

In the Juvenile Court of _____ County, Tennessee

State of Tennessee in the matter of:

Child Under 18 Years of Age (at the time of offense)

Juvenile ID #: _____
SSN#: _____ - _____ - _____ DOB ____/____/____

Informal Adjustment

People Present at Conference:

<input type="checkbox"/> Child	<input type="checkbox"/> Mother	<input type="checkbox"/> GAL/ Attorney	<input type="checkbox"/> Attorney
<input type="checkbox"/> Father	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Guardian	<input type="checkbox"/> CASA
<input type="checkbox"/> DCS	<input type="checkbox"/> P.O.	<input type="checkbox"/> CSA	<input type="checkbox"/> DA
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

Requirements of Informal Adjustment:

1. Obey your parents, guardian, or legal custodian.
2. You are required to attend school daily, complete school assignments and behave in such a way as not to be disciplined.
3. You shall not use, possess or be in the presence of anyone illegally using alcohol or drugs and you shall submit to drug screens.
4. Do not engage in any unlawful activity. Obey all Laws.
5. Do not associate with known criminals, delinquent or unruly juveniles, or these specific persons:
6. You are not to be with the following people _____
7. Your curfew time is _____ on weekdays and _____ on weekends (Friday & Saturday nights).
8. Complete _____ hours of Community Service Work.
9. You shall not be in the possession of any firearms, weapons or tobacco products.
10. Contact: _____
11. Other Requirements: _____

This probationary period is initially for three months, but can extend for three months or terminated and brought to court if you do not comply with your requirements. I you successfully complete your probationary period, these charges will be dismissed.

Youth Service Officer: _____ Date: _____

I have read, and understand the above requirements and have been provided a copy of this document. I will abide by the requirements.

Juvenile's Signature: _____ Date: _____

I have read, and understand the above requirements and have been provided a copy of this document. I agree to report any violations to the Youth Service Office.

Parent/Guardian: _____ Date: _____

Order

Upon the recommendation of _____ County Youth Services Office it is ordered that the case is hereby informally adjusted as shown on the Informal Adjustment agreement (above), which is incorporated herein and made a part of this order.

Entered this _____ day of _____, 20_____.

Juvenile Court Judge/Magistrate: _____ Date: _____