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ERIE COUNTY UNDERAGE DRINKING DIVERSION PROGRAM

Name: _____ Docket Number: _____
 Address: _____ Social Security #: _____
 _____ Date of Birth: _____
 Telephone: _____ Date of Arrest: _____
 B.A.C.: _____

Referral Source:

Youth has been directed to attend the Program by _____
 _____ (Agency)
 _____ Date: _____
 _____ (Contact Person)

The Defendant is ordered to complete the PA Underage Drinking Program.
 _____ Date: _____
 _____ (District Justice)
 _____ Phone: _____
 _____ (Address)

Program Procedure:

1) This Referral is being forwarded to: **Erie County DWI Program**
36 North Park Row
Erie, PA 16501-1133
Telephone (814) 454-3326
Fax (814) 453-5269

You will be notified by the DWI Program and it will be your responsibility to schedule the Court Reporting Network Evaluation and successfully complete the Program as directed.

2) The Referring Source will be notified of your successful or unsuccessful completion.