



**TOWN OF RAMAPO YOUTH COURT**

237 Route 59  
Suffern, New York 10901  
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**MICHAEL B. SPECHT**  
Supervisor

**BRAD R. WEIDEL**  
Chief of Police

APPLICANT NAME: \_\_\_\_\_

**PERSONAL REFERENCE FORM**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

Do you feel he/she is a mature individual: \_\_\_\_\_

Comments: (Please tell us something about the above applicant and why they would be an asset to the Youth Court program.)

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Signature

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Date