TCOTLG Community Outreach & Services
A pillar for our communities.

PRETRIAL DIVERSION PROGRAM
Referral Form

Date of Referral: _____
Referral Source Type (check one):
☐ Youth Court ☐ CPS ☐ School ☐ Parent/Guardian ☐ Police Officer ☐ Other:_____

SECTION 1: Referring Agency / Person Information

- **Name:** _____
- **Title/Position:** _____
- **Agency/Organization (if applicable):** _____
- **Address:** _____
- **City/State/Zip:** _____
- **Phone:** _____
- **Email:** _____

SECTION 2: Participant Information

- **Full Name:** _____
- **Date of Birth:** _____ **Age:** _____ **Gender:** _____
- **Address:** _____ **City/State/Zip:** _____
- **Parent/Guardian Name(s):** _____
- **Parent/Guardian Phone:** _____
- **Parent/Guardian Email:** _____

SECTION 3: Reason for Referral

- **Current Charges / Behavioral Concerns:**
  _____
  _____
- **Brief History of Incident(s):**
  _____
  _____
- **Is the participant currently under court supervision or probation?**
  ☐ Yes ☐ No
  If yes, provide details: _____

SECTION 4: Prior Interventions

- **Has the participant received previous counseling, diversion, or intervention services?**
  ☐ Yes ☐ No
  If yes, describe: _____
- **Known risk factors or concerns:**
  _____

SECTION 5: Urgency & Special Considerations

- **Urgency Level:** ☐ Immediate ☐ Within 2 Weeks ☐ Routine
- **Special needs, accommodations, or safety concerns:**
  _____
  _____

SECTION 6: Supporting Documentation

Please attach any relevant documents:
☐ Court Summons ☐ CPS Reports ☐ School Disciplinary Records
☐ Attendance Records ☐ Psychological/Educational Assessments
☐ Other: _____

Referring Person Signature: _____
Date: _____

📌 **Instructions for Submission:**
Submit completed form via email to **info@tcotlgoutreach.org** or deliver to:
TCOTLG Community Outreach & Services – Pretrial Diversion Program
911 E Third St, Leland, MS 38756
Phone: (662) 207-5830