

Project AVERT



Montgomery County District Attorney · Human Trafficking Diversion Program

Referral Sheet

Date: _____

Defendant's Full Name: _____ Defendant's Date of Birth: _____

Defendant's Address: _____

Defendant's Phone Number: _____ Defendant's Email: _____

Defense Attorney's Name: _____

Defense Attorney's Phone Number & Email: _____

Pending Charge: _____ Cause Number: _____ Court: _____

Date of Arrest: _____ Next Court Setting: _____

Expected Track (choose one):

Victim/Seller

At Risk

Referral Made By: _____ Phone Number: _____

Other Information: _____

Email this completed form to ProjectAVERT@mctx.org

As of June 1, 2018 - JTD