

VERMONT SUPERIOR COURT  
CRIMINAL DIVISION

Unit

**NOTICE OF INTENT TO REFER TO DIVERSION**

TO:

Name of Defendant	DOB		
Defendant's Address	Town	State	Zip
Offense	Docket No.	Incident #	
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I intend to refer you to the Diversion Program to resolve the offenses described above. If you accept this referral, you must sign this form and contact the Diversion Program **WITHIN SEVEN (7) DAYS OF THE DATE OF THIS NOTICE.**

You may contact the Diversion Program by telephone, mail or in person. The contact information for the Program in this County is:

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Successful resolution of your case through the Diversion program is subject to: (1) your agreement to participate in the program under the terms set forth below and (2) your successful completion of the program. If you decide not to accept this referral, your case will proceed forward in court.

Date		Signature of State's Attorney or Deputy
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**ACCEPTANCE OF DIVERSION REFERRAL**

I hereby accept the offer of the State's Attorney to participate in the Diversion Program. I understand that if I choose not to participate in the Diversion Program or I am found to be ineligible for the Program, I must appear in court whenever my case is scheduled for a hearing.

My mailing address is:

The address set forth above is a correct **mailing address** for me.

The address set forth above is **NOT** a correct mailing address. My correct mailing address is:

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I agree to immediately inform the Court if my address changes. I understand that if my case is scheduled for a court hearing and I fail to attend the hearing, the court may issue an arrest warrant and require cash bail.

Date		Signature of Defendant
Date		Parent or Guardian if applicable