



**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 Hartsville 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):

Def Initials The Defendant and the Defendant's attorney of record, if applicable, agree the Defendant will enter a plea of guilt to the charges(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 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 guilt and complete all requirements, as instructed, should the Prosecutor approve the Defendant for the Pretrial Intervention Program (PTIP).

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

Def Initials The Defendant agrees and fully consents without reservation that any motion to nolle prosequi or other 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.

Defendant Signature Date: _____

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 guilt 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 guilt.

Attorney Signature Date: _____

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 the _____ day of _____, 20____.

Notary Public
My Commission expires: _____