



**Pretrial Intervention Program (PTIP)  
City of Hartselle Municipal Court**

**Eligibility Requirements  
and Instructions for Application**

**ELIGIBILITY REQUIREMENTS:**

1. Any person charged with a crime in Hartselle Municipal Court that qualifies for diversion from prosecution may apply for PTIP under the following conditions:
  - a. Applicant may only apply for specified charges filed in Hartselle Municipal Court.
  - b. Applicant must be 18 years or older at the time of offense(s).
  - c. Applicant cannot possess a Commercial Driver License (CDL).
  - d. Applicant is a first time offender or has minimal criminal history.
  - e. Applicant is unlikely to be involved in further criminal activity.
  - f. Applicant will likely respond to rehabilitative treatment.
  - g. Applicant does not have any other outstanding charges.
  - h. Applicant must admit guilt.
  - i. Justice is served by enrollment in the Diversion Program.
  - j. Applicant poses no substantial threat to the safety or well-being to the public and community.
  - k. Applicant must comply with all terms of the PTIP application.

**PTIP APPLICATION INSTRUCTIONS:**

1. Upon approval by the Prosecutor to apply for PTIP, the application must be fully completed and turned in to the Hartselle Municipal Court Clerk's office in a timely manner. Failure to do so will result in denial of entry into PTIP.
2. Carefully read and truthfully complete all information on the application. Write NA in blanks that do not apply to you. Make sure you and your attorney initial, sign and date in all designated spaces. Section VIII of the application must be notarized. Knowingly providing false information on the application will result in denial of entry into PTIP.
3. Bring your completed, signed and notarized application to the Hartselle Municipal Court Clerk's office for processing at:

Hartselle Municipal Building  
611 Chestnut St NW  
Hartselle, AL 35640  
Phone: 256-773-2703

After review, you and/or your attorney will be notified of acceptance or denial into PTIP. If accepted, an appointment will be set to review the Terms, Conditions and Agreement.



**Pretrial Intervention Program (PTIP)  
Application  
City of Hartselle Municipal Court**

Staff Use:
Case # _____
Atty: _____
Dt. Applied: _____
Dt Granted: _____
Dt Completed: _____

**I. Identifying Information**

**Complete the entire application and print clearly. Knowingly providing false information in this application will automatically deny entry into the Program.**

Applicant's Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address, (if different): \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ (voicemail must be activated)

Alt Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ CDL: ( YES / NO )

**II. Employment Information**

Name of Business/Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hrs per week: \_\_\_\_\_

Current Hourly Wage: \$ \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Last Two (2) years Employment History:

Employer Name	Dates Worked	Reason for Leaving	Ending Wage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### III. Financial Assistance & Obligations

Do you receive child support: ( YES / NO ) If yes, how much monthly \$ \_\_\_\_\_

Do you receive SSI/SSD Income: ( YES / NO ) If yes, how much monthly \$ \_\_\_\_\_

Do you receive Unemployment Compensation: ( YES / NO ) If yes, how much monthly \$ \_\_\_\_\_

Do you receive any other assistance: ( YES / NO ) If yes, how much monthly \$ \_\_\_\_\_

(name of agency: \_\_\_\_\_)

Does anyone else contribute to your support: ( YES / NO ) If yes, how much monthly \$ \_\_\_\_\_

(relationship to you: \_\_\_\_\_)

Have you ever filed for bankruptcy: ( Y / N )

List your monthly obligations:

Rent/Mortgage	\$ _____	Meals/Groceries	\$ _____
Auto(s) Loan	\$ _____	Fuel	\$ _____
Utilities	\$ _____	Clothing	\$ _____
Telephone	\$ _____	Credit Card(s)	\$ _____
Auto Insurance	\$ _____	Student Loan	\$ _____
Health Insurance	\$ _____	Personal/Business Loan(s)	\$ _____
Medical Bills	\$ _____	Child Support	\$ _____
Other	\$ _____	Other	\$ _____
TOTAL \$ _____			

### IV. Education / Training / Military Information

Did you attend high school: ( YES / NO ) If yes, name of high school: \_\_\_\_\_

If no, name of last school attended: \_\_\_\_\_ Highest grade completed: \_\_\_\_\_

High school diploma: ( YES / NO ) GED: ( YES / NO ) If yes, year received: \_\_\_\_\_

Do you have a college or university degree: ( YES / NO ) If yes, type of degree received: \_\_\_\_\_

Do you have trade certification(s): ( YES / NO ) If yes, type of certification(s): \_\_\_\_\_

Do you have a trade skill/training: ( YES / NO ) If yes, type of trade/training: \_\_\_\_\_

Are you currently enrolled in a college, university, trade school or certification program? ( YES / NO )

If yes, name of School/City/State: \_\_\_\_\_

Expected graduation date: \_\_\_\_\_ Major/Program: \_\_\_\_\_

List any other employable skills or training you possess: \_\_\_\_\_

Have you ever served in the military: ( YES / NO ) If yes, date of service: \_\_\_\_\_ Branch: \_\_\_\_\_

Rank: \_\_\_\_\_ type of discharge: \_\_\_\_\_

Do you serve in the Reserves: ( YES / NO ) If yes, where: \_\_\_\_\_

## V. Residential/Family Information

Marital Status (circle): Single / Married / Divorced / Separated / Living Together

Name of Spouse/Significant Other: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_ Alt Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gross Annual Salary: \$ \_\_\_\_\_

Type of residence you live in: \_\_\_\_\_ Do you: (circle) Own / Mortgage / Rent / Other

List all residents living in the home other than you and your spouse/significant other:

Name	Relationship	Dependent(y/n)	Age	Telephone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous address within last two (2) years:

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

## VI. Medical Information

Describe your general health (circle one): Excellent / Good / Fair / Poor

List medical or mental health diagnoses, if any: \_\_\_\_\_

Do you have a history of in-house substance abuse or psychiatric treatment: ( YES / NO )

Are you currently using any prescription medications: ( Y / N ) If yes, list:

Name of medication	Prescribed for	Name of Doctor	City/State	Telephone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List over the counter medications currently taking: \_\_\_\_\_

List allergies: \_\_\_\_\_

Do you have health insurance: ( Y / N ) If yes, name of insurance company: \_\_\_\_\_

Substance Abuse History: If yes, when did you last use?

Alcohol ( Y / N ) \_\_\_\_\_

Amphetamines ( Y / N ) \_\_\_\_\_

Barbiturates ( Y / N ) \_\_\_\_\_

Benzodiazepines ( Y / N ) \_\_\_\_\_

Buprenorphine ( Y / N ) \_\_\_\_\_

Cocaine ( Y / N ) \_\_\_\_\_

Crack ( Y / N ) \_\_\_\_\_

Heroin ( Y / N ) \_\_\_\_\_

Inhalants ( Y / N ) \_\_\_\_\_

Marijuana ( Y / N ) \_\_\_\_\_

Methadone ( Y / N ) \_\_\_\_\_

Methamphetamines ( Y / N ) \_\_\_\_\_

Narcotics ( Y / N ) \_\_\_\_\_

Spice/K2/K3 ( Y / N ) \_\_\_\_\_

Over the Counter ( Y / N ) \_\_\_\_\_

Others: \_\_\_\_\_

Others: \_\_\_\_\_

## VII. Criminal/Court History

Prior Criminal History: (Municipal, District, Circuit, Federal, Military)

Yr Arrested	City/State	Offense	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### VIII. Admission of Guilt/Acknowledgment & Waiver of Rights

(to be notarized)

List all present charge(s) including case numbers:

Attorney Name: \_\_\_\_\_

Write a detailed description of your participation and responsibility for the present offense(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ The Defendant and the Defendant's attorney of record, if applicable, agree the Defendant will enter a  
Def Initials      plea of guilty to the charges(s) pending, or to other charges as agreed. By entering a plea of guilty, 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 City prove guilt beyond a reasonable doubt, the right  
to appeal, and the right to file for post-conviction relief. The Defendant and the Defendant's attorney  
agree the Defendant waives all applicable statute of limitations in defense of this matter. Defendant  
agrees to enter a plea of guilty and complete all requirements, as instructed, should the Prosecutor  
approve the Defendant for the Pretrial Intervention Program (PTIP).

\_\_\_\_\_ The Defendant agrees that he/she is represented by competent counsel or is waiving the right to be  
Def Initials      represented by competent counsel in making this decision.

\_\_\_\_\_ The Defendant agrees and fully consents without reservation that any motion to nolle prosequi or other  
Def Initials      dismissal of pending charges is subject to reinstatement in the event the Defendant fails to complete the  
diversion program.

I swear or affirm the foregoing events are true and accurate to the best of my knowledge. I further swear or affirm that  
having waived the aforementioned rights, I hereby acknowledge my guilt in the matter(s) and am requesting to be  
placed in the City of Hartselle Municipal Court's Pretrial Diversion Program.

Date: \_\_\_\_\_

Defendant Signature

As attorney for the Defendant, I hereby acknowledge there is a factual basis for the Defendant's guilt in the matter(s)  
and agree the Defendant is entering this plea of guilty voluntarily, on his/her own free will, under no duress or undue  
influence and with a full understanding of the possible consequences of said plea of guilty.

Date: \_\_\_\_\_

Attorney Signature

#### NOTARY CERTIFICATION

STATE OF ALABAMA, COUNTY OF \_\_\_\_\_

I, the undersigned authority, in and for said County and State, hereby certify that \_\_\_\_\_ whose  
name is signed to the foregoing and who is known to me, who being first duly sworn on oath, acknowledged before me  
on this day, that the statements contained herein are true and correct and (s)he executed the same voluntarily on the  
day the same bears date.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notary Public

My Commission expires: \_\_\_\_\_