

State of South Carolina
Thirteenth Judicial Circuit
W. Walter Wilkins, Solicitor



Referral to Mental Health Court

Name:

Address:

Telephone:

Date of Birth:

Race/Gender: W/M

Social Security Number:

The defendant can be contacted at:

Detention Center

Address listed above.... Telephone # : _____

Defense Attorney: _____

WARRANT(S)	CHARGES

Will restitution be required? Yes No Amount due: _____

Asst. Solicitor: _____

Date: _____