



REFERRAL FORM

ASSERT is an alternative sentencing program for those offenders who are facing current charges in the 2nd Circuit Court- District Division- Littleton or Haverhill 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

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: _____ ZIP CODE: _____
INCARCERATED? _____ CITIZEN STATUS: _____
CURRENT CHARGE(S)? _____ DATE OF INCIDENT: _____
LIST ANY PENDING CHARGE(S): _____
IS THERE A HISTORY OF VIOLENCE BY THE DEFENDANT? IF SO, WHAT? ANY CONVICTIONS?

IS THE DEFENDANT A KNOWN SEX OFFENDER? _____
ANY KNOWN MENTAL HEALTH DIAGNOSIS OR PROBLEMS? _____

HAVE YOU EVER SERVED IN THE MILITARY? YES / NO

- **Please attach discovery (police reports/criminal justice history reports)**