



ROCKINGHAM COUNTY ADULT DIVERSION PROGRAM

113B North Road, Brentwood, NH 03833

REFERRAL FORM

DATE OF REFERRAL: _____

DEFENDANT'S NAME: _____

DOB: _____

ADDRESS: _____

CONTACT INFORMATION: _____

FELONY DIVERSION

MISDEMEANOR DIVERSION

ARRESTING DEPT/PROSECUTING ATTORNEY: _____

DEFENSE COUNSEL: _____

COURT OF JURISDICTION: _____

CHARGE(S): _____

DOCKET/CHARGE ID #(S): _____

RESTITUTION INFORMATION IF APPLICABLE: _____

NEXT SCHEDULED HEARING DATE: _____

COMMENTS/RECOMMENDATIONS:

PLEASE ATTACH A COPY OF THE GERSTEIN AFFIDAVIT, COPY OF COMPLAINT/INDICTMENT AND ANY OTHER COURT DOCUMENT RELATING TO THIS CASE. IF RESTITUTION IS REQUIRED, PLEASE BE SURE THAT THE NAME AND ADDRESS OF THE VICTIM (S) ARE INCLUDED IN THE POLICE REPORT.

For questions, please contact

Alyson Mahler, Program Coordinator

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