

FELONY PRE-TRIAL INTERVENTION (PTI)

updated 12-14-2016

The Felony Pre-Trial Intervention (PTI) program is a diversion program operated by the Florida Department of Corrections. The purpose of the PTI program is to afford first time felony offenders the opportunity to avoid the stigma of a criminal conviction by diverting their case from the trial court process. Defendants charged with a qualifying third degree felony may be approved for this program.

The felony PTI program is similar to being on probation. Upon successful completion of the year long PTI program, the charge will be dismissed. Successful completion of the program will require making full restitution to the victim, if applicable, in addition to other conditions. It is highly recommended that defendants speak with their attorney regarding the benefits of entering this program as opposed to continuing through the court process.

Please be advised that the taking of depositions or hearing substantive motions will disqualify a defendant from PTI consideration.

An attorney seeking PTI on behalf of a defendant must apply within forty-five (45) days from the date of arraignment. The documents necessary to apply are listed below. For consideration, all documents must be completed and emailed to the State Attorneys' Office (SAO) at FelonyPTI@sao17.state.fl.us within these forty-five (45) days. Once received, the SAO will review and process the application to determine if the defendant qualifies for the program. The entire process may take from 30 to 90 days from the date the application is received at the SAO.

Applicants who meet PTI requirements and are subsequently supervised within the state of Florida by the Florida Department of Corrections are not required to enter a plea of guilty to the charges to participate in PTI. However, should you reside out of state during the period of supervision, you must plead guilty to the charges and have your sentencing deferred for a period of one year. Your supervision will be subject to the Interstate Compact for Adult Offender Supervision. Per the Florida Department of Corrections, only offenders who enter a plea of guilty and waive the right to a trial if they fail to successfully complete the program are compact eligible. Upon successful completion of the program, as determined by the State Attorney's Office, the State will agree to allow you to withdraw your previously entered plea of guilty and the case will be dismissed. Should you fail to successfully complete the program, as determined by the State Attorney's Office, you will not be allowed to withdraw your plea of guilty and you will be sentenced by the court.

An application received after the forty-five (45) day requirement will require a waiver letter from the State Attorney's Office. To obtain this waiver, the attorney for the defendant must email a request explaining good cause for the delay. Correspondence should be directed to FelonyPTI@sao17.state.fl.us.

All applicants must provide to the felony PTI program a notarized typed sworn statement detailing the facts and circumstances of the offense for which the applicant has been arrested/charged. If the sworn statement so provided does not contain facts indicative of knowledge or conduct on the part of the applicant consistent with guilt of all of the elements of the offense (including value of the items stolen if applicable), factually or legally, in the opinion of the State Attorney's Office, this office will not consent to the applicant's entry into the program.

All attorneys and applicants should review the State Attorney Pre-Trial Intervention Guidelines for conditions under which this sworn statement may be used against a defendant.

Attorneys should contact the State Attorney's Office if their client cannot sign a sworn statement of guilt based on a claim of innocence.

[Click here for a copy of the complete [Pre-Trial Intervention Guidelines](#) and a full description of the conditions to qualify for the Program.]

Offenses Excluded

Please note that not all third degree felony offenses are eligible for PTI. No exceptions are made to allow defendants charged with non-qualifying offenses into the PTI Program. Below are some examples of charges not eligible for the PTI program:

• Felony of the second degree or higher	• Any weapon charges
• Any type of violent crime	• Aggravated Assault
• Robbery	• Attempted Residential Burglary
• DWLS, DUI, Leave Scene of Accident	• Fleeing/Eluding
• Offenses involving vending, forging or counterfeiting private labels	• Crimes indicative of an organized scheme to defraud
• Restitution owed over \$5,000 at time of application	• Possession of anti-shoplifting control device
	• Possession of heroin, LSD, methamphetamine, PVP or any derivative thereof, or one half gram or more of Cocaine

Offenses against government entities will be reviewed on a case by case basis and acceptance will be

solely at the State Attorney's Offices discretion.

Drug Offenses

Defendants charged with a qualifying third degree felony drug possession offense and who otherwise meet the requirements for admission into the felony PTI program may be admitted into the program. Possession of heroin, LSD, methamphetamine, PVP or any derivative thereof, or one half gram or more of cocaine are offenses not eligible for felony PTI. Furthermore, the State will not permit a defendant charged with a qualifying offense into the program when the facts or circumstances indicate that the defendant was involved in dealing drugs. All PTI participants are subject to random drug testing. It should be noted and understood that a single positive drug test will cause a defendant to be dismissed from the program. However, those dismissed from the felony PTI program may still be eligible to participate in Drug Court, subject to the rules of that program. Defendants charged with a drug offense who are terminated from the felony PTI program for unsuccessful completion will be automatically referred to Drug Court. Please note, defendants who have entered into a Deferred Prosecution Agreement (DPA) in Drug Court are not eligible for the felony PTI program.

A completed application to the felony PTI program must include the following original documents:

Sub-Sections [*\[click here for a Complete Application Packet of the below individual required documents\]*](#)

1. PTI Document Checklist
2. Deferred Prosecution Agreement, signed and witnessed
3. Waiver of Rights, signed and notarized
4. Statement of Admission, typed, signed and notarized
5. Copy of Probable Cause Affidavit
6. Copy of Information
7. Felony PTI Initial Data Sheet
8. PTI Interview Worksheet, signed and notarized

These complete signed and notarized documents should be e-mailed to FelonyPTI@sao17.state.fl.us

If accepted, original sworn documents must be provided to Department of Corrections at the time of the first appointment.

All PTI inquiries should be directed to FelonyPTI@sao17.state.fl.us or by calling 954-831-6371.

BROWARD COUNTY 17TH JUDICIAL CIRCUIT COURT
PRE-TRIAL INTERVENTION GUIDELINES

The following sets forth revised policy, procedure and minimum eligibility requirements for obtaining State Attorney Office approval for the entry of an applicant into the Felony Pre-Trial Intervention Program supervised by the Department of Corrections in this circuit.

1. APPLICATION

Application for entry into the P.T.I. Program can be emailed to FelonyPTI@sao17.state.fl.us or dropped off directly to the SAO Felony Pre-Trial Intervention Program, 201 S.E. 6th Street, Suite 655, Fort Lauderdale, FL 33301 on or before the forty-fifth (45th) day from the arraignment of the applicant. Applications to PTI will not be accepted if the defense has taken the depositions of state witnesses or otherwise pursued substantive defenses. Application forms can be found at www.sao17.state.fl.us/diversion-programs and then hitting the “click here” under Felony Pre-Trial Intervention (PTI) heading .

2. RESIDENCY

The applicant must be a bona fide resident of Broward County, Florida for no less than six (6) months if living with parent(s), spouse or legal guardian(s) at the time of the application; otherwise the Applicant must be a bona fide resident for twelve (12) months at the time of the application. If the applicant is a similarly qualified bona fide resident of another jurisdiction having a P.T.I. Program or a similar diversionary program acceptable to the Department of Corrections, Pre-Trial Intervention Program, Broward County, Florida, and this other program is willing to supervise the Applicant should he/she be accepted into the Program, this above requirement will be waived.

3. PAST ADULT OFFENSE HISTORY

The Applicant must have no prior adult felony convictions and no more than one (1) prior conviction for a non-violent misdemeanor or no more than two (2) misdemeanor arrests. Applicants with a prior felony arrest will be reviewed on a case by case basis.

4. PAST JUVENILE OFFENSE HISTORY

If an Applicant is twenty-five (25) years or less and possesses a juvenile record of criminal offenses indicative of disregard for the criminal laws, in the opinion of the State Attorney’s Office, the Applicant may be disqualified for entry into the Program for reason of this record.

5. OFFENSE

The criminal offense for which the Applicant has been arrested or charged must be a NON-VIOLENT third degree felony. The State Attorney’s Office reserves the option to preclude any entry into PTI based on the circumstances of the offense. The following categories of offenses, even though non-violent third degree felonies will AUTOMATICALLY PRECLUDE consideration and State Attorney’s Office consent for entry into the program.

- a. Multiple charge/count situations {two (2) or more charges/counts} where the charges/counts arise out of separate factual circumstances and criminal transactions;
- b. Sale or delivery of any controlled substance prohibited by Chapter 893, Florida Statute;

- c. Possession of any quantity of heroin, methamphetamine or L.S.D., PVP as these substances are defined in Chapter 893, Florida Statutes;
- d. Possession of more than one-half gram of cocaine or greater as prohibited by Chapter 893, Florida Statutes;
- e. Possession of any drug prohibited by Chapter 893, Florida Statutes that is inconsistent with personal use.
- f. All third degree felonies defined in Chapter 849, Florida Statutes, relating to Gambling;
- g. All third degree felonies defined in Chapter 790, Florida Statutes, relating to Weapons and Firearms;
- h. All third degree felonies defined in Chapter 796, Florida Statutes, relating to Prostitution;
- i. All third degree felonies where the actual loss to the victim exceeds the monetary amount of \$5,000.00, unless the victim specifically consents to the entry of the individual if the restitution amount exceeds \$5,000.00 and it appears that the amount of restitution can be repaid within the twelve (12) month period of P.T.I. supervision.
- j. All third degree felonies charged by indictment;
- k. All third degree felonies involving abuse of a minor child;
- l. Possession of anti-shoplifting control device
- m. Attempted residential Burglary
- n. Offenses involving vending, forging or counterfeiting private labels

6. CONSENT OF VICTIM(S)/ARRESTING OFFICER(S) REQUIRED

The victim(s) of the offense for which the Applicant was arrested/charged, and the arresting officer(s), must consent in writing to the Applicant participating in the P.T.I. Program. However, in the case of an arresting officer refusing to consent, a reason for this refusal must be given for the review of the State Attorney's Office. A refusal by an arresting officer based on his/her disbelief in the Pre-Trial Intervention Program will not be acceptable.

7. RESTITUTION REQUIRED

If a person or persons, including an Insurance carrier, suffered monetary loss which can be determined without controversy as a direct result of the commission of the offense for which the Applicant was arrested/charged, the Applicant must be ready, willing and able to make full restitution to such person or persons, including Insurance carriers, and such restitution shall be made a specific condition of the Applicant's satisfactory completion of the Program.

8. WAIVER OF RIGHTS REQUIRED

If an individual desires to be considered for entry into the Program, upon applying for entry into the Program and prior to any further processing of such application, the Applicant must voluntarily, knowingly and intelligently execute a document to be provided that he/she has been fully advised of his/her Constitutional Rights, including, but not limited to the right to remain silent regarding the facts and circumstances related to the offense for which the applicant has been arrested/charged and that the Applicant has waived the right to a Speedy Trial on the said offense for the period of time required for a final decision regarding the Application. In the event the Applicant is accepted into the Program, the Applicant shall waive his/her right to a Speedy Trial until the Applicant is terminated from the program, whether satisfactorily or unsatisfactorily. If at the time of applying for entry into the program the Applicant has an attorney representing him/her in connection with the offense for which he/she was arrested/charged, said attorney shall be required to confirm that he/she has also advised the Applicant of these same rights.

9. SWORN STATEMENT REQUIRED

The Applicant must provide to the P.T.I. Program a signed and sworn typed statement relating the facts and circumstance of the offense for which the Applicant has been arrested/charged. If the factual statement so provided does not contain facts indicative of knowledge or conduct on the part of the Applicant consistent with guilty, factually or legally, in the opinion of the State Attorney's Office, this Office will not consent to the Applicant's entry into the Program. If the Applicant is not accepted into the Program, for any reason, the statement so provided will not be used as evidence against the Applicant in the State's case, in the event of trial on the charges; however, the statement MAY be used in the event of a trial on the charges where the accused testifies as rebuttal evidence in the nature of impeachment. If the Applicant is accepted into the Program and subsequently unsatisfactorily terminated from the Program such statement MAY be used as evidence in the State's case at the prosecutor's discretion, in the event of a trial on the charge for which the Applicant applied for entry into the Program.

10. SPECIAL CONDITIONS TO ENTRY

- a. If, in the opinion of the P.T.I. Program Staff Supervisors, the Applicant is in need of special counseling, the Applicant must agree to participate in such counseling programs as a specific condition of his/her satisfactory completion of the Program.
- b. The P.T.I. Program Staff Supervisors may require the Applicant to attend programs designed to provide self-improvement education or may require the Applicant to perform up to forty (40) hours of Community Service as a specific condition of his/her satisfactory completion of the Program. If the Applicant is not willing to accept such a condition, the Applicant will not be accepted into the Program.

PTI DOCUMENT CHECKLIST:

When submitting your application to the Pre-Trial Intervention office, please be sure to include the following:

- Deferred Prosecution Agreement, *signed and notarized*** and must include accurate amount of restitution
- Waiver of Rights form, *signed and notarized***
- Typed Sworn Statement of Admission, *signed and notarized***
- Copy of Probable Cause Affidavit**
- Copy of Information**
- P.T.I. Initial Data Sheet,**
- Pre-Trial Interview Worksheet & Financial Affidavit, handwritten and completed by the Defendant.**

*****Each required document must be completed in its entirety (where applicable). Incomplete packets will be returned causing a delay in the processing of your client's application.*****

Once completed, these original documents should be e-mailed to the SAO office at the below address:

FelonyPTI@sao17.state.fl.us

BROWARD COUNTY 17TH JUDICIAL CIRCUIT COURT
Pretrial Intervention Program
DEFERRED PROSECUTION AGREEMENT

It being alleged in Information # _____ that you _____ committed an offense
(Court Case#) (Defendant Name)

against the State of Florida on or about the ____ day of _____ 20____, to wit: _____
(Crime(s) Committed)

Having been advised of your Constitutional Rights and it further appearing after an investigation of the offense and your background that the interest of the State of Florida, and your interest, will best be served by entering into this Agreement.

Therefore, Michael J. Satz, State Attorney, in and for the Seventeenth Judicial Circuit, Broward County, Florida, agrees that prosecution in this matter for said offense will be deferred for a period of one (1) year from this date, provided you abide by the following conditions:

1. You will live and remain at liberty without violating any law (Federal, State or Local). A conviction in a Court of Law, would not be necessary, any criminal arrest could constitute a violation of your Pretrial Intervention Agreement.
2. You will pay to the State of Florida, the amount of \$ 50.00 per month toward the cost of your supervision, plus a four percent administrative processing fee in accordance with Florida Statutes 945.31 and 948.09, unless any such payments are specifically waived in compliance with Florida Statutes.
3. You shall pay costs of prosecution in the amount of \$250.00 within the first month of acceptance to the PTI Program unless otherwise directed by your officer.
4. You will work regularly at a lawful occupation and support any dependents to the best of your ability and you acknowledge that your employer must be informed of your status in the program within thirty (30) days of your acceptance or within thirty (30) days of employment, should you obtain a new position after acceptance.
5. You will not change your residence or employment without first procuring the consent of your Pretrial Intervention (PTI) Officer.
6. You will immediately inform your Pretrial Intervention Supervisor if you get arrested, or have any contact with Law Enforcement.
7. You will not leave the county of your residence without first obtaining the consent of your supervising officer.
8. You shall associate only with law abiding persons.
9. You will make yourself available for the services of the Pretrial Intervention Program by reporting in person to your PTI Officer as directed.
10. You will not use any intoxicants to excess, nor will you use any controlled substances. Any positive drug test will result in your automatic dismissal from the program. You will submit to urinalysis, breathalyzer or blood tests at any time requested by your officer or the professional staff of any treatment center where you are receiving treatment, to determine possible use of alcohol, drugs or controlled substances. You shall be required to pay for such tests.

Page 2/Deferred Prosecution Agreement – con’t.

RE: State v. _____ **Docket #:** _____
(Defendant Name) (Court Case #)

11. You shall pay restitution in the amount of \$ _____, plus a four (4) percent surcharge, jointly and severally if applicable, per Florida Statute 945.31 within the first eight (8) months of PTI in equal monthly installments as directed by your officer.
12. You will agree to waive any and all claims to the property seized for forfeiture under the Florida Contraband Forfeiture Act specifically, _____. You further agree to forfeit all rights, title and interest in such property in favor of the appropriate arresting agencies.
13. You will truthfully answer all inquires by your officer, agree that your officer may visit your home, employment, school, or elsewhere, without your prior approval, and will comply with all instructions your officer may give you.
14. You will attend any alcohol, drug, psychological or other rehabilitative program directed by your Pretrial Intervention Officer and if no such program is deemed necessary, you will enroll in and attend a self-improvement class or program approved by your Pretrial Intervention Officer, or donate forty (40) hours of your time to the community. I understand that I will be responsible for any fees or costs associated with treatment.
15. You are not required to work during the period of time that you are enrolled as a full-time student.
16. You will neither possess, carry nor own any weapon or firearm.
17. You will testify truthfully in the trial of the co-defendant(s) if so requested by the State Attorney’s Office.
18. You will pay the Broward County Public Defender’s Application Fee of fifty (50) dollars, if you are represented by the Public Defender’s Office.
19. You are not required to enter a plea of guilty to the charges to participate in PTI if you are supervised within the state of Florida by the Florida Department of Corrections. However, should you be permitted by PTI to reside out of state during the period of supervision, you must waive your right to trial and plead guilty to the charges and have your sentencing deferred for a period of one year. Your supervision will be subject to the Interstate Compact for Adult Offender Supervision. Upon successful completion of the Program, as determined by the State Attorney’s Office, the State will agree to allow you to withdraw your previously entered plea of guilty and the case will be dismissed. Should you fail to successfully complete the Program, as determined by the State Attorney’s Office, you agree that you will not be allowed to withdraw your plea of guilty and you will be sentenced by the court.

The State Attorney may, during the period of Deferred Prosecution revoke or modify the conditions of your Deferred Prosecution by:

1. Changing the period of Deferred Prosecution.
2. Prosecuting you for this offense if you violate any of these laws.
3. Voiding this agreement should it be determined that you have a prior record of adult criminal felony convictions.

If you comply with these conditions during the period of Deferred Prosecution, the offense(s) for which you are placed in the program will be dismissed.

Page 3/Deferred Prosecution Agreement – con't.

RE: State v. _____ **Docket #:** _____
(Defendant Name) (Court Case #)

Signing this Deferred Prosecution Agreement withdraws and/or waives your right to a speedy trial under the Constitution and Laws of Florida and the United States of America in the cause of which prosecution is being deferred. Attached hereto and incorporated by reference is a Waiver of Rights document executed by and dated this ____ day of _____, 20____, which is made part of this Agreement.

Michael J. Satz,
State Attorney

Signed By: _____
Assistant State Attorney Date

Print ASA Name: _____

I hereby state that the above has been read and explained to me. I understand the conditions of my Deferred Prosecution and agree that I will comply with same.

Signed By: _____
Date

Print Defendant Name: _____

Signed By: _____
Date

Print Defense Attorney Name: _____

Witnessed by: _____
Date

Print Witness Name: _____

WAIVER OF RIGHTS

As an applicant for entry into the Pretrial Intervention Program (PTI), I, _____ do
(Defendant's Name)

hereby affirm that I have consulted with my attorney, _____ concerning this matter,
and she/he has advised me of my Constitutional Rights, including, but not limited to my right to a speedy trial by jury and the right to remain silent regarding the facts and circumstances of the offense(s) with which I have been charged.

Understanding these rights, I do hereby voluntarily waive the right to a speedy trial of the offense(s) with which I am charged for the period of time required for a final decision regarding whether or not I will be accepted into the Pretrial Intervention Program (PTI).

Further, I do voluntarily waive my right to remain silent concerning the facts and circumstances of said offense(s) and will provide the Pretrial Intervention Office with a signed and sworn statement regarding the facts and circumstances of said offense(s) to the best of my knowledge. I understand that if I am not accepted into the Pretrial Intervention Program, for any reason, the statement so provided will NOT be used as evidence against me in the event of a trial on the charge(s), except that the statement MAY be used as rebuttal evidence in the nature of impeachment.

I acknowledge that I further understand that if I am accepted into the Pretrial Intervention Program (PTI) and subsequently unsatisfactorily terminated from the Program, such statement MAY be used as evidence at the Prosecutor's discretion, in the event of a trial on the charge(s) against me.

Witness my hand and seal this ____ day of _____ A.D, 20__

Defendant's Signature

Sworn to and subscribed before me, this _____ day of _____, 20__

Notary Public, State of Florida.

My Commission Expires:

I hereby confirm that, as the attorney of record for _____, I have advised my client of his/her Constitutional Rights

Defense Attorney Signature

Date

DEFENDANT'S SWORN STATEMENT REQUIREMENT

The Applicant must provide to the P.T.I. Program a signed and sworn typed statement relating the facts and circumstance of the offense for which the Applicant has been arrested/charged. If the factual statement so provided does not contain facts indicative of knowledge or conduct on the part of the Applicant consistent with guilty, factually or legally, in the opinion of the State Attorney's Office, this Office will not consent to the Applicant's entry into the Program.

Please see the complete Broward State Attorney's Office Pre-Trial Intervention Guidelines for conditions under which this statement may be used against a defendant.

Please see page 2 of this document and use the following form when completing the admission of guilt.

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SWORN STATEMENT OF ADMISSION

On the ____ day of _____, 20____, I _____, committed the offense(s) of _____
_____. The facts and circumstance of the offense(s) are as follows:

I hereby affirm the above statement to be true on this ____ day of _____, 20____.

Print Defendant's Name

Defendant's Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20____, by _____,
who personally appeared before me and is (____) Personally Known **OR** (____) Produced the following
Identification: _____, ID#: _____.

NOTARY PUBLIC, Signature

My Commission Expires: _____

(Notary Seal or Stamp)

FELONY P.T.I. INITIAL DATA SHEET

NOTE: Must apply within forty-five (45) days of arraignment

Be sure to e-mail the original hard copy to: FelonyPTI@sao17.state.fl.us

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<Leave this box blank, for DOC USE> DC#: _____ PTI OFFICER: _____
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Include P/C, Copy of Information and complete below:

DEFENDANT NAME: _____

ADDRESS: _____

TELEPHONE: _____

DATE OF BIRTH: _____

RACE: _____

GENDER: _____

SOCIAL SECURITY NUMBER: _____

ARRESTING AGENCY: _____

ARRESTING OFFICER: _____

DATE OF ARRAIGNMENT: _____

DATE OF ARREST: _____

COURT CASE #: _____

CHARGE(s): _____

ASSISTANT PUBLIC DEFENDER or ATTORNEY: _____

ATTORNEY TELEPHONE#: _____

ASSISTANT STATE ATTORNEY NAME: _____

JUDGE NAME: _____

VICTIM'S INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

CO-DEFENDANT, IF ANY: _____

REFERRAL DATE: _____

PRETRIAL INTERVIEW WORKSHEET

(to be completed by Defendant)

Date: _____

Name: _____ Maiden Name: _____
Last First Middle

Address: _____

Telephone: _____ Work #: _____

Age: _____ Date of Birth: _____ Race: _____ Sex: _____

Social Security Number: _____

Birthplace: _____ County of Residence: _____

Are you a citizen of the United States? _____ If no, what is your Citizenship?

Weight: _____ Height: _____ Eye Color: _____ Hair Color: _____

Identification Marks (scars, tattoos, etc): _____

Next of Kin: _____
Name Relationship Address Telephone No.

Your attorney's name and telephone #: _____

Driver's License #: _____ State _____

Expiration Date: _____

Offense:

What offense (s) have you been charged with: _____

Briefly describe the circumstances of your arrest, what led to the offense, what happened and what is your part in it? (Please be reminded that an admission of guilt statement is necessary for admission into this program and any statement that you provide may be used against you in prosecution.)

What are your feelings about the offense and your part in it? What effect, if any, has it had on you? Is there anything you would like to do as a result? _____

Juvenile: Have you ever been arrested as a Juvenile (age 17 or under)? _____ If yes, please describe:

Adult: Have you ever been arrested as an adult? _____ If yes, please describe: _____

SOCIAL HISTORY

Family

Father's Name: _____ Age: _____ Occupation: _____

Address: _____

Number of Marriages: _____ Arrest record: _____ If so, for what?

Mother's Name: _____ Age: _____ Occupation: _____

Address: _____

Number of Marriages: _____ Arrest record: _____ If so, for what?

Stepmother's name: _____ Age: _____ Occupation: _____

Stepfather's name: _____ Age: _____ Occupation: _____

Legal Guardian: _____ Age: _____ Occupation: _____

Address: _____ Phone # _____

Number of Marriages: _____ Arrest record: _____ If so, for what?

Quality of relationship (how well do you get along)? _____

Siblings: Please list all brothers and sisters

Name	Age	Address	Arrest record
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

Please list schools attended:

Grades	Dates	School	City/State	Major
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Overall High School grade average: _____ College average: _____

Extracurricular activities in school (s) _____

Have you had any vocational training? _____ If so, what and in what area? _____

What are your activities in your spare time? _____

Do you smoke? (what, how much) _____

Do you drink? (what, how much) _____

Have you ever had any alcohol or drug counseling? _____ If so, where and when? _____

Have you ever used any form of drugs? _____ If so, what kind and when? _____

Are you currently using any drugs? _____ If so, what kind? _____

EMPLOYMENT

Beginning with current employer, please list the following:

<u>Dates</u>	<u>Name/Address/Phone</u>	<u>Supervisor</u>	<u>Position</u>	<u>Salary</u>	<u>Reason for Leaving</u>
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What are your career goals, if any? _____

If you are not currently working, who supports you? _____

What is your gross monthly income from employment? _____

Do you have income from any other sources? _____ If so, what and how much? _____

MONTHLY EXPENSES

Mortgage/Rent: _____ Per Month _____ Total owed: _____

Car Payment: _____ Per Month _____ Total owed: _____

Medical Bills: _____ Per Month _____ Total owed: _____

Utilities: _____ Per Month _____ Total owed: _____

Credit cards: _____ Per Month _____ Total owed: _____

Other: _____ Per Month _____ Total owed: _____

PERSONAL REFERENCES

Please list personal character referenced who are aware of the charges pending against you:

Name _____ Address _____ Phone Number _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

MARITAL HISTORY

Number of marriages: _____ For each marriage, please list the following:

Name of spouse: _____ Age: _____ Occupation: _____

Date of marriage: _____ Place of marriage: _____

Date of divorce: _____ How is your current relationship with your current spouse?

Do you have any children? _____ If so, please list as follows:

Name _____ DOB _____ Address _____ Mother's Name _____ Father's Name _____

MILITARY

Have you ever served in the military? _____ If so, please list branch, date: _____

If you are not currently in the military, have you registered with selective services? _____

RESIDENTIAL HISTORY

Please list the following in reference to where you have lived:

AGE _____ CITY/STATE _____

Do you currently live in a house or an apartment? _____

How many bedrooms and bathrooms? _____

Names of persons currently living with you: _____

What is the condition of your residence? _____

HEALTH

Are you currently in good physical health? _____ If no, explain: _____

Have you ever had any serious illnesses or accidents? _____ If yes, explain: _____

Do you have any handicaps or deformities? _____ If yes, explain: _____

Have you or any of your family members ever been treated by a Psychologist or Psychiatrist? _____

If yes, explain: _____

If accepted to this program, what are your plans regarding residence, employment, education?

If restitution is due in this case, are you willing to make the necessary payments? _____

In addition to supervision, one of the purposes of the pretrial intervention program is to assist the participant in areas of need (emotional, psychological, employment, vocational, educational, etc.). If you are accepted into this program, what do you feel are your needs and in which areas would you need assistance? _____

If you do not currently have your high school diploma or stable employment, you may be required to attend school or some sort of vocational training. Are you willing to do this voluntarily? _____

Some participants in this program are required to contribute 40 (forty) hours of their time to the community in the form of volunteer work. Are you willing to do this voluntarily? _____

If you are accepted into this program and your pretrial intervention supervisor feels that you are in need of some sort of counseling, are you willing to submit to this voluntarily? _____

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Signature

Date

[This area intentionally left blank]

FINANCIAL AFFIDAVIT

State of Florida, County of Broward

Before me, the undersigned authority, personally appeared _____, who was sworn and says that the following statement of affiant's employment, income, expenses, assets and liabilities is true:

Occupation: _____

Employed by: _____

Address: _____

Pay period: Weekly Bi-weekly Monthly (circle one)

Rate of pay: _____ per hour or _____ salary \$ _____

ITEM 1: INCOME (Averaged on a Monthly Basis)

Average gross wage per month: \$ _____

Less deductions: Federal Income Tax \$ _____
 Social Security \$ _____
 Other \$ _____

Total deductions: \$ _____

Average net wage: \$ _____

Itemize other income: _____

TOTAL NET INCOME: \$ _____

ITEM 2: EXPENSES (Averaged on a Monthly Basis)

Rent, house payments: \$ _____

Food: \$ _____

Clothing: \$ _____

Incidentals: \$ _____

Medical and dental: \$ _____

Transportation: \$ _____

Insurance: \$ _____

Taxes-property: \$ _____

Light, gas, telephone: \$ _____

Average child support paid: \$ _____

Other monthly bills: \$ _____

TOTAL EXPENSES: \$ _____

SUMMARY

Net income: \$ _____

Less expenses: \$ _____

ITEM 3: ASSETS

Cash on hand or in banks: \$ _____
Stocks, bonds, notes: \$ _____
Real estate: Home \$ _____
 Other \$ _____
Automobiles: Make _____ Model _____ Year _____ \$ _____
Other personal property: \$ _____
Itemize other assets: _____ \$ _____

TOTAL ASSESTS: \$ _____

ITEM 4: LIABILITIES

Credit union: \$ _____
Real estate mortgages: \$ _____
Automobile loans: \$ _____
Other notes or loans: _____ \$ _____

TOTAL LIABILITIES: \$ _____

Affiant's signature (Print Affiant's name)

Sworn to and subscribed on this _____ day of _____, 20__

Notary Public

My commission expires