

TRAFFIC EDUCATION PROGRAM (TEP) APPLICATION

APPLICANT INFORMATION

FULL NAME: _____
FIRST MIDDLE LAST SUFFIX (JR., III, ETC.)

NICKNAME/ALIAS: _____ MAIDEN NAME: _____

MAILING ADDRESS:

STREET/P.O. BOX/APT./LOT #:		
CITY:	STATE:	ZIP:

SOCIAL SECURITY #: _____ - _____ - _____ HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

RACE: _____ GENDER: MALE FEMALE DATE OF BIRTH: ____/____/____ BIRTH STATE/COUNTRY: _____

AGE: _____ DL#: _____ DL STATE: _____ DO YOU HAVE A CDL LICENSE? YES NO

IF YOU HAVE A CDL LICENSE, PLEASE CONTACT THE TEP OFFICE TO DISCUSS YOUR ELIGIBILITY.

ARE YOU A US CITIZEN? YES NO ARE YOU MILITARY, ACTIVE OR RESERVE? YES NO

ATTORNEY'S NAME: _____ PHONE #: (____) _____ - _____

E-MAIL COMMUNICATION

COMPUTER ACCESS? YES NO INTERNET ACCESS? YES NO E-MAIL: _____

BY PROVIDING MY EMAIL BELOW, I AUTHORIZE AND CONSENT TO COMMUNICATE BY EMAIL. IN AUTHORIZING EMAIL COMMUNICATION, I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY TEP STAFF OF ANY CHANGES TO MY EMAIL ADDRESS. I ACCEPT THE LIABILITY AND RISKS ASSOCIATED WITH THE USE OF EMAIL AND UNDERSTAND TEP CANNOT ACCEPT RESPONSIBILITY FOR ANY EMAIL MESSAGES NOT RECEIVED BY OR FROM YOU, OR FOR ANY DELAY IN THE RECEIPT OR DELIVERY OF ANY EMAIL NOTIFICATIONS. TEP IS NOT RESPONSIBLE FOR LOSS OF MESSAGES AND OTHER CONSEQUENCES FROM THE USE OF ELECTRONIC COMMUNICATION.

SCHOOL/EMPLOYMENT

NAME:	NAME:
LAST GRADE COMPLETED:	TITLE/POSITION:

SCHOOL INFORMATION:

EMPLOYMENT INFORMATION:

TEP CHARGE INFORMATION

PROVIDE THE TICKET #(S) AND CHARGE INFORMATION FOR THE CHARGE(S) YOU ARE APPLYING TO TEP ON:

TICKET #: _____	CHARGE: _____
TICKET #: _____	CHARGE: _____

DRIVING HISTORY INFORMATION

- i. DO YOU HAVE ANY POINTS AGAINST YOUR DRIVER'S LICENSE AT THIS TIME? YES NO

- ii. IF YOU HAVE POINTS AGAINST YOUR DRIVER'S LICENSE, PLEASE LIST THE NUMBER OF POINTS. _____

- iii. HAVE YOU EVER **APPLIED, BEEN REJECTED** AND/OR **PARTICIPATED** IN A TRAFFIC EDUCATION PROGRAM (TEP) IN THE STATE OF SOUTH CAROLINA? YES NO

CONTACT INFORMATION

I AUTHORIZE TO THE COMMUNICATION BETWEEN THE TRAFFIC EDUCATION PROGRAM AND MY CONTACT PERSON LISTED BELOW.

CONTACT INFORMATION:

FULL NAME:			
FIRST	MIDDLE	LAST	SUFFIX
HOME PHONE: () _____	:	CELL PHONE: () - _____	RELATIONSHIP TO YOU:

CHANGE OF ADDRESS/TELEPHONE NUMBER

_____ (INITIAL) IF I CHANGE MY ADDRESS OR TELEPHONE NUMBER, I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY TRAFFIC EDUCATION (TEP) AND THE COURT HANDLING MY PENDING CHARGE.

STATEMENT OF TRUTH AND RESPONSIBILITY

I UNDERSTAND THAT ANY FALSE OR UNDISCLOSED INFORMATION MAY BE GROUNDS FOR MY REJECTION OR TERMINATION FROM THE PROGRAM. FURTHERMORE, I UNDERSTAND THAT FEES PAID TO THE TRAFFIC EDUCATION PROGRAM ARE NON-REFUNDABLE. I ALSO UNDERSTAND THAT IF I RESIDE OUTSIDE THE STATE OF SOUTH CAROLINA, I WILL BE RESPONSIBLE FOR OBTAINING AND PROVIDING AN OFFICIAL COPY OF MY DRIVING RECORD FROM MY STATE OF RESIDENCE TO THE JUDICIAL CIRCUIT IN WHICH THE CITATION IS PENDING.

DEFENDANT SIGNATURE: _____ DATE: _____

PRINTED OR TYPED NAME OF DEFENDANT: _____ DATE: _____

End of form. Page intentionally left blank.

**TRAFFIC EDUCATION PROGRAM (TEP)
PARTICIPATION CONTRACT**

STATE OF SOUTH CAROLINA The State, <p style="text-align: center;">VS.</p> <hr style="width: 80%; margin-left: 0;"/> Defendant's Name	In the ____ Judicial Circuit <p style="text-align: center;">PARTICIPATION CONTRACT</p>
Ticket #(s):	
Charge(s):	

I. REPRESENTATIONS OF DEFENDANT

- a. I certify that I have been advised of the Traffic Education Program (TEP Program or Program), and I am able and willing to meet all criteria necessary to enter the Program.
- b. I certify that all information contained in my application for admission to the TEP Program is true and accurate.
- c. I understand and agree that any false, misleading, or erroneous information provided in my application for admission to the TEP Program or given during my participation in the TEP Program will constitute grounds for rejection or termination from TEP, and that upon such rejection or termination the case will be returned to its assigned court for traditional prosecution.

II. REQUIRED INFORMATION

- a. I understand that as part of my participation, I may be required to provide records and relevant authorizations of release for such records, including but not limited to the following: driver's records, and educational/defensive driving courses. I agree to do so.

III. FEES

- a. I understand an application and participation fee, as set by statute, must be paid in order to apply and participate in the TEP Program. I voluntarily consent to pay such fees. I further understand that the fees paid are non-refundable. The following forms of payment are accepted: (Insert payment methods).

IV. PARTICIPATION

- a. I agree to attend and complete an approved Defensive Driving Course, Community Service, and assignments deemed appropriate by the solicitor of his/her designee.
- b. I agree that if the Defensive Driving Course/agency falls outside of the Circuit Solicitor's Office I voluntarily agree to pay any fees these outside agencies may require as a condition of my participation in such programs.
- c. I understand if I change my address, telephone number, or email address it is my responsibility to notify TEP and the court handling my pending charge(s).

V. EXPUNGEMENT

- a. I understand that any time after my successful completion of the TEP Program, I may apply to the court to have the traffic charge(s) for which I entered the Program removed from my driving record, and this removal is called expungement. The Circuit Solicitor's Office is responsible for processing expungement applications, and the South Carolina Law Enforcement Division is the agency that is responsible for approval of the expungement. The final decision to expunge your record(s) rests exclusively with the South Carolina Law Enforcement Division.
- b. I understand and agree that, if I wish to have the charge expunged for which I successfully completed the Program I must submit an application for expungement to the Circuit Solicitor's Office. I understand there are separate fees required to apply for an expungement and that I am responsible for those fees. Fees for expungement are governed by the South Carolina Legislature and are subject to change at any time.

VI. TERMINATION FROM TEP PROGRAM

- a. I understand and agree that my failure to attend classes, to keep appointments, or to complete all requirements as assigned are grounds for termination from the TEP Program. If I am subsequently charged with a new traffic violation, I may be terminated from the Program, and once terminated, I cannot be readmitted into the TEP Program.
- b. I understand and agree the Circuit Solicitor’s Office has the sole authority to determine whether the rules and regulations of the Program have been violated, and the decision to terminate me from the TEP Program rests exclusively with the Circuit Solicitor or his/her designee.
- c. I further understand that if I withdraw or I am terminated from the TEP Program, my case will be returned to the assigned court for traditional prosecution.

VII. WAIVERS OF RIGHTS & AGREEMENTS

- a. I understand that I am guaranteed certain statutory and constitutional rights related to the above- referenced charges. As a condition of my acceptance into and participation in the TEP Program, I agree to waive those rights. I also understand that if I am not accepted into the TEP Program, or voluntarily withdraw from the TEP Program, my waiver of these rights will be withdrawn, and these rights will be reinstated. I expressly agree to accept and abide by all the terms and conditions of the TEP Program as established by the Circuit Solicitor and set forth in this Participation Contract.
- b. I hereby voluntarily agree and consent to give up the following statutory and constitutional rights upon my acceptance into the TEP Program:
 - i. I waive my right to a speedy trial;
 - ii. I agree to the tolling of all periods of limitation established either by statutes or rules of court, including those periods of limitation applicable to any and all motions that may be pending before the Court;
- c. I expressly agree to accept and abide by all the terms and conditions of the TEP Program as established by the Circuit Solicitor and set forth in this Participation Contract;
- d. I understand and agree that any records pertaining to participation in the Traffic Education Program or information obtained through TEP is not admissible as evidence in subsequent proceedings, criminal or civil, and communication between TEP staff and defendants shall remain as privileged communications unless a court of competent jurisdiction determines that there is compelling public interest that such communication be revealed;
- e. In no case shall a written admission of guilt be required of a defendant prior to acceptance nor prior to completion of the TEP Program.

By my signature below, I verify that (a) I have read and have had the opportunity to ask questions regarding my rights and the conditions with respect to this Participation Contract; and (b) I freely and voluntarily and without duress agree that I will comply with the Participation Contract conditions and enter into this Participation Contract this ___ day of _____, 20___ in the County of _____, State of South Carolina.

Defendant Signature: _____ Date: _____

Printed or Typed Name of Defendant: _____ Date: _____

Traffic Education Representative Signature: _____ Date: _____