



# STATE OF RHODE ISLAND

## 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 Arraignment 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](mailto: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	<input type="checkbox"/> Basis:
Not eligible/Counsel Agreed	<input type="checkbox"/>
Not Eligible	<input type="checkbox"/>