



TRI-COUNTY MENTAL HEALTH SERVICES

We offer hope

Referral Line: 1-888-304-HOPE (4673)
Statewide Crisis Services: 1-888-568-1112
TTY: 1-888-568-1112
MAIL TO: P.O. Box 2008
Lewiston, ME 04241-2008
www.tcmhs.org

Participation Agreement for Diversion Program

ADMINISTRATION/ OUTPATIENT LEWISTON

1155 Lisbon Street
Lewiston, ME 04240
Main Number 783.9141
Toll Free: 1.800.787.1155

EMERGENCY & COMMUNITY BASED SERVICES

230 Bartlett Street
Lewiston, ME 04240
Main Number 783.4695
Toll Free: 1.800.550.3427

SOCIAL LEARNING CENTER

80 Strawberry Ave
Lewiston, ME 04240
Main Number 783.4672
Toll Free: 1.877.208.6134

COMMUNITY HOUSING

244 Lisbon Road
Lisbon, ME 04250
Main Number 353.4100
Toll Free: 1.877.200.9076

BRIDGTON

32 No. High Street
Bridgton, ME 04009
Main Number 647.5629
Toll Free: 1.800.286.5629

FARMINGTON

144 High Street, Ste 1
Farmington, ME 04938
Main Number 778.3556
Toll Free: 1.800.559.3556

OXFORD HILLS

143 Pottle Road
Oxford, ME 04270
Main Number 743.7911
Toll Free: 1.800.750.7911

RUMFORD

49 Congress Street
Rumford, ME 04276
Main Number 364.7981
Toll Free: 1.800.371.7981

WINDHAM

744 Roosevelt Trail
No. Windham, ME 04062
Main Number 892.4623

Name: _____ Date of Offense: _____
Offense: _____
Address: _____
Date of Birth: _____

Home Tel #: _____ Alternative Tel #: _____

Emergency Contact: _____
Emergency Telephone No.: _____

I have been referred to the TCMHS Diversion program by _____.
I have been charged with a juvenile offense by the _____ Police Department. I agree to attend class on:

- Saturday _____, Auburn Public Library from 9:00am-2:00pm
- Saturday _____, Lewiston Police Department from 9:00am-2:00pm.
- Saturday _____, Lisbon Police Department from 9:00am-2:00pm

The Diversion Program is sponsored by Tri-County Mental Health Services and funded through a grant from the Davis Family Foundation.

I agree to the following rules:

1. I will arrive on time.
2. I agree to participate in all activities during the program.
3. I agree to stay on the grounds.
4. I agree to be respectful of the facilitators and other members of the class. If I am disruptive, I understand that I could be asked to leave the program, at which time it would be my responsibility to find my own transportation.

I am aware that upon successful completion of the Diversion Program my offense will not be forwarded to the Juvenile Court and will be handled within: the Police Department, the Department of Corrections, or in some cases, the School Department. Failure to complete the program will cause my case to be reopened and official court charges and/or school violations will be filed with the Juvenile Court/School Administration.

By signing this agreement, I understand that the police officer/school liaison/JCCO will share this information with TCMHS. I further understand that my attendance will be communicated back to the person who referred me, and that the summons/school penalty will be handled accordingly.

Juvenile Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Officer/School Personnel/JCCO Signature: _____

Date: _____ Telephone #: _____

Parents: Please return this agreement to the referring police officer or school personnel.

Officers/School Personnel/JCCO's:

Please fax this agreement to TCMHS at 207-755-0045

** Schedule and Referral Form are available at www.tcmhs.org

