



Docket Number:

NOTICE OF INTENT TO REFER TO PROGRAM

Defendant Information

TO: Name _____ Mailing Address _____
Date of Birth _____ Email Address _____
Offense _____ Docket No. _____ Incident No. _____
Offense _____ Docket No. _____ Incident No. _____

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:

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 _____ Signature of State's Attorney or Deputy

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: _____
Home Phone: _____ Cell Phone: _____ Business Phone: _____
Email Address: _____

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 _____ Signature of Defendant

Dated _____ Signature of Parent/Guardian (if Defendant is a minor)

cc: State, Defendant, Diversion/Tamarack