

Referral for Police, Clerks, District Attorneys, Judges

Police, Clerk Magistrates, District Attorneys, and Judges can refer youth to Massachusetts' Youth Diversion Program by securely sending this completed form (to the best of their ability) by email to the Diversion Coordinator.

Refers can divert <u>any youth</u> they think would benefit from the program and that they are legally allowed to divert. Referrers are strongly encouraged to divert the following youth in particular: youth with first offenses, youth with low level offenses, youth with higher needs and/or complex cases whose unmet needs might be driving delinquent behavior.

Name:		Phone Number:	
E-mail Address:		Date of Referral:	
DOB:	Gender at Birth:	Identifying Gen	der:
Preferred Prono	 un:	Language preferred:	
Address:		0- 0- 1	

Parent/Guardian Contact Information

Name:	Phone Number:	
E-mail Address:	-	
Address:		
Does this person have physical and/or le	egal custody? Yes No	

Referral Contact Information

Name:	Phone Number:
E-mail Address:	Agency/Department:
Referrer Role: Police O	fficer 🗌 Clerk Magistrate 🗌 (Assistant) District Attorney 🗌 Judicial 🗌
(check one)	
`	

Case	Inform	ation:

Alleged Charge:	Date of incident:

Prior charge/s: ______Date of incident/s: ______

Description of the Alleged Event:

If relevant: Alleged Victim Contact Information: _____

If relevant: Defense Counsel Contact Information: _____

Any other information about this youth/case you would like to share with the Diversion

Coordinator?

You will receive notice if the youth has accepted participation in the diversion program.

Do you wish to be contacted by the Diversion Coordinator for any other follow-up before then?

Yes	No
-----	----