

Rhode Island Department of Attorney General



ADULT DIVERSION UNIT INTERVIEW

Date _____

NAME _____

DOB _____

MAIDEN NAME _____

SS NO. _____

ADDRESS _____

ATTORNEY _____

PHONE: HOME _____ WORK _____ CELL _____

BIRTHPLACE _____ U.S. CITIZEN: Yes ___ No ___ RESIDENT (Copy of Greencard)

OTHER STATES? Yes ___ No ___ If YES, list: _____

MILITARY VETERAN: Yes ___ No ___

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes ___ No ___ If YES, what state? _____

If NO, explain: _____

USE OF CAR? Yes ___ No ___ OTHER TRANSPORTATION? _____

EMPLOYMENT HISTORY

EMPLOYER _____ OCCUPATION _____

IF UNEMPLOYED, REASON? _____

SOURCE OF INCOME? UNEMPLOYMENT BENEFITS ___ AFDC ___ SSI/SSDI ___ GPA ___

IF OTHER, EXPLAIN _____

CRIMINAL HISTORY

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY OTHER OFFENSE AS AN

ADULT? Yes___ No___ If YES, LIST POLICE DEPT.,CHARGE(S), DISPOSITION & CIRCUMSTANCES:

- 1. _____
- 2. _____
- 3. _____

ANY TROUBLE WITH THE POLICE AS A JUVENILE? Yes___ No___ If YES, explain circumstances.

- 1. _____
- 2. _____
- 3. _____

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EDUCATION

LAST GRADE OF SCHOOL COMPLETED _____

HAVE YOU RECEIVED YOUR *GED*? Yes___ No___ If YES, when? _____

ARE YOU INTERESTED IN OBTAINING YOUR *GED*? Yes___ No___

WOULD YOU BE INTERESTED IN A COURSE IN ENGLISH AS A SECOND LANGUAGE?

Yes___ No___

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PHYSICAL HISTORY

ANY DOCUMENTED PHYSICAL ILLNESSES? Yes___ No___

IF YES, EXPLAIN: _____

ARE YOU ON ANY PRESCRIBED MEDICATION? Yes___ No___

IF YES, EXPLAIN: _____

HEALTH INSURANCE? Yes___ No___ TYPE? _____

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ALCOHOL HISTORY

WERE YOU DRINKING AT TIME OF THIS OFFENSE? Yes___ No___

IF YES, WAS YOUR JUDGEMENT IMPAIRED? Yes___ No___

HOW OFTEN DO YOU DRINK? NEVER___ 1-2X A WEEK___ 3-4X A WEEK___ DAILY___

HOW MUCH DO YOU DRINK AT ONE SITTING? _____

HAS ALCOHOL EVER CAUSED YOU A PROBLEM? Yes___ No___

IF YES, EXPLAIN: _____

HAVE YOU EVER EXPERIENCED ANY OF THE FOLLOWING? BLACKOUT/PASS OUT___

DWI/DUI___ PHYSICAL INJURY___ VIOLENT BEHAVIOUR___

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DRUG HISTORY

WERE YOU UNDER THE INFLUENCE AT TIME OF ARREST? Yes___ No___

IF YES, EXPLAIN: _____

WHEN IS THE LAST TIME YOU USED AN ILLEGAL DRUG? _____

WHAT DRUG WAS IT? _____

FREQUENCY OF USE? OCCASIONAL___ 1-2X A WEEK___ 3-4X A WEEK___ DAILY___

WOULD YOU PASS A DRUG TEST TODAY? Yes___ No___

WHAT TYPES OF DRUGS HAVE YOU EXPERIMENTED WITH?

I. *OPIATES*

II. *SEDATIVES/HYPNOTICS*

III. *INHALANTS*

___CODEINE

___QUAALUDE

___ETHER

___PERCODAN

___ATIVAN

___GLUE

___METHADONE

___VALIUM

___GASOLINE

___VICODIN

___XANAX

___OTHER

___HEROIN

___OPIUM

IV. *STIMULANTS*

V. *HALLUCINOGENS*

VI. *OTHER*

___COCAINE

___MARIJUANA

___STEROIDS

___CRACK

___HASHISH

___ECSTASY

___AMPHETAMINE

___PSILOCYBIN

___RITALIN

___MESCALINE

___LSD/PCP

METHODS USED: INGEST___ SMOKE___ INHALE___ NEEDLE___ FREEBASE___

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COUNSELING HISTORY

HAVE YOU EVER BEEN TREATED OR COUNSELED FOR USE, ABUSE, OR OVERDOSE OF ALCOHOL OR DRUGS? Yes____ No____ IF YES, WHERE?

ARE YOU PRESENTLY RECEIVING COUNSELING OTHER THAN FOR SUBSTANCE ABUSE? Yes____ No____ IF YES, WHERE?

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QUESTIONNAIRE

DO YOU UNDERSTAND WHAT YOU ARE BEING CHARGED WITH? YES___ NO___

WHAT WERE YOU CHARGED WITH?_____

DO YOU ACCEPT RESPONSIBILITY FOR WHAT YOU HAVE BEEN ACCUSED OF?
YES___ NO___

DO YOU UNDERSTAND THAT THE ATTORNEY GENERAL HAS THE FINAL SAY IN DECIDING WHETHER OR NOT YOU CAN PARTICIPATE IN THE *ADULT DIVERSION PROGRAM*?
YES___ NO___

DO YOU UNDERSTAND THAT DIVERSION IS AN ALTERNATIVE TO COURT? YES___ NO___

DO YOU UNDERSTAND THAT IF YOU DO NOT FOLLOW YOUR PARTICIPATION AGREEMENT, YOUR CASE WILL BE TERMINATED FROM THE *ADULT DIVERSION PROGRAM* AND RETURNED TO COURT FOR PROSECUTION? YES___ NO___

DO YOU UNDERSTAND THAT, UPON SUCCESSFUL COMPLETION OF THE *ADULT DIVERSION PROGRAM*, THE CHARGE(S) WILL BE DISMISSED BUT IT IS YOUR RESPONSIBILITY TO HAVE CHARGE/CHARGES EXPUNGED? YES___ NO___

IS THERE ANYTHING ABOUT THE DIVERSION PROGRAM THAT YOU DO NOT UNDERSTAND?
YES___ NO___

DO YOU UNDERSTAND THAT YOU MAY BE REPRESENTED BY AN ATTORNEY AT ANY POINT DURING YOUR EVALUATION ON INVOLVEMENT IN THE *ADULT DIVERSION PROGRAM*?
YES___ NO___

CANDIDATE DATE CASEWORKER DATE

DEFENSE ATTORNEY DATE

VERIFICATION OF INFORMATION GIVEN DURING INTERVIEW

All information contained in this interview is accurate. I understand that a false answer to any question would be grounds for a recommendation against Diversion, which would result in this case being returned to court for prosecution. If I choose not to enter the program developed for me, the decision will not affect my subsequent court proceeding.

CANDIDATE DATE

CASEWORKER DATE

DEFENSE ATTORNEY DATE

SPEEDY TRIAL WAIVER

The Department of Attorney General agrees to presently forego the filing or prosecution of an information or indictment in the State Superior Court against the participant. In consideration for this forbearance to prosecute, the participant hereby voluntarily waives his/her right to a speedy trial and right to be tried without delay while under evaluation for participation in the Adult Diversion Program.

CANDIDATE DATE

CASEWORKER DATE

DEFENSE ATTORNEY DATE

Director of ADU: Irene M. Leon

Mailing Address: Department of Attorney General
Adult Diversion Unit
150 South Main Street
Providence, RI 02903

Telephone Number: (401) 274-4400, Extension 2409, (401) 751-2860 **FAX**

Schedule: Monday through Friday, 8:30 am to 4:30 pm

Tentative Program Areas:

- RESTITUTION:** Pending victim information
- COMMUNITY SERVICE:** Sixty (60) hours at a non-profit organization. Have community service forms completed and return to this office within one (1) week.
- COUNSELING:** Contact a Substance Abuse Counseling Agency and set-up an appointment for an assessment. Call me right away with this date and time.
- FOLLOW UP INSTRUCTIONS:** Contact the Adult Diversion Unit every **Monday** until further notice.
- OTHER:** _____

These previous explained instructions must be remembered and followed. Failure to do so may make you ineligible for Diversion or cause you to be rejected or terminated from the program:

1. I must keep in touch with Irene M. Leon of the Adult Diversion Unit.
2. I must answer all phone calls or letters from Irene M. Leon within three (3) days.
3. I must immediately notify Irene M. Leon, if I change my address, telephone number, employment status or school status.
4. I must notify Irene M. Leon, if I am arrested or any criminal court action is taken against me.

I understand that the Department of Attorney General will not take any action to expunge any records pertaining to my arrest on this charge. I understand that expungement of any existing criminal record is solely my responsibility.

I acknowledge that I have read, that I understand, and I have received this handout.

Diversion Candidate

Date

Defense Attorney/Witness

Date