

CDP

The Community Diversion Program

Date of Referral: _____

Expected Date of Completion: _____

Client's Name: _____ (M or F) Date of Birth: _____

Client's Address: _____

Client's Phone Number: _____ Parent or Guardian : _____

Client Cell Phone: _____ Client Email: _____

Referral Source: _____ School and Grade: _____

Other Parties that should receive progress reports: _____

Reason for Referral (Offense): _____

Is this client Court Involved? YES/NO If YES, which court: _____

Contract

Community Service Hours: _____

Does class time count towards community service hours? YES/NO/NA

Required Courses: (Circle all that apply.)

Please note that all programs are subject to screening and eligibility.

Each youth entering the program will be interviewed to ensure that the appropriate services are being offered.

1. **R-Squared: Combined Drug and Alcohol Education and Conflict Resolution**

High School (24 hours)

Middle School (18 hours)

2. **Reflections Program (Portsmouth High School Students ONLY)**

3. **Tobacco Specific Community Service Opportunities**

4. **Shoplifting Awareness Program (6 hours)**

5. **Pre-CHINS**

Other Contractual Obligations To Be Supervised By CDP (please circle):

1. **Apology letter:** Name and Address of Recipient

2. **Restitution:** Amount and Name and Address of Recipient:

3. **Research Project:** Topic _____

4. **Other:** _____

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Date Welcome Packet Sent: