

STATE OF VERMONT

SUPERIOR COURT

Unit

FAMILY DIVISION

Case No. _____

In Re:

COMMUNITY JUSTICE PROGRAM NOTICE TO COURT

Date: _____

Case No. _____

Youth's Name & Date of Birth

Most Current Address for Youth

In Re: _____

Date of Birth: _____

TO SUPERIOR COURT, FAMILY DIVISION:

- failed to contact this Community Justice Program within 7 days of the Court's referral.
- was not accepted by the Community Justice Program.
- failed to complete the Program.
- successfully completed the Community Justice Program.

Date

Signature of Community Justice Staff Person

Printed Name

cc: Client/Youth
State's Attorney
Court