



William B. Rogers, Jr.
Solicitor

Pre-Trail Intervention (PTI) Program Application
Alcohol Education Program (AEP) Application
Domestic Violence Intervention Program (DVIP)

Client Contact and Personal Information:

Name: _____

Address: _____

City/St/Zip: _____

Phone: _____ Email: _____

SSN: _____ DOB: _____

Age: ____ Sex: ____ Race: ____

Driver's License State: ____ DL #: _____

State of Birth: _____

Marital Status: Single Married Separated Divorced Widowed

Education/Employment Information:

Education: ____ Attending School ____ Not Attending

Name of School: _____

High School Graduate: Y or N GED Obtained: Y or N

Highest Education Level Achieved: _____

Employment: Current Employer: _____

Contact Person: _____ Phone: _____

Charge Information:

Warrant/Ticket Number: _____

Charge: _____

Attorney: _____

Attorney Phone: _____

Any Prior Charges: Y or N

If yes, please explain:

Have you ever been enrolled in a PTI program: Y or N

If yes, when and where:

Anyone with whom your case may be discussed:

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Relationship: _____

Relationship: _____

**Initial on each line below that you have read and are aware of the fees
associated with the diversion programs:**

_____ \$100 Application Fee

_____ \$250 Participation Fee

_____ \$285 Expungement Fee

_____ Additional fees will be charged for required classes (Batterers Intervention, Anger Management, Life Choices, Alive @ 25, Drug/Alcohol Education, etc.). Class fees are determined by each referral agency and are not at the discretion of the Fourth Circuit Solicitor.

IT IS YOUR RESPONSIBILITY TO NOTIFY THE FOURTH CIRCUIT SOLICITOR'S OFFICE

IF YOU HAVE A CHANGE OF ADDRESS AND/OR PHONE #

Pre-Trial Intervention Program/Alcohol Education Program/Domestic Violence Intervention Program

Participation Agreement

By signing this contract, I agree to the following requirements:

1. All Application/Participation fees must be paid before acceptance in the PTI, AEP, DVIP program. These and all other fees are non-refundable.
2. All requirements assigned by the program director must be met in order to be completed from the program. This includes any fees, classes, drug screens, community service, restitution, or any other requirements that is deemed necessary.
3. You must provide any changes in contact information. This office always needs your current information in order to efficiently communicate with you while in the program.

Diversion programs are a second chance and a privilege. Failure to comply with the requirements listed above could result in termination from the program. Termination from the program will result in your case being returned to the court by which you were referred for prosecution. Successful completion of the program will result in your charge being dismissed. There are additional fees associated with the expungement process to remove these charges from your record.

___ I agree to the above listed requirements and I understand the consequences if I fail to complete this program.

___ I do not agree with the requirements.

In order to participate in the diversion program, I also agree to the following waivers and agreements:

1. I waive my right to a speedy trial.
2. I agree to the tolling of all periods of limitation established 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 or information obtained throughout are not admissible as evidence in subsequent proceedings, criminal or civil. Communication between the Fourth Circuit Solicitor's Office and defendants shall remain as privileged communication unless a court of competent jurisdiction determines that this is compelling public interest that such communication be revealed.

Client Signature: _____ Date: _____

Director Signature: _____ Date: _____