

Building 2

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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.