DOMESTIC VIOLENCE DIVERSION PROGRAM REFFERAL FORM

Date of Referral:

Referred by: ☐ **Solicitor** ☐ **Defense Attorney**

Name of referring Official:

Phone #:

Candidate's Name:

Address:

Phone #:

Why would this person be a good candidate Diversions?

What areas of weakness have been identified as needing more development?

Suspected Mental Illness:

Suspected Substance abuse:

Warrant #(s):

Please attach copies of the warrants if not readily available through case management system (PBK).

Is the defendant currently on Probation or Parole? ☐ **Yes** ☐ **No**

Is the defendant currently in Jail? ☐ **Yes** ☐ **No**

Is the Solicitor Aware of Referral? ☐ **Yes** ☐ **No**

Is the victim aware of the Referral? ☐ **Yes** ☐ **No**

Is Law Enforcement aware of the referral? ☐ **Yes** ☐ **No**

BOND CONDITIONS IN PLACE: _____

MINOR CHILDREN IN THE HOME? ☐ **Yes** ☐ **No** **DSS INVOLVED?** ☐ **Yes** ☐ **No**

NOTE: IF THE APPLICANT SUCCESSFULLY COMPLETE PROGRAM, CHARGE(S) WILL BE ELIGIBLE FOR EXPUNGEMENT AFTER (1) ONE YEAR, UNLESS OTHERWISE SPECIFIED IN COURT ORDER

Please return complete form to: chonda.hardin@scsolicitor16.org

Chonda Hardin, Domestic Violence Diversion Coordinator
York County Diversions
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York, South Carolina 29745
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