

Cameron County Divert Program Referral Form

Cause Number:      Offense:       ML#:

Name:                   DOB:

Last Name First Name Middle

Address:                  

Street Address City State Zip Code

Contact Number: (Home)       (Cell)

**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 Name:

Title:       Date:

**Completed form to be forwarded to:**

**E-mail:** [**janie.ruiz@co.cameron.tx.us**](mailto:janie.ruiz@co.cameron.tx.us)

**Mail: 854 East Harrison Street**

**Brownsville, Texas 78520**

CAFORM:DIVCRTEF

R12/21:CSCD