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):

(Last Name) (First Name)

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

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

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

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

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

☐ 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: _____