(Name) County Children’s Division

(Address)

Town, City Address, Zip Code

To Whom It May Concern:

Attached are the CD-175 and all supporting documentation for a service worker to be assigned to (name of child/ren or family) *.* The following children (names) are currently under the jurisdiction of (County) Juvenile Court and in the legal custody of (County) Children’s Division.

This (name of child/ren or family) are involved with Children’s Division due (reason for involvement) *.*

I am requesting the following services be provided to the (name of child/ren or family)

Summary of any special needs ie: counseling, medical etc.

If you have any questions, please do not hesitate to contact me by email at (worker's email address) or (xxx-xxx-xxxx) . My supervisor is (name) . *Her/ His* email is (supervisor's email address) and *his/her* phone number is (xxx-xxx-xxxx) *.*

Sincerely,

(Name)

(Title)

(County) Children’s Division.

attachments