

YAOP /  STOP PROGRAM DATA FORM & PLAN

COURT DATE
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**Personal Information**

YAOP# Y22-\_\_\_\_\_  STOP# S22-\_\_\_\_\_

Case # \_\_\_\_\_ CR \_\_\_\_\_ County: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Emergency Contact**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Office Data**

- |                           |                                  |
|---------------------------|----------------------------------|
| 1. Intake/ Sign Forms:    | Date: _____                      |
| 2. Paid CSC Fee \$60.00   | Date: _____                      |
| 3. Paid Admin Fee \$35.00 | Date: _____                      |
| 4. Complete Comm. Service | Due date: _____ Completed: _____ |
| 5. Complete Class         | Due date: _____ Completed: _____ |
| 6. Letter of Apology      | Due date: _____ Completed: _____ |

***The above-mentioned participant will comply with the following requirements as part of the YAOP/STOP requirements. All requirements must be completed within the specified time otherwise the Participant understands the case will be returned to District Criminal Court.***

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

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
CRC Staff

**Case Management Notes:**

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**THE CONFLICT RESOLUTION CENTER**

*Member of Mediation Network of North Carolina*  
P. O. Box 1222, 218-A Main Ave. East, Hildebran, NC 28637  
Phone (828) 397-2566 Fax (828) 397-2954  
*www.theconflictresolutioncenter.org*

**YAOP /**  **STOP PROGRAM AGREEMENT,  
FEE AGREEMENT & CONFIDENTIALITY AGREEMENT**

I acknowledge that I have been charged with an officer-initiated misdemeanor or a similar type offense and have been referred to The Conflict Resolution Center (CRC) in order to resolve my matter as an alternative to the court system.

I understand that I must complete each requirement of the Young Adult Offenders Program (YAOP) or Shoplifting & Theft Offender Program (STOP) by its deadline for my charge to be referred for dismissal.

I understand if I do not complete the program in the time allotted, my matter will be referred back to the court for disposition.

Participation in YAOP is voluntary. I understand that I may withdraw from the program at any time and that my matter would then be referred back to court. The Conflict Resolution Center reserves the right to terminate me from the program for any reason.

I authorize CRC to release information about my participation in the program to the officer, the District Attorney's Office and to the court. I understand that, I alone, am responsible for completing the program satisfactorily. I agree that I will not attend the YAOP class under the influence of drugs or alcohol. I understand that failure to abide by these terms will result in termination from the program

I agree to complete the following in order to successfully complete YAOP:

1. Enroll in YAOP/STOP, pay \$95 YAOP/STOP fee and complete intake.
2. Participate in the 3-4-hour education class/workshop
3. Write a formal letter of apology/impact to the District Attorney's Office.
4. Complete twenty-four (24) hours of community service within sixty (60) days of my intake appointment or as instructed

After the above requirements have been clearly explained to me, I declare that I do want to participate in YAOP/STOP program. I understand this agreement and enter into it of my own free will understanding what I am doing. I understand if I complete this agreement satisfactorily, my matter will be referred to the District Attorney's office for dismissal. However, if I do not complete the agreement satisfactorily or in a timely manner, my matter will be referred back to the court for disposition.

\_\_\_\_\_ initial

## YAOP/STOP PROGRAM FEE AGREEMENT

The YAOP or STOP fee of \$95 will be paid as follows:

- \$35 to the Conflict Resolution Center
- \$60 to the Clerk of Court (copy of receipt given to CRC Staff)

The YAOP/STOP fee is **NON-REFUNDABLE**. What does that mean?

- If you do not complete the Education Class/workshop within the time allotted **WE WILL NOT REFUND YOUR MONEY.**
- If you do not submit your apology letter on time **WE WILL NOT REFUND YOUR MONEY.**
- If you do not complete your community service hours **WE WILL NOT REFUND YOUR MONEY.**
- If you are arrested for some other matter and are terminated from this program, **WE WILL NOT REFUND YOUR MONEY.**
- If you show up intoxicated to court, a meeting, or community service and are terminated from the program, **WE WILL NOT REFUND YOUR MONEY.**

## CONFIDENTIALITY AGREEMENT

- I agree to keep the identity of the YAOP or STOP class participants confidential.
- I agree to keep the discussions held in the YAOP/STOP class confidential.
- I agree to let the Conflict Resolution Center keep my information on file regarding the YAOP/STOP for two years. This information will be used to collect data through the North Carolina Department of Justice. The data may be used in reporting but no identifying information will be reported.

This the \_\_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Parent (If applicant is under 18 years of age)

\_\_\_\_\_  
YAOP Coordinator/CRC Representative

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**COMMUNITY SERVICE REQUIREMENTS AND REGULATIONS**

**REQUIREMENTS FOR SUCCESSFUL COMPLETION OF COMMUNITY SERVICE:**

All participants in community service work will be required to:

- + Satisfactorily complete and provide proof of the required number of community service hours ordered by YAOP Coordinator.
- + Provide any verification requested by the CRC staff for any incidences of tardiness or absenteeism.

**COMMUNITY SERVICE WORK REGULATIONS**

- + Participants in YAOP must agree to the worksite placement rules and regulations.
- + The worksite is not responsible for keeping up with your hours or timesheet. It is the responsibility of the participant to keep up with their timesheet. If a timesheet is lost, please contact the Conflict Resolution Center office for replacement.
- + Participants will not be permitted to report for community service work or remain at a worksite with an odor of alcohol on his/her breath or who appears to be either impaired or intoxicated from either alcohol or some other substance which is not prescribed by a physician. If a participant appears to be impaired or is caught with either alcohol or other non-prescribed substance in his/her possession, the procedure for the community service worksite personnel and the CRC staff as follows:
  - The worksite supervisor will terminate the assignment
  - The worksite supervisor will contact the CRC by phone or email with the participant's first and last name
  - The worksite supervisor will contact the appropriate law enforcement agency should the participant be unwilling or unable to leave the worksite
- + Participants may not possess or use any tobacco product while performing community service work.
- + Participants will not have electronic devices with them at a worksite. The Conflict Resolution Center, or the worksite is not responsible for damaged, lost or stolen devices. Violators will be terminated from the worksite and will not receive credit for hours already worked. Lost time must be made up before completing community service requirements.
- + Participants will not have friends/visitors or other relatives at the worksite unless this person is a parent/custodian/guardian or authorized worker assisting the participant and has notified the Conflict Resolution Center and has permission by the worksite to be present.

\_\_\_\_ initial

- + Participants will not show any form of disrespect/rudeness or other type of disorderly conduct while at a worksite. Should this take place the procedure for the community service worksite personnel and the CRC staff are as follows:
  - The worksite supervisor will terminate the assignment
  - The worksite supervisor will contact the CRC by phone or email with the participant's first and last name
  - The worksite supervisor will contact the appropriate law enforcement agency should the participant be unwilling or unable to leave the worksite
- + If a participant is injured at the worksite:
  - Take appropriate first aid measures
  - The worksite supervisor will contact the CRC by phone or email with the participant's first and last name
  - Notify the emergency contact the participant named on the community worksite placement form.

**ALL PARTICIPANTS WILL BE REQUIRED TO:**

- + Report to and check out with the worksite supervisor as scheduled
- + Abide by all the rules and regulations of the recipient agency/worksite
- + Follow all instructions of the work site supervisor.
- + Wear clothing appropriate to the setting of worksite in which placed. No open-toed shoes or sandals may be worn. For outdoor work clothing that provides protection from the weather/elements should be worn. Worksite supervisors have the right to determine if the participant's attire is appropriate for the weather conditions or appropriate in and of itself for the recipient agency's sake. No shirts or other clothing with profanity, nudity, or sexually explicit language will be allowed.
- + Demonstrate a good attitude and willingness to perform assigned duties in a professional manner

I have received a copy of the list of Community Services Providers

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

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
YAOP Coordinator/CRC Representative

[www.theconflictresolutioncenter.org](http://www.theconflictresolutioncenter.org)