

## CREDO-47 Diversion Referral Form

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Citation/Arrest Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Court Date: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

OK to leave message?   Y   N

Preferred Language:   English   Spanish   Other: \_\_\_\_\_

**Inclusion Criteria** - please check all that currently apply (all must be met before engagement in CREDO-47):

Cited/Arrested/Charged with non-violent misdemeanor or low-level felony

**Displays symptoms or has history of SMI/SUD**

**Willing to engage in treatment** for substance use/mental health

Pre-arraignment status: Has not been arraigned on charges`

Public Defender Application Completed?   Y   N

Citation Attached?   Y   N

Observations/reason for referral/history or treatment/current treatment providers: `

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Party Name/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

For clients requesting Public Defender, please email referral form to [PDSBMAIL@publicdefendersb.org](mailto:PDSBMAIL@publicdefendersb.org)

For clients with private counsel or conflict counsel, please email referral form to [scyr@sbcbswell.org](mailto:scyr@sbcbswell.org)