



Superior Court

Diversion Program Referral

Defendant Information	
Defendant Name	Date of Birth
Alias	
Address	
Telephone	
Alternate Telephone	

Case Information	
Case Number	
Charges	

Referral Information				
Referred By	Attorney General	<input type="checkbox"/>	Name	
			Telephone	
	Defense Counsel	<input type="checkbox"/>	Name	
			Email	
			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 Amount:	<input type="checkbox"/> Undetermined <input type="checkbox"/> N/A
Eligible/Recommended	<input type="checkbox"/>	Services:
Recommended to Public Defender's Office	<input type="checkbox"/>	
Eligible/Not Recommended	<input type="checkbox"/>	Basis:
Not eligible/Counsel Agreed	<input type="checkbox"/>	
Not Eligible	<input type="checkbox"/>	