

**MISDEMEANOR PRE-TRIAL INTERVENTION PROGRAM
REFERRAL AND/OR DECLINE PROGRAM**

NAME: B [REDACTED] M [REDACTED]
S.A. CASE NO: 15M [REDACTED]
CLERK NO: 162015MM [REDACTED]
BOOKING NO:
AGENCY RPT NO: 2015-[REDACTED]

DATE REFERRED: October 15, 2015
COURT DATE: October 26, 2015
COURT ROOM #: 303
OFFENSE DATE: September 17, 2015
DIVISION: D

CHARGE(S): PETIT THEFT
MCL NO(S): S812.014(2)(e), M1
ATTORNEY'S NAME: E [REDACTED] F [REDACTED]

ATTN CLERK: Please be advised that the above referenced case is being referred to the Misdemeanor Pretrial Intervention Program. A Disposition Notice in the case will be submitted after the defendant's successful completion of this program. If defendant fails to comply with the program's contract a Clerk's Memo will be submitted adding to the court calendar for a court's disposition.

PROGRAM DECLINED (Completed by ASA)

DECLINED _____ Pass Date: _____
(Date Declined)

PROGRAM ACCEPT (Completed by ASA)

Staple PTI Program paperwork to the front of file (Contract and Fee Sheet)

DATE ACCEPTED: * 
(Accept Date)

Upon Completing of the above return file to Secretary to forward to MPTI

Contract End Date: _____
(Completed by MPTI Staff)

Contract extended to: _____
(Completed by MPTI Staff)

PROGRAM REJECT

REJECTED (Program Name): _____

REJECT DATE: _____

RE-REFERRAL REJECT (Program Name): _____

RE-REFERRAL REJECT DATE: _____

This case failed in the Diversionary Program because:

- | | |
|-----------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Declined Program | <input type="checkbox"/> Prior arrest and commitment history |
| <input type="checkbox"/> Restitution too high for term of supervision | <input type="checkbox"/> Mental Health issues |
| <input type="checkbox"/> Unable to locate respondent(s) | <input type="checkbox"/> Other: _____ |

COMMENT: _____

DO NOT REFER BACK TO DIVERSION PROGRAM! _____
Program Director

ATTENTION:

TO: _____

NOTICE OF SUCCESSFUL COMPLETION

FROM _____ PROGRAM

Termination Date from Program: _____

Program Director