

IN THE YOUTH COURT OF \_\_\_\_\_ COUNTY, MISSISSIPPI

IN THE INTEREST OF

CAUSE NO. \_\_\_\_\_

\_\_\_\_\_  
A Minor

REFERRAL NO. \_\_\_\_\_

**INFORMAL ADJUSTMENT AGREEMENT**

At the Informal Adjustment Conference you, the minor, have a right to be represented by an attorney or any other person of your choice. If you are indigent and unable to afford an attorney and you wish to be represented, then this Court will appoint an attorney for you.

You are hereby informed that:

**I.**

1. Information has been received concerning you, the above named minor, which appears to establish jurisdiction of the Youth Court.
2. This is an Informal Adjustment Conference and the purpose of this conference is to handle this matter in such a way as to avoid, if possible, official court proceedings by entering into an Informal Agreement between the Court, the minor, and the parents.
3. During the informal adjustment period, no petition will be filed.
4. Participation in the informal adjustment process is voluntary.
5. You, the minor, and your parent, guardian or custodian may withdraw from the informal adjustment agreement at any time.
6. If you participate in the informal adjustment period, the defense of failure to provide a speedy trial is waived.

**II.**

That termination of the Informal Adjustment Agreement can occur:

1. If you, the minor, and your parent, guardian or custodian have complied with the terms and conditions of the informal adjustment agreement and have received the maximum benefits from the informal adjustment process;  
**or**
2. If the informal adjustment counselor feels that further efforts at informal adjustment would not be in the best interest of you, the child, or your parent, guardian or custodian;  
**or**
3. If you, the child, or your parent, guardian or custodian:
  - a. Denies the jurisdiction of the Youth Court; **or**
  - b. Declines to participate in the informal adjustment process;
  - c. Expresses the desire that the facts be determined by the youth court judge; **or**

- d. You, the minor, and your parent, guardian or custodian fail without reasonable excuse to attend scheduled meetings; **or**
- e. You, the minor, appear unable or unwilling to benefit from the informal adjustment process.

**III.**

The recommendations of the youth court counselor in the interest of the minor to correct the minor's behavior and/or environment and the continuing conferences and contacts necessary and the behavior expected during the period of the informal adjustment process have all been discussed with those present at this informal adjustment conference.

**IV.**

The period of informal supervision shall be for \_\_\_\_\_.

I, the undersigned minor, do hereby acknowledge that I have been placed on informal adjustment by the \_\_\_\_\_ Youth Court, and as a condition of such informal adjustment I must abide by certain restrictions and rules as more fully set forth herein and that I, therefore, must:

1. Not associate with any persons who have a youth court or adult court record, or any persons involved in matters which have brought me before the court. Association with family members who may have youth court or adult court records, will be closely monitored.
2. Not leave \_\_\_\_\_ County or the State of Mississippi without prior permission of my counselor, such permission to be obtained during normal court hours, Monday thru Friday.
3. Obey my parents, and always make sure my parents know my whereabouts and have their permission for absences from home, unless I am on in-house detention. In no event may I be away after \_\_\_\_\_ P.M. on Sunday through Thursday, and \_\_\_\_\_ P.M. on Friday and Saturday unless accompanied by my parents.
4. Stay away from all undesirable places including: \_\_\_\_\_  
\_\_\_\_\_
5. Have no contact with the victim unless directed by the Court or my counselor.
6. Not use alcohol, beer, or drugs except those prescribed for me by a physician. I understand that I am required to and do hereby agree to subject myself to drug and/or alcohol testing at all times and placed as directed by the Court or my counselor. I understand that I and my parents/guardian/custodian will be responsible for paying any and all testing unless otherwise noted: \_\_\_\_\_.
7. Attend each class at school daily unless I am sick and provide a physician's statement that I was unable to attend because of illness or injury. This includes GED classes if I am ordered to attend same.
8. Not be absent from my job, if I am allowed to work, unless I am sick and provide a physician's statement that I was unable to attend because of illness or injury.
9. Follow all rules of my school, place of employment, parents or other persons in authority over me. My failure to attend school or work is not excusable solely on the grounds that I was suspended or expelled there from.

- 10. Notify my counselor within 24 hours of any change in my address or telephone number.
- 11. Attend the following programs at such times and places as designated herein or as later to be designated by my counselor:

<u>NAME</u>	<u>PLACE</u>	<u>DATE</u>
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We, the undersigned minor and parent, guardian or custodian, hereby acknowledge that we have read and have discussed the above agreement and understand the same and realize that the minor is to obey these rules and any violation of these conditions my result in further action being taken.

Minor	Date
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Counselor	Date
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Parent\Guardian\Custodian	Date
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Attorney	Date
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First Appointment
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