



**Coos County Juvenile Court Diversion  
Restorative Justice Program**  
262 Cottage Street, Suite 230  
Littleton, New Hampshire 03561  
Phone (603) 259-3700 Fax (603) 444-0945

## **Transfer Form**

### **Standard 4.1.0\_b**

- Client is transferred **OUT** directly (no intake)
- Client is transferred **IN** directly (no intake)
- Client is transferred **OUT** from Coos County Juvenile Restorative Justice after intake
- Client is transferred **INTO** Coos County Juvenile Restorative Justice after intake

Regarding: \_\_\_\_\_ Charge: \_\_\_\_\_ Date: \_\_\_\_\_

### **Conditions to Transfer a Case**

*Client will be transferred to another court approved diversion program when the client is not a citizen of Grafton County or Coos County and the identified organization can meet requirements of the referring organization. Cases will be accepted into Grafton/Coos County Juvenile Restorative Justice when the client lives in Grafton County or Coos County but the offense occurred elsewhere and when Grafton County Juvenile Restorative Justice can meet the requirements of the referring organization.*

- The sending and receiving organization will initiate the transfer with a phone call to ensure there are not extenuating circumstances, which would stop the transfer
- If an intake interview has been done, all paperwork will accompany the transfer form. If there has been no intake, the client will be given the contact information and a short time frame in which to contact the receiving organization to set up an intake
- The receiving organization will send completion paperwork to the sending organization

**Coos County Juvenile Restorative Justice** is **transferring/receiving** the above cited client **to/from** the following agency/agencies:

The **Coos County Juvenile Restorative Justice**

Releases to: \_\_\_\_\_ / Obtains from: \_\_\_\_\_

The following information:

Intake and History

Court/Police Records

Referral Requirements

Testing Results

Substance Abuse Treatment Information

School Records

Other: \_\_\_\_\_

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Juvenile Court Diversion Coordinator

\_\_\_\_\_  
Date