



Pretrial Intervention Program (PTIP) Application

8th Judicial Circuit - Morgan County

PTIP Staff to complete this box.

Rcd. Applic: _____/Hon. _____
Court Date: _____/Judge _____ ProSe _____

I. General Information

Knowingly providing false information in this application will automatically deny you entry into the program.
PRINT CLEARLY. DO NOT LEAVE BLANK LINES.

1. Applicant's Full Name: _____

First

Middle

Last

1a. Alias or Nickname(s): _____

2. Present Offense(s) (include case number): _____

3. Applicant's Date of Birth (M/D/Y): _____ / _____ / _____ Current Age: _____

4. City & State of Birth: _____ CDL: Yes No

5. Sex (circle one): M or F

6. Race: _____ Are you a U.S. citizen? Yes No

7. Social Security Number (or Federal ID number): _____

8. Driver License No.: _____ State: _____; ID No.: _____ State: _____

9. Physical Address: _____ APT/Lot No.: _____
City: _____ State: _____ Zip Code: _____

Other Mailing Address/Post Office Box: _____
City State Zip

10. Telephone Numbers: Home: _____; Cell: _____
Alternate Telephone Number(s): _____;

Voice mail and/or answering machine must be activated.

11. Email Address: _____

Check the box, if applies: I view email(s) daily? I receive emails on mobile phone/device?

II. Employment / SSI / SSD Information

12. Name of Business/Employer: _____

Job Title: _____ / Supervisor: _____

Employer's Address: _____

Telephone: (_____) _____; Hire Date: _____/_____/_____

Hourly Wage: \$ _____ Hours per week: _____ Monthly Income: \$ _____ Yearly Income: \$ _____

SSI/SSD Income: \$ _____ per month. Applied for SSI/SSD: Yes No

Month/Year applied for SSI/SSD: _____ Attorney's Name: _____

Attorney's Address/Telephone (if available): _____

Are you unemployed? Yes No. Do you receive Unemployment Compensation? Yes No. If yes, how much do you receive per week \$ _____. Does anyone else contribute to your support or helps to support you? _____ Relationship? _____

13. Employment History Last Two Years:

Employer	Dates Worked	Reason for Leaving	Ending Wage
_____ / _____	_____ / _____	_____ / _____	_____ / \$ _____
_____ / _____	_____ / _____	_____ / _____	_____ / \$ _____
_____ / _____	_____ / _____	_____ / _____	_____ / \$ _____

III. Residential Information

14. Type of residence (circle one): House / Apartment / Mobile Home / Other

15. Do you (circle one): Own / Have Mortgage / Rent / Other

16. Other residents living in the home:

Name	Relationship	Age	Telephone
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____

17. Previous addresses in the last two years:

Address	City/State	Zip Code
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____

IV. Family Information

18. Marital Status (circle one): Married / Divorced / Separated / Single / Common Law / Living Together

19. Spouse / Significant Other:

Name: _____
Telephone: Home _____; Cell _____
Email Address: _____
Address (if different than yours): _____
Occupation: _____ Gross Annual Salary: _____

20. Parents: (If not living, please indicate "Deceased")

Mother: _____ Age: _____
Address: _____
Father: _____ Age: _____
Address: _____
Step-Mother: _____ Age: _____
Address: _____
Step-Father: _____ Age: _____
Address: _____

21. Brother(s)/Sister(s): (List full name / age)

1. _____ / _____ 2. _____ / _____
3. _____ / _____ 4. _____ / _____

22. Children/Step-children: (List full name / age)

1. _____ / _____ 2. _____ / _____
3. _____ / _____ 4. _____ / _____
5. _____ / _____ 6. _____ / _____
7. _____ / _____ 8. _____ / _____

23. Dependents (Any person who's support you claim on taxes)

Name	Relationship	Age
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____

V. Financial Assistance & Obligations

24. Child Support:

Are you receiving child support? Yes No If so, how much? \$ _____
Are you paying child support? Yes No If so, how much? \$ _____

25. Do you receive any financial assistance other than child support? Yes No

If yes, how much do you receive each month: \$ _____

From what agency(s): _____

26. List your **monthly** financial obligations:

Rent / Mortgage	\$ _____	Credit Card(s)	\$ _____
Vehicle(s) Loan	\$ _____	Student Loan	\$ _____
Utilities	\$ _____	Personal/Business Loan(s)	\$ _____
Telephone/Cell(s)	\$ _____	Medical Bills	\$ _____
Auto Insurance	\$ _____	Health Insurance	\$ _____
		TOTAL:	\$ _____

27. Have you ever filed bankruptcy? Yes No

28. Do you have a checking account? Yes No; If yes, list bank: _____

Do you have a savings account? Yes No; If yes, list bank: _____

29. List any other assets, along with the value of each (i.e., car/truck, boat, ATV, real estate, rental income, land, etc.): _____

Equity in real estate/property (value minus what you owe): \$ _____

VI. Education / Training / Military Information

30. Did you attend high school? Yes No; If yes, name of high school: _____

If no, name of the last school attended: _____; Highest grade completed: _____

High School Diploma? Yes No; GED: Yes No; Year you received Diploma/GED: _____

Are you currently enrolled in college/trade school/certification program? Yes No

If so, name of School/City/State: _____

Projected graduation date: _____ Major/Program: _____

Type of program/degree to obtain: Certification Trade/Skill AS AAS BS BA

Have you ever been dismissed or denied entrance into any educational institution? Yes No

If yes, explain: _____

31. Have you ever received any vocational training? Yes No; If yes, describe: _____

32. What employable skills or additional training do you possess? _____

33. Have you ever served in the military? Yes No; If yes, date of service: _____;

Branch: _____; Rank: _____, and type of discharge: _____

Do you serve in the Reserves? Yes No; If yes, where: _____

VII. Criminal History

34. Prior Criminal Involvement with Law Enforcement/Court (Municipal, District, Circuit, Federal, Military):
- | Year Arrested / | Where (City/County/State) / | Charge/Offense / | Disposition
(Guilty/Not Guilty/Pending, etc.) |
|-----------------|-----------------------------|------------------|--|
| _____ / | _____ / | _____ / | _____ |
| _____ / | _____ / | _____ / | _____ |
| _____ / | _____ / | _____ / | _____ |
- (continue on back if necessary)

VIII. Involvement with Other Courts

35. Prior Civil Involvement with Court (Divorce, Eviction, Medical Bills, Loans/Debt, etc.)
- | Date / | Where (City/County/State) / | Involvement / | Disposition
(Judgement/Disposed, etc.) |
|---------|-----------------------------|---------------|---|
| _____ / | _____ / | _____ / | _____ |
| _____ / | _____ / | _____ / | _____ |
| _____ / | _____ / | _____ / | _____ |
- (continue on back if necessary)

IX. Medical Information

36. Health Information: General Health (circle one): Excellent Good Fair Poor
- Describe medical problems, if any: _____

_____.
- List current prescription medications: _____

_____.
- (*If approved for PTIP, you will be required to provide a monthly insurance print-out/prescription list from your pharmacy.)
- List prescribing Doctor(s) / Clinic / City / State / Telephone Number(s):
1. _____;
 2. _____;
 3. _____;
 4. _____;
 5. _____;
 6. _____.
- List current over-the-counter medications you take daily and/or as needed? _____
_____.
- Do you have health insurance? Yes No
If yes, name of insurance company: _____.

X. Substance Abuse Background

37. Do you currently use:

Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of alcohol do you consume and when did you last consume alcohol?
<hr/>		
Amphetamines <small>(i.e., Adderall, Dexedrine, Ritalin, Vyvanse, Focalin, Strattera, etc.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of the amphetamine(s) and when did you last use?
<hr/>		
Barbiturates <small>(i.e., Brevital, Fioricet, Fiorinal, Pentothal, Phenobarbital, etc.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you last use?
<hr/>		
Benzodiazepines <small>(i.e., Xanax, Librium, Klonopin, Tranxene, Valium, Dalmane, Ativan, Restoril, Paxal, etc.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you last use?
<hr/>		
Buprenorphine <small>(i.e., Prefibin, Subutex, Suboxone, etc.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you last use?
<hr/>		
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you last use?
<hr/>		
Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you last use?
<hr/>		
Heroine	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you last use?
<hr/>		
Inhalants <small>(i.e., aerosol sprays, cleaning fluids, glue, paint, etc.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you last use?
<hr/>		
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you last use?
<hr/>		
Methadone	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you last use?
<hr/>		
Methamphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you last use?
<hr/>		
Narcotics <small>(i.e., Opium, Oxycodone, Hydrocodone, Codeine, Lorcet, Lortab, Norco, Vicodin, etc.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you last use?
<hr/>		
Spice/K2	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you last use?
<hr/>		

The Defendant and the Defendant's attorney of record, if applicable, agree the Defendant will enter a plea of guilt to the charge(s) pending, or to other charges as agreed. By entering a plea of guilt, the Defendant will waive his/her right to a trial, to call and confront witnesses, to offer evidence and testimony on his/her behalf, the right to have the State prove guilt beyond a reasonable doubt, the right to indigency status, the right to appeal, the right to file for post-conviction relief and the right to have a pre-sentence investigation and report filed with the sentencing court unless requested by the District Attorney. Defendant agrees to enter a plea of guilt and complete all requirements, as instructed, should the District Attorney approve the Defendant for the Pretrial Intervention Program.

Signature of Applicant

Date

CERTIFICATION

Sworn to and subscribed before me on this, the _____ day of _____, 20_____.

Notary Public