**NOTICE OF FAMILY ACTION PROGRAM DECLINE**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEFENDANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOU ARE HEREBY NOTIFIED THAT THE ABOVE NAMED DEFENDANT HAS BEEN DECLINED FROM THE FAMILY ACTION PROGRAM FOR THE FOLLOWING REASONS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY ACTION COUNSELOR/CASE MANAGER

ORIGINAL TO STATE ATTORNEY

COPY TO DEFENDANT

COPY TO FILE

Rev. 2/04, 10/12, 1/16 , 2/22, 1/24 F-PR-1057