Referral for Police, Clerks, District Attorneys, Judges

Police, Clerk Magistrates, District Attorneys, and Judges can refer youth to Massachusetts' Youth Diversion Program by securely sending this completed form (to the best of their ability) by email to the Diversion Coordinator.

Refers can divert <u>any youth</u> they think would benefit from the program and that they are legally allowed to divert. Referrers are strongly encouraged to divert the following youth in particular: youth with first offenses, youth with low level offenses, youth with higher needs and/or complex cases whose unmet needs might be driving delinquent behavior.

Phone Number:		rmation	Youth Contact Inf
ender at Birth: Identifying Gender: Preferred Pronoun: Language Ferred: DOB: Parent/Guardian Contact Information ame: Phone Number: ddress: bes this person have physical and/or legal custody?		Phone Number: _	Name:
Parent/Guardian Contact Information mail Address: pes this person have physical and/or legal custody?YesNo Referral Contact Information Referral Contact Information Phone Number: Phone Number: Phone Number: Phone Number:		Date of Referral: _	E-mail Address:
Parent/Guardian Contact Information ame: Phone Number: ddress: best his person have physical and/or legal custody?YesNo Referral Contact Information ame: Phone Number:			Address:
Parent/Guardian Contact Information ame: Phone Number: mail Address: ddress: bes this person have physical and/or legal custody?	Pronoun: Language	Identifying Gender:	Gender at Birth:
Parent/Guardian Contact Information ame: Phone Number: mail Address: ddress: pes this person have physical and/or legal custody?			preferred:
Phone Number: mail Address: ddress: pes this person have physical and/or legal custody? Referral Contact Information ame: Phone Number:			
mail Address: ddress: Des this person have physical and/or legal custody?		contact Information	Parent/Guardian
ddress: Des this person have physical and/or legal custody?		Phone Number: _	Name:
Referral Contact Information Phone Number:			E-mail Address:
Referral Contact Information ame: Phone Number:			Address:
ame: Phone Number:	ı	hysical and/or legal custody?	Does this person have
ame: Phone Number:			
		formation	Referral Contact I
mail Address: Agency/Department:		Phone Number: _	Name:
		Agency/Department:	E-mail Address:
Sowrow Dolor Delice Officer Clork Magistrate ((Assistant) District Attorney Clork Magistrate	Attawa ay I Indiaia I	Figur Clark Marietrata (Assista	Deferrer Deles Delies O
eferrer Role: Police Officer Clerk Magistrate (Assistant) District Attorney Judicial	Attorney 🔛 Judiciai 🔛	icer 🗀 Cierk Magistrate 🗀 (Assistar	
леск one)			(check one)

Case Information: Alleged Charge:	Date of incident:
Prior charge/s:	Date of incident/s:
Description of the Alleged Event:	
If relevant: Alleged Victim Contact	Information:
	ect Information:
	outh/case you would like to share with the Diversion
Coordinator?	
You will receive notice if the you	th has accepted participation in the diversion program.
Do you wish to be contacted by	the Diversion Coordinator for any other follow-up before then?
☐Yes ☐No	
Referrer Signature:	Date: