



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: _____

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: \$ _____

Do you receive SSI/SSD Income: Yes No If yes, how much do you receive each month \$ _____

Have you applied for SSI/SSD: Yes No Month/Year applied for SSI/SSD: _____

SSI/SSD Attorney's Name: _____

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 diagnoses or mental health concerns, if any: _____

- Do you have a history of in-house substance abuse and/or psychiatric treatment? Yes No
- List current prescription medications and what each medication is for: _____

- (*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. _____.
- Allergies: _____
- Are you allergic to adhesives (i.e., latex, band-aids): Yes No
- 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 Yes No If yes, what type of alcohol do you consume and when did you last consume alcohol?

Amphetamines Yes No If yes, name of the amphetamine(s) and when did you last use?
(i.e., Adderall, Dexedrine, Ritalin, Vyvanse, Focalin, Strattera, etc.)

Barbiturates Yes No If yes, when did you last use?
(i.e., Brevital, Fioricet, Fiorinal, Pentothal, Phenobarbital, etc.)

Benzodiazepines Yes No If yes, when did you last use?
(i.e., Xanax, Librium, Klonopin, Flexeril, Tranxene, Valium, Dalmane, Ativan, Restoril, Paxal, etc.)

Buprenorphine Yes No If yes, when did you last use?
(i.e., Prefibin, Subutex, Suboxone, etc.)

Cocaine Yes No If yes, when did you last use?

Crack Yes No If yes, when did you last use?

Heroin Yes No If yes, when did you last use?

Inhalants Yes No If yes, when did you last use?
(i.e., aerosol sprays, cleaning fluids, glue, paint, etc.)

Marijuana Yes No If yes, when did you last use?

Methadone Yes No If yes, when did you last use?

Methamphetamines Yes No If yes, when did you last use?

Narcotics Yes No If yes, when did you last use?
(i.e., Opium, Oxycodone, Hydrocodone, Codeine, Lorcet, Lortab, Norco, Vicodin, Tramadol, etc.)

Spice/K2/K3 Yes No If yes, when did you last use?

Over-The-Counter Product(s): Yes No If yes, what and when did you last use?

Pretrial Intervention Program (PTIP) Agreement

8th Judicial Circuit - Morgan County District Attorney's Office

Applicant: _____ Case No: _____

- Admission of guilt and waiver of rights:** For entry into the program the District Attorney, at his discretion, will require the participant to either enter a plea of guilt to the charges pending against the participant, or to other charges as agreed, or to execute a signed statement admitting his/her guilt. This statement shall be admissible in any criminal trial. Adjudication of these charges will be withheld until the participant either successfully completes the program or is revoked. By entering a guilty plea the participant waives the right to a trial, to call and confront witnesses, to offer evidence and testimony on his/her behalf, and his/her right to have the State prove his guilt beyond a reasonable doubt. Further, the participant waives the right to a direct appeal, to file for post conviction relief, to assert a claim of indigency for any agreed upon monies to be paid by the participant, to assert the right to a speedy trial in this case, to have a pre-sentence investigation and report filed with the sentencing court unless requested by the District Attorney. The participant agrees that entry into the program tolls any statute of limitations.
- Do not violate any federal, state or local law:** Participant will be required to obey all federal, state and local laws. Violation of any law may, at the discretion of the District Attorney, result in expulsion from the program or modification of the terms and conditions of the program. The participant's arrest on new charges may result in termination from or modification of the program without regard to the final disposition of the new charges.
- Comply with the terms of any supervised release imposed by any court of competent jurisdiction or by the program director:** Participant shall provide copies of court orders or other documents verifying compliance with other programs upon request of the program director.
- Comply with all registration and living restrictions:** Participant shall comply with all registration and restrictions regarding residency and employment required by statute, court order or the program director.
- Provide proof of U. S. Citizenship or Resident Alien status:** Upon request of the program director the participant shall provide adequate proof of U. S. citizenship or Resident Alien Status. The District Attorney will notify Federal authorities of any individual who is illegally present in the United States.
- Comply with other court orders:** The participant shall comply with the terms of any protection from abuse order, restraining order, no contact order, no trespass order, or any other court order prohibiting acts of violence or harassment, including pendent lite or temporary orders issued by any court of competent jurisdiction.
- Notify the District Attorney and Clerk of the Court of any change in address or telephone number(s):** Participant shall keep the District Attorney and Clerk of the Court informed of his/her correct mailing address (where he/she receives mail), physical address (where he/she actually lives) and telephone number(s). If electronic monitoring is required, the participant may be required to obtain service and maintain a land-line telephone at his/her own expense.
- Report to the District Attorney as directed:** Participant will be monitored by the District Attorney's office and may be supervised by other service providers as required for admission into the program. Participant is required to report to the program director and others as directed. Failure to comply will be deemed a violation of the terms of this agreement and may result in participant's termination from the program at the discretion of the District Attorney.
- Provide documentation regarding criminal history, education, training, employment, family history, medical or psychiatric treatment, wages and income history:** Upon request of the program director the participant shall provide these documents.
- Maintain employment:** Participant is required to find suitable employment based upon his/her health, ability, education, and training; taking into consideration available employment opportunities. Unless specifically waived, participant shall be gainfully employed or actively seeking employment. Participant shall notify the program director in the event of any change in employment or employment status.
- Completion of High School, certified vocational training or obtaining G.E.D.:** Unless specifically waived, participant will be required to complete high school, obtain a G.E.D., or complete a certified vocational training course prior to completion of the program.

12. **Support of dependents:** Participant shall be in compliance with any court ordered child support payments or putting forth his best effort to become compliant.
13. **Disclosure of all medications and submission to substance abuse tests:** Participant shall submit a list of all medications being taken by participant and shall immediately notify the program director of any changes in that list. Participant may be subjected to random, unannounced drug screens. The participant will be responsible for paying the costs of these screens. Failure to submit to a drug screen, diluted or insufficient samples will be considered as a failed screen or a positive screen for which the participant may be terminated from the program at the discretion of the District Attorney.
14. **Consent and submit to searches by state or local law enforcement officers:** Participant agrees and specifically consents to allow any state or local law enforcement officer or agency to enter any premises under the participant's control or to detain the participant or any vehicle under the participant's control for the purpose of searching their person, and any property, premises or vehicle under participant's control. Participant agrees that these searches may be conducted at any time of the day or night for the purpose of searching for and seizing any contraband, any other evidence of a criminal offense or any evidence that the participant has violated the terms of the Pretrial Intervention Agreement or Program. Participant agrees and does hereby expressly waive the requirement of a search warrant, probable cause and reasonable suspicion that a crime is being or has been committed by the participant in order for any search set forth herein to occur.
15. **Pay restitution as directed:** It is the goal of the program to make victims whole for the crime which was committed against them. Participant shall pay restitution to any victims involved in his/her case. A schedule for the payment of restitution will be set up for the participant by the program director. The payment schedule will be set as aggressively as possible to insure the total debt is paid in a timely and consistent manner. Restitution will be calculated with the court costs and paid at the Circuit Clerk's Office, Fourth Floor. Restitution will be included in the projected cost disclosure provided to the participant.
16. **Pay administration fees as directed:** Participant will be required to pay an Administration fee in the amount of \$_____ if approved for the program. This fee may be accessed once for each case in which the participant is being monitored and is non-refundable. The Administration Fee may be paid in full or partial payments. Although due at the time of the initial appointment, the program director, in her discretion, may accept this fee in installment payments approved by the District Attorney. A projected cost disclosure form will be provided to participant which will provide an estimate of program costs and fee schedules. No applicant will be denied admission into the program based solely on the inability to pay this fee.
17. **Pay monitoring fees as directed:** The participant will also be required to pay a monthly monitoring fee in the amount of \$_____ (for _____ months) to the program. These costs will also be included in a projected cost disclosure form.
18. **Pay an Offender Database Maintenance Fee:** Participant's name and other relevant information regarding his/her charge(s) and entry into the program will be entered into a statewide offender database which is maintained by the Office of Prosecution Services. Participant will be required to pay a one time \$7.00 maintenance fee at the time of application to cover the costs of data entry and record maintenance.
19. **Pay court costs and court ordered monies as directed:** Unless otherwise ordered by the Court, court costs will be collected in each case that is accepted in the program. These costs will be collected by the Clerk of the Court, Fourth Floor, and will be included in the projected cost disclosure provided to the participant.
20. **Complete treatment, counseling, self-help or aftercare programs as directed:** Participants may be required to enroll in, successfully complete and provide proof of completion of any program required by the program director. The participant will be responsible for paying the costs of any program required by the program director. The cost of these programs will be included in the projected cost disclosure provided to the participant.
21. **IF YOU HAVE BEEN ARRESTED FOR DRIVING UNDER THE INFLUENCE** [in accordance with Act 18-517, effective July 1, 2018]:
 - a. Defendant will be required to have Ignition Interlock installed for a minimum of 6 months, or the duration of the program, whichever is greater.
 - b. The Defendant will be required to obtain a Restricted Driver License after Ignition Interlock installed and within 30 days of PTIP Plea Order.
 - c. If the Defendant submits that he/she does not own a vehicle, the Defendant will be required to sign an Affidavit attesting to the fact and pay a monthly fee of \$75.00 [at the Circuit/District Clerk's Office] for the duration of the program.
 - d. Defendant will be required to submit to random, monthly drug and alcohol screens (color code).

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 Participant

Date

Signature of Attorney for Participant

Email for Attorney

Printed Name of Attorney for Participant

Telephone Number for Attorney

CERTIFICATION

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

NOTARY PUBLIC