

Pretrial Services Diversion Referral Form



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Olympia, WA 98502

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📠 (360)754-2952

Pretrial_Diversion@co.thurston.wa.us

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

2. History of Substance Use Evaluation or Treatment?

☐ Yes

☐ No

3. History of Mental Health Evaluation or Treatment?

☐ Yes

☐ No

4. 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.