

## **FELONY PRE-TRIAL INTERVENTION (PTI)**

*updated 4/1/2023*

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(s) 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.

***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 Attorney's Office (SAO) at [FelonyPTI@sao17.state.fl.us](mailto: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, applied promptly, and are subsequently supervised within the state of Florida by the Florida Department of Corrections are generally 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, if you are not a bona-fide resident of the State of Florida, if you apply after the 45 day time period or if there are extenuating circumstances related to the facts and charges, 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 permitted into the program if they do not reside in Florida. 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 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](mailto:FelonyPTI@sao17.state.fl.us)

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

### **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. 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. A single positive drug test will cause a defendant to be dismissed from the PTI

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 possession offense who are terminated from the felony PTI program for unsuccessful completion will be automatically referred to Drug Court. However, defendants who previously entered into a Deferred Prosecution Agreement (DPA) in Drug Court are not eligible for the felony PTI program.

**OFFENSES EXCLUDED**

Please note that not all third-degree felony offenses are eligible for PTI. Non-qualifying offenses will be reviewed on a case-by-case basis. Offenses against government entities will be reviewed on a case by case basis and acceptance will be solely at the discretion of the State Attorney’s Office.

Below are some examples of charges not eligible for the PTI program:

• <i>Felony of the first or second degree or higher</i>	• <i>Any weapons charges</i>
• <i>Any type of violent crime</i>	• <i>Aggravated Animal Abuse</i>
• <i>Child Abuse or Neglect</i>	• <i>Attempted Residential Burglary</i>
• <i>DWLS, DUI, Leave Scene of Accident</i>	• <i>Fleeing/Eluding</i>
• <i>Offenses involving vending, forging or counterfeiting private labels</i>	• <i>Crimes indicative of an organized scheme to defraud</i>
• <i>Restitution owed over \$5,000</i>	• <i>Possession of anti-shoplifting control device</i>

**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 required documents/](#)**

1. PTI Document Checklist
2. Waiver of Rights, signed and notarized
3. Copy of Probable Cause Affidavit
4. Copy of Information
5. Felony PTI Initial Data Sheet
6. PTI Interview Worksheet, signed and notarized

These complete signed and notarized documents should be e-mailed to [FelonyPTI@sao17.state.fl.us](mailto:FelonyPTI@sao17.state.fl.us)

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

All PTI inquiries should be directed to [FelonyPTI@sao17.state.fl.us](mailto:FelonyPTI@sao17.state.fl.us) or by calling 954-831-6371.

**BROWARD COUNTY 17<sup>TH</sup> 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 the 17<sup>th</sup> Circuit.

1. APPLICATION

Application for entry into the P.T.I. Program can be emailed to [FelonyPTI@sao17.state.fl.us](mailto:FelonyPTI@sao17.state.fl.us) or dropped off directly to the SAO Felony Pre-Trial Intervention Program, 201 S.E. 6<sup>th</sup> Street, Suite WW-8130, Fort Lauderdale, FL 33301 on or before the forty-fifth (45<sup>th</sup>) 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 <https://browardsao.com/diversion-programs/> and then hitting “click here” under the Felony Pre-Trial Intervention (PTI) heading.

2. RESIDENCY

The applicant must be a bona fide resident of the State of Florida. If the applicant is a resident of another state and the Department of Corrections, Pre-Trial Intervention Program, Broward County, Florida, is willing to supervise them, they may also apply to the program but will be required to plead guilty and defer sentencing. Persons residing outside of the United States are ineligible.

3. PAST ADULT OFFENSE HISTORY

The applicant must have no prior adult felony convictions, including withholds, may not have been previously granted PTI for a separate felony offense, and cannot have more than three (3) prior convictions for a non-violent misdemeanor or no more than three (3) 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 of age, or less, and has 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 Statutes;
- c. Possession of narcotics prohibited by Chapter 893, Florida Statutes, inconsistent with personal use.

- d. All 3<sup>rd</sup> degree felonies in Chapter 849, Florida Statutes, relating to Gambling;
- e. All 3<sup>rd</sup> degree felonies in Chapter 790, Florida Statutes relating to Weapons or Firearms;
- f. All 3<sup>rd</sup> degree felonies in Chapter 796, Florida Statutes, relating to Prostitution;
- g. All felonies where the actual monetary loss to the victim exceeds \$5,000.00, unless it appears that full restitution can be repaid within the period of P.T.I. supervision.
- h. All 3<sup>rd</sup> degree felonies charged by indictment;
- i. All 3<sup>rd</sup> degree felonies involving abuse or neglect of a minor child;
- j. Possession of anti-shoplifting control device
- k. Attempted Residential Burglary
- l. Animal Abuse
- m. Offenses involving vending, forging or counterfeiting private labels
- n. Felony Traffic offenses involving Serious Bodily Injury or Death to a victim
- o. Felony Traffic offenses for Driving While License Suspended, Driving Under the Influence, Fleeing/Eluding a LEO, Reckless Driving, or Leaving Scene of an Accident

6. CONSENT OF VICTIM(S) REQUIRED

*The victim(s) of the offense for which the applicant was arrested/charged, must consent to the applicant participating in the P.T.I. Program.*

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 the application, the applicant must voluntarily, knowingly and intelligently execute a document 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 to complete the diversion 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. SPECIAL CONDITIONS TO ENTRY

- a. If, in the opinion of the P.T.I. Program Staff, the applicant is in need of special counseling, or to attend programs designed to provide self-improvement education, the applicant must agree to participate in such programs as a specific condition of satisfactory completion of P.T.I.
- b. The P.T.I. Program Staff Supervisors 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.

**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 my attorney 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 to complete the Pretrial Intervention Program (PTI).

IN RE: STATE OF FLORIDA v. \_\_\_\_\_

CASE # \_\_\_\_\_

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

BROWARD COUNTY 17<sup>TH</sup> JUDICIAL CIRCUIT COURT

# FELONY P.T.I. INITIAL DATA SHEET

WITHIN 45 DAYS OF ARRAIGNMENT, E-MAIL THIS COMPLETED DOCUMENT WITH THE APPLICATION PACKET TO: [FelonyPTI@sao17.state.fl.us](mailto:FelonyPTI@sao17.state.fl.us)

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< Leave this box blank, for DOC USE >

DC#: \_\_\_\_\_ PTI OFFICER: \_\_\_\_\_

## ATTACH THE P/C AFFIDAVIT AND INFORMATION TO THE APPLICATION PLEASE COMPLETE THE FOLLOWING:

DEFENDANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

RACE: \_\_\_\_\_

GENDER: \_\_\_\_\_

ARRESTING AGENCY: \_\_\_\_\_

ARRESTING OFFICER: \_\_\_\_\_

DATE OF ARRAIGNMENT: \_\_\_\_\_

DATE OF ARREST: \_\_\_\_\_

COURT CASE #: \_\_\_\_\_

CHARGE(s): \_\_\_\_\_

DEFENDANT'S ATTORNEY: \_\_\_\_\_

ATTORNEY TELEPHONE: \_\_\_\_\_

ASSISTANT STATE ATTORNEY: \_\_\_\_\_

JUDGE/DIVISION: \_\_\_\_\_

<Leave box blank to be completed by SAO> VICTIM'S INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CO-DEFENDANT(s):** \_\_\_\_\_

REFERRAL DATE: \_\_\_\_\_

Revised March 2023

**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?  
\_\_\_\_\_

Next of Kin: \_\_\_\_\_  
Name Relationship Address Telephone No.

Your attorney's name and telephone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

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 pre-trial 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 a 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? \_\_\_\_\_

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? \_\_\_\_\_

**MILITARY**

Have you served in the military? \_\_\_\_\_ If so, please list branch, date: \_\_\_\_\_

**CRIMINAL HISTORY**

List the crime(s) for which you are currently charged and seeking pre-trial diversion.

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: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Legal Guardian: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_

***Siblings:*** List all brothers and sisters by name and age

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

***Children:*** List any children that you have by name and age

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you obtained a high school diploma or GED? \_\_\_\_\_

Have you attended college? \_\_\_\_\_ Major? \_\_\_\_\_ Degree? \_\_\_\_\_

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



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 and how often?  
\_\_\_\_\_

**EMPLOYMENT**

*Beginning with current employer, please list the following employment history:*

<u>Dates</u>	<u>Name/Address/Phone</u>	<u>Supervisor</u>	<u>Position</u>	<u>Salary</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

What are your career goals, if any? \_\_\_\_\_

If you are not currently working, who supports you? \_\_\_\_\_

**RESIDENTIAL HISTORY**

Please list the addresses where you have lived as an adult noting your age, the city and the state:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently live in a house or an apartment? \_\_\_\_\_

Names of persons currently living with you: \_\_\_\_\_

**PERSONAL REFERENCES**

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

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**ITEM 3: ASSETS**

Cash on hand or in checking/savings accounts: \$ \_\_\_\_\_  
Stocks, bonds, notes: \$ \_\_\_\_\_  
Real estate: Home \$ \_\_\_\_\_  
                  Other \$ \_\_\_\_\_  
Automobiles: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_  
Other personal property: \$ \_\_\_\_\_  
Itemize other assets: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
*TOTAL ASSETS:* \$ \_\_\_\_\_

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**ITEM 4: LIABILITIES**

Credit Cards: \$ \_\_\_\_\_  
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