



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