

Goffstown Area Juvenile Court Diversion Program

P.O. Box 411, Goffstown, NH 03045, Tel. 497-3499

A Program of Crispin's House Coalition for Youth

Referral Form

Juvenile Name: _____ Age: _____
Address: _____ Date of Birth: _____

Parent(s)/Guardian Name: _____ Telephone #: _____
Address: _____ Work #: _____

Referring Dept: _____ Contact: _____
Referral Date: _____ Date of Offense: _____
RSA # _____ Alleged Offense: _____

Facts that would be alleged in a petition: _____

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|---|-----|----|
| 1. Has the youth clearly admitted guilt to the offense? | Yes | No |
| 2. Do you think that he/she is telling the whole story, including implication of others, if applicable? | Yes | No |
| 3. Has he/she been cooperative with you? | Yes | No |
| 4. Has his/her family been cooperative? | Yes | No |
| 5. Is there any financial restitution owed to the victim at this time? If yes, how much? _____ | Yes | No |
| 6. Has the youth had any prior contacts with the police department? | Yes | No |

Please attach

1. Copy of the police report
2. Diversion agreement
3. Juvenile's prior contact(s) with police department