

**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA
CRIMINAL JUSTICE DIVISION**

STATE OF FLORIDA

CASE NO:

v.

DIVISION:

Defendant

PRETRIAL INTERVENTION PROGRAM

NOTICE OF CONTACT INFORMATION & SPECIAL CONDITIONS

Date:

Case Number:

Defendant's Name:

Phone Number:

E-mail:

Current Address:

Attorney Contact Information:

Public Defender's Office

Name:

PD E-mail Address:

Private

Conflict

Name:

E-mail Address:

Additional Information (Check all that apply):

Victim has approved PTI

Restitution Amount: \$ _____ ; Payable to: (Name & Address):

At rate of _____ per month.

One time payment due by _____.

List All Other Special Conditions:

(Signature of Defendant)

(date)

(Signature of Attorney)

(date)

File w/ Clerk via Portal and

Copy/Return completed form to Assistant State Attorney to place in SAO file.