** PARTICIPATION AGREEMENT – SERVICE PLAN**

**Conflict Resolution Center**

***Restorative Circle/***  ***Teen Court Programs***

**Parent/Guardian:** I, (Parent/Guardian Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, having legal custody of (Youth Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, grant my permission for them to participate in the ***Restorative Justice Program***(RJC)with the ***Conflict Resolution Center*** (CRC).   I understand the staff, volunteers, and peers involved in the program will be citizens from the local community.  In order for my child to benefit from his/her participation in the RJP, I understand that my active involvement is necessary.  ***By signing this form, I agree to support my child by ensuring he/she completes all activities agreed upon in the Repair Agreement or Jury Verdict.***

**Youth:** I, (Youth Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that my participation in the RJP depends primarily on my willingness to take responsibility for the harms that my actions have caused, and I agree to make a sincere effort to repair those harms by voluntarily participating in the RCP*.* ***I also agree to complete all activities agreed upon in the Repair Agreement or Jury Verdict.***

**Reasons for Return**

I understand that if it is suspected that I am under the influence of drugs and/or alcohol during any scheduled event in the RJP program, my case may be returned to the referral source. I further understand that I cannot bring alcohol, weapons, or illegal substances to any RJP event and a violation of this provision will result in my case being returned to the referral source.

**I understand that the CRC may return my case to the referring agency for any of the following reasons:**

* **Failure to accept responsibility for the harms caused my actions at any time during my participation in the RCP.**
* **Failure to attend any scheduled meeting or Circle/Teen Court session with the CRC.**

**CONSISTENT LACK OF COMMUNICATION OR TRANSPORTATION**

* **Not responding to texts, phone calls, or emails within 24 hours**
* **Failing to transport youth to required meetings, community service or any other event.**
* **Inappropriate behavior while participating in the program, including intake, the Circle/Teen Court, any activity that is part of the Repair Agreement or Jury Verdict, and any interactions with CRC personnel.**
* **Failure to complete all Repair Agreements or Jury Verdict items by the agreement due date** (within 60-90 days of the Circle/Teen Court date). Any exceptions should be agreed to ahead of time with the Program Manager.
* **Commission of a subsequent violation prior to completion of the program**. *(CRC to be immediately notified)*

***I/we understand that I/we am responsible to arrive on time and attend the conference on the date scheduled.  If I/we need to reschedule, for any reason, I/we must do so three (3) days before my scheduled conference after that I/we may not reschedule.  If I/we do not attend my scheduled conference or if I/we are more than 15 minutes late, the matter may be returned to the referring agency.***

**Confidentiality-** I/we agree to hold all communication and information I become privileged to during the restorative justice conference or Teen Court session in strict confidence.  I/we understand that this confidentiality policy allows the participants of the conference, including myself, to speak freely and honestly about the events surrounding my case and other related matters.

(\**Exception*: Any statement about the intent to commit a felony or cause serious bodily harm by any conference participant may be reported to the appropriate agency).

**Individual Service Plan**

***Why are the services of the***  ***Restorative Circle***  ***Teen Court program needed?***

*Reason(s) for the Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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***What would you like to accomplish as a result of participating in this program?***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***What is the expected benefit?*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***What will the program offer to the participant/family to help them accomplish these goals?***

Program Services/Interventions:Reviewed Individual Plan of Care for Restorative Circle/Teen Court program

Completing Student Guide/Workbook, through teacher instruction, in-class practice, behavioral homework, and feedback on the development of important interpersonal and social skills (such as, pro-social decision making, risk-taking, healthy habits, anger management and conflict resolution education class).

***How often is it anticipated that the youth will participate in program activities?***

Frequency of Contact: **A minimum of two (2) Circles or 1 Teen Court session and Complete Jury Verdict sanction(s)**

***How long is it anticipated that the services of the program will be needed?*** Length of Service: **60 to 90 days**

***How often will youth’s progress be monitored and service plan evaluated?*** Every 30 days while in the program

***How will youth’s progress be measured?*** Through review of youth’s school attendance record, disciplinary reports and student academic record, input/feedback from referring source and/or parents. Completion of Repair Plan or Verdict/Plan of Action.

|  |  |
| --- | --- |
| **Teen Court-Court Date (Catawba Co)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Circle Meeting Date** |
| **Location: Newton Justice Center**  **Vending Area/Meeting Room/Courtroom 10** | **Location:** |
| **Time: 4:15 p.m.** | **Time:** |

***I/we have reviewed this information with a staff member of the Conflict Resolution Center and agree to its terms.***

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

Youth’s Name (print) Youth’s Signature Date

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

Parent’s/Guardian’s Name (print)  Parent/Guardian’s Signature Date

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

CRC Staff (print) CRC Staff Signature                                                 Date