State of South Carolina
Office of the Solicitor
Fourth Judicial Circuit

BILL OVERCASH, PTI DIRECTOR
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PRETRIAL INTERVENTION OFFICER'S CONSENT FORM

DATE: _____

TO: _____

_____

_____

FROM: **PTI Director**

DEFENDANT: _____

WARRANT # ('S)_____

CHARGES: _____

Please be informed that the above-mentioned defendant applied for the Pretrial Intervention Program for the above mentioned charges on _____.

Please complete this form and return to:

PTI Director **121 Market Street** **Cheraw, SC 29520**	**PTI Director** **102 Exchange Street** **Darlington, SC 29532**

I AGREE _____ **I DISAGREE**_____ **that the defendant should be placed in PTI.**
Please include copy of the incident report if necessary.

COMMENTS: _____

_____

_____

_____

_____ _____
OFFICER'S SIGNATURE **DATE**