



Cameron County Youth Offender Divert Court Referral Form

Cause Number: _____ Offense: _____ ~~ML#~~: SID #: _____

Name: _____ DOB: _____
Last Name First Name Middle

Address: _____
Street Address City State Zip Code

Contact Number: (Home) _____ (Cell) _____ Email: _____

United States Citizen: Yes No MTR/MTA Pending: Yes No

CSO Name: _____

Date of Sentence (if in the Pre-Sentence Investigation Phase): _____

Check all that apply: Community Supervision Regular Deferred Shock
 Bond
 Jail (Location: _____)
 Pending Charge(s)

Referring Officer/Attorney Name: _____

Title: _____ Date: _____

Completed form to be forwarded to:

E-mail: xenia.chavez@co.cameron.tx.us
Mail: 974 East Harrison Street
Brownsville, Texas 78520