

ON FACILITY LETTERHEAD

Date

Parent/Guardian/Attorney Name
Address
City, State and Zip Code

RE: ARP Number ____ - ____ - ____

Dear _____:

Your child recently filed a request for administrative remedy with Youth Services concerning _____ and is not satisfied with the decision rendered regarding the request.

This is to advise that administrative remedies at this level have been exhausted.

You may seek review of the decision by a court. This matter must be filed with the 19th Judicial District Court, 222 St. Louis St., Baton Rouge, LA 70802. The review must be applied for within 30 calendar days of your child receiving the Deputy Secretary's response.

Sincerely,

Name
Title

c: Youth's Master Record
Youth's ARP File
Youth's Attorney of Record (if applicable)