

IN THE YOUTH COURT OF _____ COUNTY, MISSISSIPPI

IN THE INTEREST OF _____, A MINOR MYCIDS#: _____

(DOB: _____)

Docket #: _____

INFORMAL AGREEMENT

At the Informal Agreement Conference I _____, have a right to remain silent and a right to be represented by an attorney or any other person of my choice. If I cannot afford an attorney, and I wish to have an attorney, then the _____ County Youth Court will appoint an attorney for me.

I have been informed that:

I.

1. _____ The youth court has received information about me that could be used to put me under the supervision of the youth court.
2. _____ This is an Informal Agreement Conference and the purpose of this conference is for us to see if we can reach an agreement to keep me from going to court.
3. _____ During the Informal Agreement period, no charging paperwork will be given to the judge, and I will not have to go before a judge.
4. _____ I understand that I do not have to participate if I do not want to.
5. _____ My parent, guardian or custodian and I can stop participating with this agreement at any time. If we stop participating, I may be charged with delinquency and have to go to court.
6. _____ If I participate in the informal agreement process, I give up my rights to a speedy trial.

II

I, _____ understand that I have entered into an Informal Agreement with the Youth Services Counselor for _____ months. To complete my Informal Agreement, I must:

1. _____ Come to meetings with the Youth Services Counselor, court staff, or appointed volunteers as part of my informal agreement.
2. _____ Live with _____, my parents, custodians, or guardians, and obey their rules. I must make sure that my parents or guardians know where I am at all times and have their permission to leave home.

3. ____ ____ Follow curfew and be home and stay there. Sunday through Thursday nights from ____ p.m. until ____ a.m. and Friday and Saturday nights from ____ p.m. until ____ a.m.
4. ____ ____ Notify my Youth Services Counselors within twenty-four hours of any change in phone number, address, residence or school.
5. ____ ____ Attend school every day while school is in session, unless I have an excuse accepted by the school district. If I am suspended or expelled, I must attend an educational program approved by the Mississippi Department of Education or an alternative program approved by the court or my Youth Services Counselor. I understand that I must follow all rules of the school.
6. ____ ____ Not use any alcohol or drugs, except those that a doctor or dentist prescribes for me.
7. ____ ____ Give a urine sample to test for drugs or alcohol whenever asked to do so.
8. ____ ____ Not break any laws.
9. ____ ____ Stay away from the following places: _____
10. ____ ____ Not contact, talk to or send messages by mail, phone, email, text messaging, or through the internet, through other people or by any other way with the following persons: (Victims and other people identified by the court or my Youth Services Counselor)

11. ____ ____ Not carry any guns, knives, or other weapons.
12. ____ ____ Meet and cooperate fully with my Youth Services Counselor.
 _____.
13. ____ ____ Attend and complete the following programs:

Name

Place

_____	_____
_____	_____
_____	_____

14. _____ Complete _____ hours of community service by working at a site approved by the court or my Youth Services Counselor.

15. _____ Obey the following conditions, rules or restrictions:

III.

Closing of the Informal Agreement can happen:

1. _____ If my parent, guardian or custodian and I have done what we agreed to do.

or

2. _____ If my Youth Services Counselor decides that continuing this agreement will not be in my or the community's best interest.

or

3. _____ If my Youth Services Counselor decides that I have received all the benefits of the informal process.

or

4. _____ If my parent, guardian, custodian or I:
a. Will not participate in the informal process; or
b. Request that the Judge hears the case; or
c. Miss scheduled meetings without a good excuse.

ACKNOWLEDGMENT:

As _____'s parent(s), custodian(s) or guardian(s), we understand that we have a duty to act in good faith in seeing to it that our child obeys these rules and must report violations to the Youth Services Counselor within twenty-four (24) hours. Our duty includes bringing our child for drug or alcohol testing, if required by the Youth Services Counselor, and to pay the costs of any tests. Failure to do so may result in further action being taken, including our child being brought before the court.

MOTHER

DATE

FATHER

DATE

GUARDIAN/CUSTODIAN

DATE

I have reviewed this agreement, understand what it requires, and understand that if I complete it, my case will be closed without any delinquency charges in court. By signing this agreement, I agree to do what the agreement requires.

YOUTH

DATE

ATTORNEY

DATE

I have reviewed this Informal Agreement with _____ and am satisfied that he or she understands the requirements and has made a voluntary decision to agree to fulfill its terms.

YOUTH SERVICES COUNSELOR

DATE

THIS IS TO ACKNOWLEDGE THAT THE CONDITIONS, AS STATED ABOVE, HAVE BEEN COMPLETED AND THE ABOVE YOUTH IS RELEASED FROM THE INFORMAL AGREEMENT WITH THE YOUTH SERVICES COUNSELOR.

YOUTH SERVICES COUNSELOR

DATE