



CJRD Diversion Referral for Court Stakeholders

Name of Individual Referred: _____ Date: _____

Address: _____ Phone #: _____

UNC student? Yes No DOB: _____

Local Incident Number: _____

Charges: _____

District Attorney: _____ Contact: _____

Defense Attorney: _____ Contact: _____

Diversion Coordinator: _____ Contact: _____

Please check diversion program: OCPAD (first offense 18+); Lantern Project (Behavioral Health/Harm Reduction)

I agree to have this matter referred to the above diversion program and I understand that I may be charged and/or prosecuted for the offense(s) listed above if:

- I fail to contact the Diversion Coordinator within 72 hours
- I fail to complete my diversion program plan within the designated time
- I am charged with any new offense prior to the successful completion of the plan

Signature of Individual

Date

Signature of District Attorney

Date

Signature of Defense Attorney (if applicable)

Date

Signature of Diversion Coordinator

Date

Next Court Date: _____