



State of New Jersey
DEPARTMENT OF HUMAN SERVICES
Division of Youth and Family Services

DYFS 20-28
(new 2/78)

TO: [_____]
[_____]
[_____]
[_____]

SUBJECT: _____

MESSAGE:

Date _____ Signature and Title _____
Telephone: _____

REPLY:

Date _____ Signature _____

RETURN TO: [DIVISION OF YOUTH & FAMILY SERVICES]

RECIPIENT COPY
SENDER COPY