

**State of South Carolina  
Office of the Solicitor  
Fourth Judicial Circuit**



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Solicitor**

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Please Reply

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**Diversion / Intervention Programs  
Community Service Time Sheet**

**Client Name:** \_\_\_\_\_ **Hours Required:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Contact Person/Supervisor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Date of Service	Time In	Time Out	Total Hours	Supervisor

**Please return completed form to the 4<sup>th</sup> Circuit Solicitor's Office.**