



STATE OF RHODE ISLAND JUDICIARY
SUPERIOR COURT
DIVERSION PROGRAM REFERRAL FORM

| DEFENDANT INFORMATION | |
|-----------------------|---------------|
| Defendant Name | Date of Birth |
| Alias | |
| Address | |
| Telephone | |
| Alternate Telephone | |

| CASE INFORMATION | |
|-------------------------------|--|
| Case Number | |
| Charges | |
| District Court Arrest Date | |

| REFERRAL INFORMATION | | | | |
|----------------------|------------------|--------------------------|-----------|--|
| Referred By | Attorney General | <input type="checkbox"/> | Name | |
| | | | Telephone | |
| | Defense Counsel | <input type="checkbox"/> | Name | |
| | | | Telephone | |
| | Court | <input type="checkbox"/> | Name | |
| | | | Clerk | |
| Date | | | | |

This Completed Form Must be Emailed to: Superior Court Diversion Program
diversionreferrals@courts.ri.gov

| DEPARTMENT OF ATTORNEY GENERAL REVIEW ONLY | |
|--|---|
| Background Checks Completed | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Defendant Interview Completed | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Victim Outreach Completed (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Restitution Determined | <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined <input type="checkbox"/> N/A |
| Eligible/Recommended | Amount: <input type="checkbox"/> Services: |
| Eligible/Not Recommended | Basis: <input type="checkbox"/> |
| Not eligible/Counsel Agreed | <input type="checkbox"/> |
| Not Eligible | <input type="checkbox"/> |