

AEP APPLICANTS:

All out of county/state applicants must follow the steps below for consideration into our program. Skipping any of these steps will result in your application being returned to you without being processed. All fees are non-refundable! Please remember that you are only applying and are responsible for any court dates until you are accepted. Failure to attend court may result in a bench warrant.



Please read the AEP brochure listing the criteria for eligibility into the program.

Step 1. Attend your court date first and get a referral form; both the officer and judge must sign

Step 2. Print and fill out the AEP application and contract below. We suggest you keep a copy for yourself.

Step 3. Collect the following documents:

- Copy of your ticket (s) or warrant (s)
- A CLEAR (legible) copy of your picture ID (preferably driver's licenses or DMV ID)
- Official documentation of your social security number-- PLEASE SEND A PREPAID SELF-ADDRESSED ENVELOPE TO RETURN YOUR SOCIAL SECURITY CARD. PHOTO COPIES OF YOUR SOCIAL SECURITY CARD WILL NOT BE ACCEPTED.
- Signed Referral Form from court
- \$250.00 money order or cashier's check payable to AEP for your participation fee

Step 4. Mail application, documents, and fees to Spartanburg PTI, PO BOX 5666, Spartanburg SC 29304.

WAIVERS AND AGREEMENTS

I understand that before I can be accepted into AEP, I must, by law, give up certain statutory and constitutional rights I have pertaining to my present criminal charge(s). I hereby voluntarily agree and consent to give up the following statutory and constitutional rights upon my acceptance into AEP.

1. I waive my rights to a speedy trial.
2. 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,
3. I understand and agree that any records pertaining to participation in AEP or information obtained through AEP is not admissible as evidence in subsequent proceedings, criminal or civil, and communication between AEP 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.
4. In no case shall a written admission of guilt be required of a defendant neither prior to acceptance nor prior to completion of AEP.

7TH JUDICIAL CIRCUIT ALCOHOL EDUCATION PROGRAM

OUT OF COUNTY/STATE APPLICATION

THE AEP PROGRAM IS A PRIVILEGE AND IS VOLUNTARY AND YOUR PARTICIPATION IN THIS PROGRAM IS YOUR DECISION. PLEASE COMPLETE THIS ENTIRE FORM, DO NOT SKIP ANY QUESTIONS. IF THE QUESTION DOES NOT APPLY TO YOU PLEASE MARK N/A IN THE SPACE PROVIDED. PLEASE PRINT LEGIBLY OR TYPE YOUR INFORMATION.

FIRST NAME: _____ MIDDLE: _____ LAST: _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____ MAIDEN NAME/NICKNAMES: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

EMERGENCY CONTACT NAME & NUMBER: _____

RACE: _____ SEX: _____ BIRTHDATE: _____

STATE WHERE YOU WERE BORN: _____ DRIVER'S LICENSE #: _____ STATE: _____

PLEASE CHECK EACH SPACE THAT APPLIES TO YOU:

FULLTIME STUDENT PART TIME STUDENT NOT A STUDENT

EMPLOYED FULL TIME PART TIME UNEMPLOYED DISABLED RETIRED

ARE YOU A US CITIZEN? YES NO

NAME OF SCHOOL NOW ATTENDING: _____

TOTAL # OF YEARS IN SCHOOL: _____ (EXAMPLE: HIGH SCHOOL=12)

PLACE OF EMPLOYMENT: _____ HOW LONG? _____

HAVE YOU EVER APPLIED OR BEEN THROUGH AEP/ADP BEFORE? YES NO- IF YES, WHEN/WHERE? _____

HAVE YOU EVER APPLIED OR BEEN THROUGH PTI BEFORE? YES NO -IF YES, WHEN/WHERE? _____

WHAT ALCOHOL RELATED OFFENSE (S) ARE YOU APPLYING TO AEP ON? _____

ARE THERE ANY OTHER CRIMINAL OFFENSES PENDING AGAINST YOU AT THIS TIME? YES NO -IF SO PLEASE LIST THEM AND THE COUNTY OF OFFENSE.

ARE THERE ANY OTHER OFFENSES THAT OCCURRED AT THE **SAME TIME** THAT AREN'T ELIGIBLE FOR AEP? YES NO
IF SO, WHAT OFFENSE & WHAT HAS HAPPENED WITH THOSE OFFENSES? _____

DO YOU HAVE AN ATTORNEY FOR THE OFFENSE (S) YOU ARE APPLYING ON? YES NO NAME: _____

IN YOUR OWN WORDS, DESCRIBE HOW THIS INCIDENT OCCURRED: _____

HAVE YOU EVER BEEN ARRESTED OR GIVEN A CRIMINAL CITATION? YES NO

IF YOU ANSWERED "YES" LIST ANY CRIMINAL VIOLATIONS OR ARREST SINCE AGE OF 17. (DUI AND DUS ARE OFFENSES)

DO NOT LIST SPEEDING/SEATBELT _____

DO YOU DRINK ALCOHOL? YES NO IF SO, HOW OFTEN? _____

DO YOU USE ILLEGAL DRUGS? YES NO IF YES, LIST THE TYPE, HOW OFTEN AND DATE OF LAST USE: _____

WHAT DO YOU HOPE TO GAIN FROM THIS PROGRAM? _____

SIGNING OF THIS APPLICATION IS MY STATEMENT THAT THE INFORMATION PROVIDED IS CORRECT AND TRUE. I HAVE NO OTHER CRIMINAL HISTORY OTHER THAN WHAT I HAVE LISTED AND I UNDERSTAND THAT I MAY HAVE NO NEW CRIMINAL OFFENSES FROM THIS DAY FORWARD. IF I HAVE AN ADDITIONAL CRIMINAL OFFENSE WHILE IN AEP I WILL BE UNSUCCESSFULLY TERMINATED AND MY CASE WILL BE RETURNED FOR COURT.

I UNDERSTAND IF I HAVE PARTICIPATED IN AEP BEFORE, NO MATTER IF I WAS SUCCESSFUL/UNSUCCESSFUL OR IF I HAVE ANY PREVIOUS ALCOHOL OFFENSES, THAT MY CASE WILL BE AUTOMATICALLY REJECTED AND MY APPLICATION FEE IS NON-REFUNDABLE. 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 WHILE I AM IN THIS PROGRAM.

I UNDERSTAND ALL FEES ARE NON REFUNDABLE.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF AEP STAFF: _____ DATE: _____

OUT OF COUNTY/STATE AEP PROGRAM REQUIREMENTS

By initialing the following you are aware of the AEP conditions and the estimated costs; however we cannot predict the costs on certain types of counseling in your area. You will be responsible for locating a nonprofit community service site and counseling agencies. Failure to complete any of the conditions will result in termination from the program and your case will be returned to court for prosecution.

Requirements for ALL clients:

(Please read and initial all)

Initial	
	No prior application/acceptance into AEP
	All fees are non-refundable
	Authorize and give permission for release of any pertinent information related to AEP participation.
	Length of the program is 60 to 90 days
	By successfully completing AEP, charges will be dismissed and reflect a dismissal on the background report; however you may choose to have your record expunged for an additional fee of \$250.00 payable to AEP and \$35.00 payable to Clerk of Court. AEP cannot expunge media related info or data off the internet.
	Read the waivers and agreements listed on page 1

Initial	Conditions	Time Frames
	No new charges/arrest	Duration of program
	Immediately Notify change of Address & Phone #	Prior to acceptance and duration of program
	Drug Screens \$25-50.00	Random
	Required to be alcohol & drug free!	Duration of program
	\$250.00 Participation Fee	Due at time of application
	20 CS Hours for Magistrate/Municipal Offense (add 10 CS hours for each additional charge)	60 days from the time of acceptance; if not completed hours double and only 30 days to complete.

Counseling/Education based on your charge(s) or age:

(Read and initial)

Initial	Counseling	Cost	Time Frame
	Alcohol Education	\$100.00	8 hours
	Alive @ 25 (ages 15-21)	\$35-45.00	4 hours
	AA (at counselor's discretion)	Free	10 meetings
	Transfer/Sale Alcohol to Minor	\$50.00	4 hours

Date: _____

***If you are charged with Transfer/Sale of Alcohol to a Minor and you are a minor S.C., state law requires that you must also complete PREP counseling in addition to 8 hours of Alcohol Education.**