

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**

**Mail: 854 East Harrison Street**

**Brownsville, Texas 78520**

CAFORM:DIVCRTEF

R12/21:CSCD