

STATE OF VERMONT
PROFESSIONAL RESPONSIBILITY PROGRAM

In Re: Melvin Fink
PRB File No. 012-2019

DISCIPLINARY COUNSEL'S MOTION TO LIFT STAY

EXHIBIT 7

Vermont Superior Court
Bennington Criminal Division
200 Veterans Memorial Drive
Bennington, VT 05201



(802) 388-4605
www.vermontjudiciary.org

Docket Number: 1241-1-19 Bncr

NOTICE OF INTENT TO REFER TO PROGRAM

Defendant Information

TO: (Name) Melvin Fink (Mailing Address) 61 Cherry Hill Street, Springfield, VT 05156
(Date of Birth) 03/31/1943 (Email Address) via counsel: david.sleigh@sleighlaw.com
(Offense) Prohibited Conduct (Docket No.) 1241-1-19 Bncr (Incident No.) 18B104012
(Offense) XXXXXXXXXXXXXXXXXXXXXXXXXXXX (Docket No.) XXXXXXXXXXXXXXXXXX (Incident No.) XXXXXXXXXX

I intend to refer you to the Diversion Program Tamarack Program
to resolve the offense(s) described above. If you accept this referral, you must sign this form and either:
1. meet with a Program representative at the courthouse TODAY; or
2. contact the Program WITHIN SEVEN (7) DAYS OF THE DATE OF THIS NOTICE.

You may contact the Program by telephone, mail or in person. The contact information for the Program in this County is:
Rutland County Court Diversion, 50 Center St., Rutland, VT 05702 (802) 775-2479, YSASP: 802-786-3840 - rutlandrestorativejustice.org
Successful resolution of your case through the Program is subject to: (1) your agreement to participate in the Program under the terms set forth below and (2) your successful completion of the Program. If you decide not to accept this referral, your case will proceed forward in court.

Dated 11/8/2023

/s/ Dana M. DiSano
Signature of Assistant Attorney General
[Signature] 11/13/2023

ACCEPTANCE OF PROGRAM REFERRAL

I hereby accept the offer of the State's Attorney to participate in the Program indicated above. I understand that if I choose not to participate in the Program or I am found to be ineligible for the Program, I must appear in Court whenever my case is scheduled for a hearing.

My mailing address is:

- The address set forth above is a correct mailing address for me.
- The address set forth above is **not** a correct mailing address.

My NEW correct mailing address is: 347 CHERRY HILL, SPRINGFIELD, VT 05156
Home Phone: _____ Cell Phone: 802 291 2740 Business Phone: 802 229 4111
Email Address: MELAWYER@COMCAST.NET

I agree to immediately inform the Court if my address changes. I understand that if my case is scheduled for a Court hearing and I fail to attend the hearing, the Court may issue an arrest warrant and require bail.

Dated 11/8/23

[Signature]
Signature of Defendant
[Signature] Counsel for Mr. Fink
Signature of Parent/Guardian (if Defendant is a minor)

cc: State, Defendant, Diversion/Tamarack