



ANDREA JOY CAMPBELL
ATTORNEY GENERAL

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
YOUTH DIVERSION PROGRAM
WWW.MASS.GOV/YOUTHDIVERSION
REFERRAL FORM

(617) 727-2200
(617) 727-4765 TTY

Instructions

Pursuant to the 2024 Act to Prevent Abuse and Exploitation, youth under the age of 18 who are charged under M.G.L. c. 272 s. 29B, 29C, and/or 29D must be diverted to the AGO Youth Diversion Program. The Juvenile Court must enter an indefinite stay of arraignment in conjunction with the diversion. The District Attorney may object to the stay of arraignment in writing, and if the DA objects, the Juvenile Court must make a determination about whether to direct the youth to enter the AGO Diversion Program over the DA's objection. Pursuant to c. 12, § 36(c), voluntary diversion to the AGO-YDP is also permitted for alleged violations of other laws if deemed beneficial by the DA or Court. In the event that the stay of arraignment is entered and the youth is diverted and directed to enter the AGO Youth Diversion Program, this referral form must be submitted via email to agoyouthdiversion@mass.gov. **The referral form must be fully completed, signed by the referring individual, and accompanied by copies of the following supporting documentation: (1) the underlying police report; (2) the underlying complaint; (3) the stay order or pretrial probation order.** A confirmation email will be sent to the email account that submitted the referral.

For more information, please visit the [Attorney General's Youth Diversion Program | Mass.gov](http://AttorneyGeneral'sYouthDiversionProgram|Mass.gov).

Section I: Information about Referring Court or District Attorney

Department: _____	Address: _____	County: _____
Referrer Name: _____	Phone: _____	E-mail: _____
Role: <input type="checkbox"/> Judicial <input type="checkbox"/> Clerk Magistrate <input type="checkbox"/> Probation <input type="checkbox"/> District Attorney		<input type="checkbox"/> Referrer provides permission for the Program to contact for any follow up. (Check if true)

Section II: Youth Information

Youth Name: _____	DOB: ____/____/____ <small>MM DD YR</small>	Gender: _____
Youth Email: _____ Phone: _____	Parent/Legal Guardian Name(s): _____	Parent(s)/Legal Guardian(s) Phone and/or Email: _____
Youth's Preferred Language: _____	Parent(s)/Legal Guardian(s) Preferred Language: _____	
<input type="checkbox"/> This is a dual referral to the Massachusetts Youth Diversion Program (MYDP), and the referrer agrees to separately submit a MYDP referral form as required by the MYDP program.		

Section III: Case Information (complete all applicable fields and enter 'n/a' if not applicable)

Charge(s): _____	Date(s) of Incident: ____/____/____ <small>MM DD YR</small>	Docket Number(s): _____
Description of Incident(s): _____		
Mandatory Diversion <input type="checkbox"/> G.L. c. 272, § 29B <input type="checkbox"/> G.L. c. 272, § 29C <input type="checkbox"/> G.L. c. 272, § 29D	Case Status: (check one) <input type="checkbox"/> Arraignment Stayed* <input type="checkbox"/> Pre-Trial Probation* <input type="checkbox"/> Other: <small>*Supporting documentation is required.</small>	Any Prior Charge(s): _____
Eligible Statute: (check all that apply) Voluntary Diversion <input type="checkbox"/> G.L. c. 272, § 29A <input type="checkbox"/> G.L. c. 272, § 28 <input type="checkbox"/> G.L. c. 265, § 43A <input type="checkbox"/> Other: _____	Defense Counsel: _____ Phone: _____ (optional) Email: _____ (optional)	Date(s) of Prior Incident(s): _____ <input type="checkbox"/> District Attorney objects to this Referral. <input type="checkbox"/> District Attorney does not object to this Referral.

Referrer Signature: _____

Date: ____/____/____