SPRINGVILLE YOUTH COURT



CASSANDRA SOUTHAM YOUTH COURT DIRECTOR 110 SOUTH MAIN SPRINGVILLE, UT 84663 (801) 491-7823

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Request to Participate in Youth Court

Participation. My parent/legal guardian and I request participation in the Springville Youth Court.

We understand Youth Court is an alternative to Juvenile Court; my participation is voluntary; and if I successfully complete Youth Court, my case will not be referred to Juvenile Court.

We certify that the following requirements are and/or will be met:

- My parent/guardian and I must attend every Youth Court hearing together.
- I am not currently under the authority of Juvenile Court, nor do I have pending charges in Juvenile Court.
- I agree to admit to the charges above in order to qualify for participation.
- I pay a non-refundable Youth Court administration fee of \$35.

We understand we will be contacted by a Youth Court representative and assigned a time for a hearing on the 2nd or 4th Thursday of the month. Failure to appear at the designated time will result in my case being referred to Iuvenile Court.

Waiver of Rights. My parent/legal guardian and I understand that I have the following rights, and to participate in Youth Court, I knowingly and voluntarily give up all of these rights:

- Counsel: I am waiving my right to seek legal counsel.
- <u>Testify and against self-incrimination</u>: I am waiving my right to testify on my own behalf and my privilege against self-incrimination (giving information that could be used against you)
- Trial. I am waiving my right to a trial, including a speedy trial.
- Witnesses. I am waiving my right to confront, compel and cross-examine witnesses.
- Presumption of Innocence. I understand that I am presumed innocent until a prosecutor proves each element of the charge(s) beyond a reasonable doubt. I am waiving this right.

Procedure. We understand that the following procedure will take place in Youth Court:

- A panel of judges of my peers will impose a disposition (sentence) for my offense which I must be willing to accept. The sentence may include any of the following options: community service, tutoring, educational classes, counseling, restitution, essay, letter of apology, or other options deemed appropriate.
- Those I have harmed will have an opportunity to address the court.
- I will be required to attend periodic review hearings during a period of time as determined by the Youth Court, not to exceed 180 days.
- If I fail to complete the disposition by the specified time, my case may be referred back to the referral source.
- My parent/legal guardian or I can choose to withdraw from this program at any time.

I understand that I have been detained for the C-11-	Youth Name:	
I understand that I have been detained for the following charge(s):		
School Records.		
☐ Yes, my parent/guardian gives permission to releast year to Springville Youth Court.	se my academic and attendance records for this school	
□ No, my parent/guardian does not give permission school year to Springville Youth Court.	to release my academic and attendance records for the	
I understand the requirements and responsibilities	to appear before the Springville Youth Court	
Youth Signature:	Date:	
Parent/Guardian Signature:	Date:	
Witness/Referring Officer Signature:	Date:	
Youth Offender and Pa	arent/Guardian Information	
Youth's Name:		
Address:		
Email:		
Phone Number:		
Date of Birth:		
School:	Grade:	
Parent/Guardian Names:		
Address:		
Address:Email:		
Address: Email: Best Contact Phone Number:		