

Pre-Trial Intervention Program Application

TO: Office of the State Attorney

FROM: _____

RE: State of Florida vs. _____

PID: _____

Case Number(s): _____

Please consider this applicant for the Pre-Trial Intervention program. All required forms have been completed and are enclosed.

First Name: _____ M.I.: _____ Last Name: _____

Sex: _____ Race: _____ Date of Birth: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Other Phone: _____

Email: _____

Are you a military veteran? Yes No

If Yes, which branch of the military? _____

Signature: _____

Date: _____

Note to PTI Applicant: You must sign all documents and return all forms using one of the methods below:

U.S. Mail

Office of the State Attorney
P.O. Box 17500
Clearwater, FL 33762-0500

Hand Delivery

Room 1000
14250 49th Street N
Clearwater, FL

E-Mail

Pasco cases: DiversionPasco@flsa6.gov
Pinellas cases: DiversionPinellas@flsa6.gov