



**CJRD Diversion Referral for Court Stakeholders**

Name of Individual Referred: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

UNC student?  Yes  No DOB: \_\_\_\_\_

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:** \_\_\_\_\_