Veterans Court Alternative Program Referral Form

Date of Referral: _____

Referred by: ☐ Solicitor ☐ Defense Attorney ☐ Magistrate/Municipal Court ☐ Other_____

Assistant Solicitor Approved referral: ☐ Yes (Date of approval_____) ☐ No

(Referrals must be approved by the assigned assistant solicitor.)

Name of referring Official: _____

Phone #: _____

Candidate's Name: _____

Address: _____

_____

Phone #: _____

Ticket/Warrant #(s): _____

_____

_____

_____

_____

Please attach copies of the warrants.

Branch of Service: _____

Type of discharge ☐ **Honorable** ☐ **Dishonorable** ☐ **Other** _____

Has the applicant submitted DD214 to the PTI office ☐ Yes ☐ No

If the applicant does not have access to DD214 they will need to contact Melinda Woodhurst 803-909-7525 or email veteransaffairs@yorkcountygov.com

Has the defendant contacted the Diversions office and paid the $50 Application fee? ☐ Yes ☐ No

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PTI Office use only:

VCAP:

Date(s) Contacted: _____

Date of Acceptance by VCAP: _____

York County Veteran's Affairs Office:

Date(s) Contacted:_____

Date of Acceptance:_____

Return to:
Chonda Hardin, Case Manager
chonda.hardin@scsolicitor16.org
or
Michelle O'Donnell, Programs Director
Michelle.ODonnell@scsolicitor16.org,
1675 York Highway
York, South Carolina 29745
803-628-3028
FAX 803-628-3116