



## REFERRAL FORM

***Halls of Hope is an alternative sentencing program for those offenders who are facing current charges in the 2nd Circuit Court- District Division- Lebanon and would benefit from mental health treatment.***

**Please complete this form to the best of your ability.  
If you do not know a piece of information, leave that space blank.**

For questions or to submit this form, contact Shelly Golden (Coordinator) (603) 787-2291 [sgolden@co.grafton.nh.us](mailto:sgolden@co.grafton.nh.us)

**Please attach discovery/court and legal history documents**

Date of Referral: \_\_\_\_\_  
Referred by: \_\_\_\_\_ Organization: \_\_\_\_\_  
Telephone number(s): \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Police Prosecutor: \_\_\_\_\_ Phone #(s) \_\_\_\_\_  
Defending Attorney: \_\_\_\_\_ Phone #(s) \_\_\_\_\_

### **DEFENDANT INFORMATION**

NAME: \_\_\_\_\_ ALIAS (ES): \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ Is it ok to leave a message? \_\_\_\_\_  
ADDRESS (physical and mailing): \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
INCARCERATED? \_\_\_\_\_ CITIZEN STATUS: \_\_\_\_\_  
CURRENT CHARGE? \_\_\_\_\_ LIST ALL PENDING CHARGES: \_\_\_\_\_  
IS THERE ANY HISTORY OF VIOLENCE BY THE DEFENDANT? IF SO, WHAT? ANY CONVICTIONS?  
\_\_\_\_\_  
IS THE DEFENDANT A KNOWN SEX OFFENDER? \_\_\_\_\_  
ANY KNOWN MENTAL HEALTH DIAGNOSIS? \_\_\_\_\_  
\_\_\_\_\_  
HAVE YOU EVER SERVED IN THE MILITARY? YES / NO