

When completed, make a copy for your records

MAIL ORIGINAL TO:

Independence Youth Court
111 E Maple Ave
Independence, MO 64050
PHONE: 816-325-7750 EMAIL: Youtct@indepmo.org

COURT DATE: DOCKET: HOURS ORDERED _____ DATE DUE _____

Name: Age: Phone: Parent/Guardian:
Name/telephone number of closest relative, if parent/guardian cannot be reached: _____

In accordance with Senate Bill 24, YOU, THE PARENT/GUARDIAN are responsible for any liabilities arising from this matter at any of the work sites.

I have read the above statement and understand the information. _____
Signature Date

Keep track of your hours on the backside of this sheet. Altered times or hours will be voided and will not count!

The following court ordered post court survey **must be completed as part of your Youth Court sentence.**

Age: ___ Male ___ Female ___

Which describes your Race/ethnicity: African American/Black ___ American Indian/Alaskan ___ Asian ___ Hispanic ___
Native Hawaiian/Pacific Islander ___ White ___ Other, specify _____

DO NOT COUNT THE CASE YOU JUST COMPLETED HOURS FOR, IN YOUR RESPONSES

1. In the past 60 days, how many times have you been picked up by police, done something illegal, or been charged with a crime? _____ (not counting this case)

In the past 60 days, how many times have you been referred to Youth Court? _____ (not counting this case)

YES -Violence related (Assault, Fighting, Disorderly Conduct, Harassment, Threats) _____TIMES

YES - Drug related (Alcohol, Drugs, Tobacco, Paraphernalia, etc) _____TIMES

YES - Other: Specify the charge/type of case: _____TIMES NO

2. In the past 60 days, how many times have you been in possession of or used alcohol _____ times
Not counting this case

3. In the past 60 days, how many times have you been in possession of or used drugs, _____times
Not counting this case
Specify type of drug(s) _____

4. In the past 60 days, how many times have you been involved in a violent activity such as assault, fighting, disorderly conduct, harassment and/or threats? _____ times
Not counting this case

5. Which program(s) did you already attend? Please circle: Advanced Alcohol and Drug Intervention
Anger Management Anger Management 2 Fire Prevention Safe Streets Shoplifting Tobacco Education Truancy

6. In this (or these) classes did you learn anything about how to avoid criminal activity in the future?
YES NO N/A

7. Do you feel attending this (or these) classes gave you the tools/information to avoid criminal activity in the future involving drugs, alcohol or violence? YES NO N/A



When completed, make a copy for your records

MAIL ORIGINAL TO:

REMINDER: You must complete the survey on the other side of this form or the hours recorded on this sheet WILL NOT COUNT!

Date	Time	Number of hours	Nature of task (cleaning, painting, etc.)	Location Name	Supervisor & Phone Number
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				

