____

Date of Birth: __ __ / __ __ / __ __ Age: __ __ Sex __ Race __ Height __ ' __ __ " Weight __ __ __

Place of Birth: State: __ __ County: _____ City: _____

II. **LEGAL REPRESENTATION:** Private Attorney Public Defender Waived

(If Represented) Attorney: _____

Mailing Address: _____

Phone: _____ - _____ - _____

III. **ARREST DATA:** Warrant (Ticket) No.: _____ Date of Arrest: _____

Pending Charge(s): _____

Arresting Agency: _____ Arresting Officer: _____

Victim-Complainant: _____ Co-defendant(s): _____

Bond: Personal Recognizance Bondsman Surety Cash \$ _____

If cash bond, paid to: _____ Address _____

IV. **CRIMINAL HISTORY:** *** Failure to fill in this section honestly and correctly will result in **immediate** rejection of this application. Include offenses handled in Magistrate's court and Municipal court.***

A. **ADULT**

Date of Arrest	Charge	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. **JUVENILE (FAMILY COURT)**

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V. **BACKGROUND INFORMATION**

A. **FAMILY**

Number of Siblings in Applicant's Family _____ Order of Applicant's Birth _____

Marital Status: Single Married Divorced Separated Widowed Cohabitation

Number of Dependents You Support: _____ Names & Ages: _____

B. **MILITARY SERVICE**

Branch: _____ Length of Service: _____ Rank Achieved: _____

Type of Discharge: _____ Special Training: _____

C. **EDUCATION**

Presently Enrolled: Yes Full-time Part-time No

School Name: _____ Address: _____

If not presently enrolled, last school attended: _____

Number of Years Completed: _____ Major Field of Study: _____

Education Completed:

School	Address	Diploma or degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. **ASSISTANCE REQUESTED**

Applicant Sees the Following as a Problem Area: Alcohol Drugs Parents

Spouse Peers Other _____

Receiving professional help? Yes No If Yes, From Whom? _____

Previous Professional Help? If Yes, From Whom? _____ When? _____

VI. **EMPLOYMENT HISTORY**

Presently Employed? Yes No (If Yes, Skip to Next Page)

If unemployed, what is your method of support and amount per month?

- Social Security \$ _____ Unemployment Compensation \$ _____
- Retirement \$ _____ Welfare \$ _____
- Parents \$ _____ Other \$ _____

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Currently Seeking Employment? Yes No

Type of employment sought: _____

Special skills or qualifications: _____

VII. PRESENT AND PREVIOUS EMPLOYMENT

Presently Employed: Full-time Part-time

Present or most recent employer: _____

City _____ State ____ Supervisor: _____

Salary \$ _____ Hours Weekly ____ Employment length: ____/____ to ____/____

Reason for leaving: _____

Previous employer: _____

City _____ State ____ Supervisor: _____

Salary \$ _____ Hours Weekly ____ Employment length: ____/____ to ____/____

Reason for leaving: _____

Previous employer: _____

City _____ State ____ Supervisor: _____

Salary \$ _____ Hours Weekly ____ Employment length: ____/____ to ____/____

Reason for leaving: _____

Income: Estimated personal income annually \$ _____, _____.

Estimated household income annually \$ _____, _____.

VIII. PRIOR PTI PARTICIPATION

Have you ever applied, been accepted, rejected, participated, terminated and/or successfully completed a Pretrial Intervention Program? If yes, please list charge, date, county, state and explain: _____

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Alternate Contacts: (Not living with applicant, who you are allowing PTI to contact)

Name: _____ Relationship: _____

Mailing Address: _____

Home Phone: ____ - ____ - ____ Business: ____ - ____ - ____

Name: _____ Relationship: _____

Mailing Address: _____

Home Phone: ____ - ____ - ____ Business: ____ - ____ - ____

Name: _____ Relationship: _____

Mailing Address: _____

Home Phone: ____ - ____ - ____ Business: ____ - ____ - ____

I do hereby certify that all of the above information is true and correct. I further understand, if any information is found to be incomplete or false my application to Pretrial Intervention will be rejected and no money will be refunded back to me. I am signing this application freely and voluntarily and will be held liability for all contents.

Signature: _____ Date: _____