

DDSN - INFORMATION APPOINTMENT SHEET

(Please Print and Fill in ALL Information)

Defendant Name: _____ County: _____

Home Address: _____

DOB: _____ SS#: _____ Age: _____ Race: _____ Sex: M F

Charge(s)/Offense(s): _____ Charges/Offenses Date(s): _____

Judge's Name on Court Order: _____

Defendant on Bond: Yes No Defendant need Interpreter: Yes Type: _____ No

If not on Bond, County Jail/Detention Center, Address, Contact Person, and Phone Number:

Public Defender/Attorney: _____ Email: _____

Address: _____

Phone Number: (____) _____ Fax Number: (____) _____

Solicitor: _____ Email: _____

Address: _____

Phone Number: (____) _____ Fax Number:(____) _____

Next of Kin: _____

Address: _____

Phone Number: (____) _____

FOR THE DEPT. OF DISABILITIES & SPECIAL NEEDS (DDSN)

ENCLOSED (CERTIFIED)

COURT ORDER _____
ARREST WARRANTS _____
JUVENILE PETITIONS _____
INCIDENT REPORT(S) _____
BOOKING & NCIC _____
RECORDS OF ARRESTS/PROSECUTIONS (RAP Sheet) _____

STATEMENTS _____
PSYCHOLOGICAL EVALUATIONS _____
SCHOOL RECORDS _____
(Academic, Psych, IEP)
MENTAL HEALTH RECORDS _____

Mail the above information for (all counties) to:

Melinda Fair
SC Department of Disabilities and Special Needs
P. O. Box 4706
Columbia, SC 29240
Phone: (803) 898-9694 Fax: (803) 898-9660

The following documents must be attached upon submission to the Department of Mental Health or to the Department of Disabilities and Special Needs whichever is applicable:

1. Completed DMH/DDSN Appointment Sheet
2. Copy of the indictment(s) (if issued)
3. Copy of the arresting agency's incident report
4. Copy of the warrant(s)
5. Law enforcement investigative reports
6. Defendant's statements to law enforcement, written or electronically recorded
7. Witness statements to law enforcement
8. Defendant's school psychological records (if available)
9. Autopsy reports (if applicable)