

IF YOU DISAGREE WITH THIS DECISION AND DESIRE TO APPEAL, YOU MUST FILL IN THE FORM PROVIDED BELOW AND SEND IT TO THE STATE'S ATTORNEY'S OFFICE SO THAT IT IS RECEIVED IN THAT OFFICE BY (DATE) .

IF YOU HAVE ANY QUESTIONS OR WANT TO TALK ABOUT THIS CASE WITH ME BEFORE MAKING A DECISION ON WHETHER TO APPEAL, PLEASE CALL ME AT (PHONE NUMBER) . HOWEVER, IF YOU DO THIS, IT WILL NOT EXTEND THE 15-DAY PERIOD WITHIN WHICH YOU ARE ALLOWED TO APPEAL.

SINCERELY,

INTAKE OFFICER

IF YOU DISAGREE WITH THE ABOVE DECISION OF THE INTAKE OFFICER, FILL OUT THE FORM BELOW AND SEND IT TO:

(NAME AND  
ADDRESS OF APPROPRIATE  
STATE'S ATTORNEY AUTHORITY)

(TO BE FILLED IN  
BY INTAKE OFFICER  
PRIOR TO MAILING  
TO PERSON BEING  
INFORMED OF INTAKE  
DECISION)

RE: \_\_\_\_\_  
OFFENSE: \_\_\_\_\_  
DATE OF OFFENSE: \_\_\_\_\_  
NATURE OF OFFENSE: \_\_\_\_\_

(TO BE FILLED IN  
BY INTAKE OFFICER  
PRIOR TO MAILING  
TO PERSON BEING  
INFORMED OF INTAKE  
DECISION)

I HAVE BEEN INFORMED BY THE JUVENILE INTAKE OFFICER OF HIS DECISION NOT TO FORWARD THIS CASE FOR ACTION IN THE JUVENILE COURT.

I DISAGREE WITH THIS DECISION AND ASK THAT THE STATE'S ATTORNEY'S OFFICE REVIEW IT AND DECIDE WHETHER COURT PROCEEDINGS SHOULD BE CARRIED OUT.

\_\_\_\_\_  
SIGNED

(B) THE USE OF THE FORM PRESCRIBED BY SUBSECTION (A) OF THIS SECTION DOES NOT PRECLUDE THE JUVENILE SERVICES ADMINISTRATION FROM SENDING OTHER INFORMATION, IN ADDITION TO THIS FORM, TO EXPLAIN THE INTAKE OFFICER'S DECISION AND ADVISE PERSONS OF THEIR RIGHT TO APPEAL THE DECISION OF THE INTAKE OFFICER.