STATE OF INDIANA

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURT

In The Matter Of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A Child Alleged to be a Delinquent Child

 **PROGRAM OF INFORMAL ADJUSTMENT**

Name (Juvenile): Parent: Current Offense:

Address: Address: Beginning Date:

Phone: Max. Term. Date:

Whereas, written information indicating that the above-named child is a delinquent child has been filed with the undersigned Intake Officer of said Court, and the undersigned has made a preliminary inquiry, implemented a risk screening tool , and has determined that there is probable cause to believe that said child is a delinquent child.

Therefore, the undersigned Intake Officer has concluded that a program of informal adjustment should be undertaken for a period of \_\_\_\_\_ months, subject to the consent of said child and the parent, guardian or custodian of said child, and subject to the approval of said Court, and, if the program of informal adjustment includes services requiring payment by the Indiana Department of Child Services, the department also must approve the program of informal adjustment.

The under­signed Intake Officer shall assume supervision over said child, and said child shall observe and obey the following rules:

1. You are to obey all town, city, county, state and federal laws and or­di­na­nc­es, and you shall be guilty of no acts of bad conduct of any kind or character;

2. You shall report to the Probation Department at such times and pl­ac­es as shall be directed by such Probation Depart­ment. Any change of address, school or employment must be promptly reported to the Probation Department;

3. You are to participate in programs and activities specifi­cally assigned and outlined as part of your program;

4. You are to have the permission of your parents for any ac­ti­vi­ty which requires you to be away from your home;

5. You must obey your parents at all times;

6. You shall not possess or consume alcoholic beverages or illegal drugs;

7. You are to be in the confines of your home by \_\_\_\_\_\_\_\_ p.m., unless you are in the presence of one or both of your par­ents or in the presence of a responsible person with the prior approval of your parents or the Probation Officer;

8. You are to be very careful as to the people with whom you associate, and you shall not associate with any persons who are in any sort of trouble with the law or currently under probation supervision (unless an immediate family member). You shall not associate with or go to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

9. You are to report any contact with law enforcement to your Probation Officer within twenty-four (24) hours of the contact.

10. You are to attend school regularly with no absence or ta­r­di­n­ess of an unexcused nature, and you shall diligently apply yourself to your work and conduct yourself according to school policy. If you are out of school, you are to find suitable employment with reasonable hours;

11. You are to make restitution in the amount of $\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

payable as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. You and your parents are responsible for the payment of a monthly probation user's fee of $\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

13. Special Terms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intake Officer

I have read the foregoing program for informal adjustment, and I consent and agree to it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Date

The undersigned, parent, guardian or custodian(s) of said child, he­reby consent and agree to the same.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OPTIONAL (*For use only when payment for services through DCS is requested*)

DCS has received a copy of the following documentation:

Police Report: \_\_\_\_\_\_\_(date received) or \_\_\_\_\_\_ none received

Preliminary Inquiry: \_\_\_\_\_\_\_(date received) or \_\_\_\_\_\_ none received

Risk Assessment: \_\_\_\_\_\_\_(date received) or \_\_\_\_\_\_ none received

Needs Assessment: \_\_\_\_\_\_\_(date received) or \_\_\_\_\_\_ none received

Completed Case Plan: \_\_\_\_\_\_\_(date received) or \_\_\_\_\_\_ none received

Mental Health and/or

Psychological Evaluation: \_\_\_\_\_\_\_(date received) or \_\_\_\_\_\_ none received

School Records including any IEP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (identify):

\_\_\_\_\_\_\_(date received) or \_\_\_\_\_\_ none received

 Other Supporting documentation (identify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

\_\_\_\_\_\_\_(date received) or \_\_\_\_\_\_ none.

[ ]  Upon consideration of the documentation received, DCS concurs with the above recommendations of the probation officer.

[ ]  Upon consideration of the documentation received, DCS DOES NOT concur with the above recommendations of the probation officer because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Respectfully submitted;

Indiana Department of Child Services, local office in \_\_\_\_\_\_\_\_\_\_\_ County, by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*signature*) Date