

County Diversion Programs

ADDISON
282 Boardman Street
Middlebury, VT 05753
802-388-3888
acrjs.org

BENNINGTON
439 Main Street
Bennington, VT 05201
802-447-1595
bcrlj.org

CALEDONIA
576 Railroad Street – Ste 2
St. Johnsbury, VT 05819
802-748-2977
communityrjc.org

CHITTENDEN
200 Church Street
Burlington, VT 05401
802-865-7155
burlingtoncjc.org

ESSEX
576 Railroad Street – Ste 2
St. Johnsbury, VT 05819
802-748-2977
communityrjc.org

FRANKLIN
120 N. Main Street
St. Albans, VT 05478
802-524-7006
fgirjc.org

GRAND ISLE
120 N. Main Street
St. Albans, VT 05478
802-524-7006
fgirjc.org

LAMOILLE
221 Main Street
PO Box 148
Hyde Park, VT 05655
802-888-5871
lrcvt.org

ORANGE
3 Court Street
PO Box 58
Chelsea, VT 05038
802-685-3172
ocrjvt.org

ORLEANS
71 Seymour Lane
Newport, VT 05855
802-334-8224
nekcvrt.org

RUTLAND
50 Center Street
Rutland, VT 05701
802-786-3840
rutlandrestorativejustice.org

WASHINGTON
322 North Main Street,
Suite 5
Barre, Vermont 05641
Phone: 802 479-1900
Wcdp-vt.org

WINDHAM
32 Walnut Street
Brattleboro, VT 05302
802-257-0361
youthservicesinc.org

WINDSOR
211 North Main Street
PO Box 474
White River Jct, VT 05001
802-295-5078
vcdp.org

NOTICE OF VIOLATION

You are being charged with a violation of law as indicated below.

_____ Minors misrepresenting age, procuring, possessing or consuming alcoholic beverages
(7 V.S.A. § 656). Complaint # _____

AND OR

_____ Cannabis possession by a person under 21 years of age, one ounce or less (18 V.S.A. § 4230b).
Complaint # _____

AND OR

_____ Dispensing cannabis to a person who is 18, 19, or 20 years of age (18 V.S.A. § 4230f(e)(2)).
Complaint # _____

AND OR

_____ Buprenorphine possession by a person under 21 years of age, 224 milligrams or less (18V.S.A. § 4234(c)(1)).
Complaint # _____

1. As required by law, **you must provide this officer with your correct name and mailing address.** Please also give the officer your telephone number.
2. **Within 15 DAYS, you must contact the County Diversion’s Youth Substance Awareness Safety Program (YSASP) at the address or phone number circled to your left.**
3. Do not send any money to pay any *legal* penalty at this time. There is a program fee required by the YSASP.
4. Until you have finished all conditions of the program, you must inform the YSASP office of any changes in your name or address.

If you contact the Youth Substance Awareness Safety Program within 15 days and complete all conditions of the program, this violation will be voided, and no penalty will be imposed. There is a program fee. The fee may be reduced based on your circumstances and paid in installments. The Youth Substance Abuse Awareness Program involves participating in a screening process about your substance use and discussing your use with a YSASP case manager. You may need to complete an assessment with a substance use clinician and follow their recommendations for treatment. If you are under age 18, a legal guardian must give permission for you to participate in the program.

If you fail to contact the Youth Substance Awareness Safety Program within 15 days or fail to complete all conditions of the program, the ticket for this violation will be issued. At that time, you may contest the charge with the Judicial Bureau.

If the Judicial Bureau finds you in violation, you will have to pay a fine and your privilege to operate a motor vehicle in Vermont will be suspended. The cost of your car insurance may increase substantially. If you hold a license from another state, that state will revoke your privilege to operate a vehicle also.

You may have other tickets or citations. For example, if you were driving, you may have been given a ticket or criminal citation for operating a vehicle under the influence. Address your response to those tickets or citations to the Judicial Bureau or State’s Attorney as explained on those documents.

Law Enforcement Officer _____ Phone # _____ Department Name _____
Law Enforcement # _____ Date of Violation _____