

## **SOLICITOR'S INTERVENTION PROGRAMS**

**All applicants must follow the steps below for consideration into our programs. 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 Solicitor's Intervention brochure listing the criteria for eligibility into the programs.**

### **Pre-Trial Intervention or Solicitor's Intervention Programs Applicants:**

Step 1. Print and fill out the Solicitor's Intervention application available online. (See Below) \*\*\*

Step 2. 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-- PHOTO COPIES OF YOUR SOCIAL SECURITY CARD WILL BE ACCEPTED, as well as a W-2 form or paycheck stub showing your full social security number
- \$100 money order or cashier's check payable to SIP (Solicitor's Intervention Programs) for your application fee
- Referral form from court, if applicable (Mandatory for Spartanburg City Municipal and Gaffney City Municipal Courts)

Step 3. Mail application, documents, and fees to the Spartanburg office at:

**7<sup>th</sup> Circuit Solicitor's Intervention Programs, Attn: Applications, P O Box 5666, Spartanburg SC 29304.**

**\*\*\*If your charge is being processed by Spartanburg Municipal Court located at 145 W Broad Street or Gaffney Municipal Court, you must attend court first and receive a referral form.**

7<sup>TH</sup> JUDICIAL CIRCUIT SOLICITOR'S INTERVENTION PROGRAMS

THE PTI/SIP PROGRAMS ARE A PRIVILEGE AND NOT EVERYONE IS ACCEPTED. APPLYING TO PTI/SIP DOES NOT GUARANTEE YOUR ACCEPTANCE INTO THE PROGRAM; IF YOU ARE DENIED THE \$100.00 APPLICATION FEE IS NON-REFUNDABLE. ALSO NOTE PTI/SIP 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.

Have you ever been in PTI or a SIP Program, anywhere?  Yes /  No IF, YES, STOP NOW AND SPEAK WITH A STAFF MEMBER

Are you a valid citizen of the United States?  Yes /  No If no, STOP NOW AND SPEAK WITH A STAFF MEMBER

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: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

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

**PLEASE CHECK EACH SPACE THAT APPLIES TO YOU:**

MARRIED  WIDOWED  DIVORCED  SEPARATED  NEVER MARRIED  COHABITATED

FULLTIME STUDENT  PART TIME STUDENT  NOT A STUDENT

EMPLOYED FULL TIME  PART TIME  UNEMPLOYED  DISABLED  RETIRED

PERSONAL INCOME:  0-5000  5-10,000  10-20,000  20-30,000  30-40,000  40-50,000  OVER 50,000

HOUSEHOLD INCOME:  0-5000  5-10,000  10-20,000  20-30,000  30-40,000  40-50,000  OVER 50,000

ARE YOU A U.S VETERAN?  YES  NO BRANCH \_\_\_\_\_

NAME OF SCHOOL NOW ATTENDING: \_\_\_\_\_ TOTAL # OF YEARS OF SCHOOL COMPLETED: \_\_\_\_\_

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

WORK HOURS: \_\_\_\_\_

HAVE YOU EVER APPLIED OR BEEN THROUGH AEP/TEP BEFORE?  YES  NO -IF YES, WHEN AND WHERE? \_\_\_\_\_

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

WHAT CRIMINAL OFFENSE (S) ARE YOU APPLYING TO PTI/SIP ON? \_\_\_\_\_

WERE THERE ANY OTHER OFFENSES THAT OCCURRED AT THE **SAME TIME** THAT AREN'T ELIGIBLE FOR PTI?  YES  NO  
IF SO, WHAT OFFENSE AND WHAT HAS HAPPENED WITH THOSE OFFENSES? \_\_\_\_\_

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

WAS ANYONE CHARGED WITH YOU?  YES  NO IF SO, LIST NAME (S): \_\_\_\_\_

WERE THERE ANY GUNS INVOLVED IN THIS ARREST?  YES  NO (OTHER THAN POLICE WEAPONS)

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 18. (DUI AND DUS ARE OFFENSES)

DO NOT LIST SPEEDING/SEATBELT \_\_\_\_\_

PLEASE LIST A CONTACT PERSON & RELATIONSHIP: \_\_\_\_\_ / \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ARE YOU CURRENTLY ON ANY MEDICATIONS?  YES  NO PLEASE LIST ANY CURRENT PRESCRIPTION MEDICATIONS: \_\_\_\_\_

HAVE YOU EVER HAD ANY TYPE OF COUNSELING? INCLUDE ANY COUNSELING EXPERIENCE. LIST YOUR AGE, REASON FOR, LOCATION, AND LENGTH OF CARE. \_\_\_\_\_

HAVE YOU EVER BEEN PLACED IN A HOSPITAL OR RESIDENTIAL PROGRAM FOR SUBSTANCE ABUSE OR EMOTIONAL PROBLEMS? LIST YOUR AGE, REASON, LOCATION, AND LENGTH OF CARE. \_\_\_\_\_

DO YOU HAVE A MENTAL HEALTH DIAGNOSIS?  YES  NO IF SO, LIST \_\_\_\_\_

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 WHILE PENDING OR PARTICIPATING IN A SOLICITOR'S INTERVENTION PROGRAM. IF I HAVE AN ADDITIONAL CRIMINAL OFFENSE WHILE IN SOLICITOR'S INTERVENTION PROGRAM I WILL BE UNSUCCESSFULLY TERMINATED AND MY CASE WILL BE RETURNED FOR COURT.

The Solicitor's Intervention Programs are confidential programs and we are only allowed to discuss your case with law enforcement, the Solicitor's office, referring court, attorney and victim(s) in this case. If you would like for anyone else to be involved in your case, you must list them and their relationship to you or we WILL NOT BE allowed to discuss any information with them. (This includes your spouse/parents/guardians).

\_\_\_\_\_  
\_\_\_\_\_

**I UNDERSTAND IF I HAVE PARTICIPATED IN PTI or SIP BEFORE, NO MATTER IF I WAS SUCCESSFUL OR UNSUCCESSFUL 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. I MAY NOT DRINK OR POSSESS ALCOHOL, IF UNDERAGE. IF I AM IN PTI FOR AN ALCOHOL RELATED OFFENSE MY ALCOHOL USE IS PROHIBITED.

I UNDERSTAND ALL FEES ARE NON REFUNDABLE.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PTI STAFF: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF SOLICITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**Seventh Judicial Circuit Solicitor’s Intervention Programs**

180 Magnolia Street, PO BOX 5666

Spartanburg SC 29304

Requirements for ALL clients:

(Please read and initial all)

<b>Initial</b>	
	No prior acceptance into PTI/SIP, anywhere in South Carolina
	All fees are non-refundable
	Authorize and give permission for release of any pertinent information related to PTI participation.
	Length of the program is 90 days to a 1 year
	By successfully completing PTI/SIP, 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 SIP and \$35.00 payable to Clerk of Court. SIP cannot expunge media related info or data off the internet.
	If a weapon was involved, you must forfeit your weapon/ammunition. Forfeit means that it will not be returned.
	If restitution is applicable, amount must be paid down to \$2500.00 before being accepted. Any remaining restitution will be given a payment arrangement.

<b>Initial</b>	<b>Conditions</b>	<b>Time Frames</b>
	No new charges/arrest	Duration of program
	Immediately Notify change of Address & Phone #	Prior to acceptance and duration of program
	Written Assignment as to Law	30 days
	Drug Screens \$25-50.00	Random
	Required to be drug free!	Duration of program
	\$250.00 Participation Fee	\$125.00 due 30 days after <b>application</b> date and \$125.00 due 30 days after that date.
	30 CS Hours for Magistrate/Municipal Offense and 50 CS Hours for General Session Charge (* will 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 beside the charge (s) you are applying on)

<b>Initial</b>	<b>Type of Charge (s)</b>	<b>Cost</b>	<b>Time Frame</b>
	Shoplifting	\$100.00	6 weeks
	Simple Possession of Marijuana	\$210.00*	6 weeks
	All other Drug Charges	\$385.00*	13 weeks
	Assault Charge	\$150.00*	6 weeks
	Theft/ Financial Charge	\$150.00*	6 weeks
	All other Charges	\$100.00-\$150.00*	Online/Mail/6 weeks
	Traffic Charge	\$100.00	Online/Mail
	Charges of a Sexual Nature	Varies	Varies
	Domestic Violence	\$650.00*	26 weeks
	Alive @ 25 (ages 15-21)	\$35-45.00	4 hours
	AA/NA (Alcohol or Drug Charge)	Free	10 meetings
	Transfer/Sale Alcohol to Minor	\$50.00*	4 hours
	MADD (Alcohol related)	\$5.00*(under 20)\$40*(over 20)	1.5 hours

\*denotes the average cost in Spartanburg and Cherokee Counties only