Superior Court

Diversion Program Referral

Defendant Information			
Defendant Name		Date of Birth	
Alias			
Address			
Telephone			
Alternate Telephone			
Are you employed?	☐ Yes ☐ No	If Yes, ☐ Full-time ☐ Part-time	If No, source of income: _____ _____
Do you have insurance?	☐ Yes ☐ No		Interpreter required ☐ Yes ☐ No If yes, language:_____
What is your highest level of education?			
Have you ever been treated or counseled for abuse of alcohol, drugs, or mental health?	☐ Yes ☐ No If Yes, where and dates: _____ _____		

Case Information	
Case Number	
Charges	

Referral Information				
Referred By	Attorney General	☐	Name	
			Telephone	
	Defense Counsel	☐	Name	
			Email	
			Telephone	
	Court	☐	Name	
			Clerk	
Date				

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