

COUNTY OF SAN DIEGO
PC § 1000 DIVERSION and PC § 1210.1 TREATMENT PROGRAMS
REFERRAL FORM

- Central Division, 1100 Union Street, San Diego, Ca 92101
 East County Division, 250 E. Main St., El Cajon, Ca 92020

- North County Division, 325 S. Melrose Dr., Vista, Ca 92081
 South County Division, 500 Third Ave., Chula Vista, Ca 91910

DEFENDANT'S NAME (Please print): _____

Judge/Dept.: _____

Pres. Judge: **Judge Peter Deddeh**

Court Case No.: _____

Court Hearing Date: _____

Client Contact Phone Number: _____

Offense: _____

Reassign (Enroll) Court Date: _____

Reinstate (Complete) Court Date: _____

THE COURT HAS ORDERED YOU TO ENROLL IN THE FOLLOWING PROGRAM:

PC § 1000 Diversion Program

PC § 1210.1 Treatment Program

YOU MUST IMMEDIATELY CONTACT THE PROVIDER CHECKED BELOW:

McAlister Institute (MITE) East RRC
1365 N. Johnson Avenue, Suite 111
El Cajon, CA 92020
PHONE: (619) 440-4801 x1209

Vista Hill Bridges RRC
3148 Midway Drive, Suite 113
San Diego, CA 92110
PHONE: (619) 363-0853

McAlister Institute (MITE) South RRC
1180 Third Avenue, Suite C3
Chula Vista, CA 91911
PHONE: (619) 691-8164

Episcopal Community Services (ECS) Central RRC
4660 El Cajon Boulevard, Suite 210
San Diego, CA 92115
PHONE: (619) 597-7335

McAlister Institute (MITE) North Coastal RRC
1701 Mission Avenue, Suite 310 Oceanside,
CA 92054
PHONE: (760) 721-2781 x1411

McAlister Institute (MITE) North Inland RRC
200 East Washington Avenue, Suite 100
Escondido, CA 92025
PHONE: (760) 741-7708 x1306

OTHER: _____

FAILURE TO ENROLL BY _____ WILL RESULT IN A REFERRAL BACK TO COURT

IMPORTANT: KEEP THIS FORM: YOU MUST PRESENT IT WHEN YOU ENROLL

(Defendant's Signature)

(Today's Date)

(Date of Birth)

(Defendant's Address)

(Telephone)

(City)

(State)

(Zip)

(Email Address)

FOR OFFICIAL USE ONLY

The individual named above is referred back to Court for FAILURE TO ENROLL by _____

For further information contact: _____

Phone: _____

Date: _____