**[YOUR COUNTY DIVERSION PROGRAM LETTERHEAD]**

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Date

YOUR COUNTY ATTORNEY

ADDRESS

RE: DIVERSION PROGRAM

The following individual(s) is/are being referred back to your office for failure to enroll in the diversion program.

**«ClientFirstName» «ClientLastName»**

CMS#:

CHARGE:

DATE OF OFFENSE:

**«ClientNotes»**

*\*The last known address we have for «ClientFirstName» is: «ClientAddress», «ClientCity», «ClientState» «ClientZip»*

Please contact me if you have any questions.

Sincerely,

Juvenile Diversion Officer