STATE OF VERMONT

SUPERIOR COURT Unit

FAMILY DIVISION Case No.

REFERRAL TO APPROVED COMMUNITY JUSTICE PROGRAM

Pursuant to 3 3 V.S.A. § 5232 (b) (7)

Base	ed on this court's finding that the youth na	med above committed the delinquent act(s) of it is ORDERED that the youth be referred to the
follo	owing community justice program:	ne is one line the youth self-ened to the
The	youth shall complete the program no later	than
prog you	gram to the satisfaction of the program, the	ept the youth's case or if the youth fails to complete the e program shall immediately notify the Court in writing and the on receipt of such notice from the program, the Court will
Date		
		Superior Court Judge
	 I do not contact the community justice the community justice program does not I fail to satisfactorily complete the prog 	ot accept my case, or
		Signature of Youth
Date		
		Signature of Parent/Guardian
cc:	State's Attorney Youth's Attorney GAL (if not present) Community Justice Program DCF (if DCF is a party) Court	

TO COMMUNITY JUSTICE PROGRAM:

This notice serves as a referral by the Superior Court, Family Division to your community justice program pursuant to 33 V.S.A. § 5232 (b)(7). The youth has been instructed to contact you within a week of the date of the referral Order. Please use this form to communicate with the Court. Enclosed are a copy of the Referral Order, Petition and Affidavit, and victim impact statement (if one has been filed with the Court).

Please note: juvenile matters are **CONFIDENTIAL**. Unlawful dissemination of information is a crime punishable by a fine up to \$2,000. 33 V.S.A. § 5117 (b)(2). Any records or reports relating to a matter within the jurisdiction of this Court shall not be disseminated by the receiving persons or agencies to any persons or agencies, other than those persons or agencies authorized to receive documents. 33 V.S.A. § 5117 (e).

COMMUNITY JUSTICE PROGRAM NOTICE TO COURT

Date:	Docket #:
Youth's Name & Date of B	_
In Re: Date of Birth:	
TO SUPERIOR COURT, FAMILY DIV This is to inform you that the abo failed to contact this Commu was not accepted by the Com failed to complete the Progra successfully compete the Cor	ove-named client: nity Justice Program within 7 days of the Court's referral. nmunity Justice Program. nm.
Date	
	Signature of Community Justice Staff Person
	Printed Name
cc: Client/Youth State's Attorney Court	