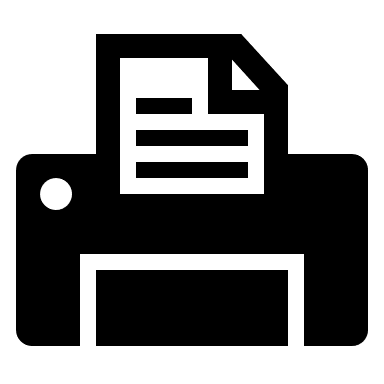


Building 2

2000 Lakeridge Dr. SW

Olympia, WA 98502

(360)786-5208

(360)754-2952

Pretrial\_Diversion@co.thurston.wa.us

Pretrial Services Diversion Referral Form

**Referrals Accepted Through Email, Phone, Fax, or In-Person**

**Name:**Click or tap here to enter text. **Date of Birth:** Click or tap here to enter text.

**Contact Information:** Click or tap here to enter text.

**Case Number(s)/Charges:**Click or tap here to enter text.

**Defense Attorney:** Click or tap here to enter text. **Prosecutor:**Click or tap here to enter text.

1. Does the Deputy Prosecuting Attorney agree to this referral?

Yes

No

1. History of Substance Use Evaluation or Treatment?

Yes

No

1. History of Mental Health Evaluation or Treatment?

Yes

No

1. In Treatment Now?

Yes

Mental Health Treatment

Substance Use Treatment

Other:

**Name of Treatment Provider:**

No

Additional Information: Click or tap here to enter text.

**Referral Source:** Click or tap here to enter text. **Date:**Click or tap here to enter text.