

## TEEN COURT PROGRAM REQUEST

I hereby acknowledge that in order to attend the Teen Court program:

1. I am under the age of 18 or enrolled full time in an accredited school in a program leading toward a high school diploma.
2. I understand that I have 90 calendar days from the court's date to complete the program. No extensions can or will be granted.
3. I understand that by volunteering for the Teen Court program, I am admitting my guilt to the alleged charges against me.
4. I understand that by volunteering for Teen Court that information may be shared between the Teen Court staff, law enforcement, Fourth Judicial Circuit, the States Attorney's office and my school district.
5. I understand that if I should fail the Teen Court program, information regarding my case will be provided to the States Attorney's office.
6. I understand that I must remain alcohol/drug free during the course of the teen court program. Should there be any indication that I am indulging, I will be requested to submit to a PBT or urinalysis.
7. I have the right to be represented by legal counsel of my choice during any of these proceedings. If you desire an attorney but are unable to afford one, the court will appoint one to represent you; but the Court can only appoint one to represent you should you choose to have this case formally tried in Court.
8. I am responsible for returning to this court a copy of the community service referral form showing that I have completed the teen court program within 90 days from the court's date.
9. All alcohol and drug cases are required to successfully complete an Alcohol/Drug Prevention Education class as provided by a certified chemical dependency counselor. All clients must register for the class with a counselor by the Friday following the initial appointment with the Teen Court Staff.
10. I understand that non-compliance with any portion of this request may result in the court referring my case back to the States Attorney's office for further prosecution.
11. I understand that I shall abide by all laws governing the State of South Dakota and city ordinances. I agree to inform the Teen Court staff if I am contacted by law enforcement for any new offense(s).
12. I understand that the Teen Court may charge an administrative fee for participation in the program.

**SIGNED** this the \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Defendant's signature

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Coordinator's signature