

Washington County Mental Health Diversion referral form

Please submit this complete form by email to Joel Petersen: joel_petersen@washingtoncountyor.gov

Date: _____ Attorney Name _____

Attorney email and tele# _____

Defendant Name: _____ DOB: _____

Case# _____ Next court date(s) _____

Custody status _____ What county do you currently reside: _____

Current charges _____

Has defendant previously participated in a diversion program, conditional postponement, civil compromise or similar program resulting in their case being dismissed? (if yes, explain)

Is defendant currently on supervision _____ If so, what county? _____

Mental Health diagnosis or illness

Mental Health Agency and case worker/point of contact _____