

Oneida County Teen Court

UW-Madison Division of Extension
Oneida County Office
Nicolet College Northwoods Center
PO Box 518
Rhinelander, WI 54501
<http://oneida.uwex.edu/4HYD/TeenCourt>



Coordinator: Sharon Krause, Positive Youth Development Educator

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Agreement for Oneida County Teen Court Services

Youth Name: _____

Parent/Legal Guardian Name: _____

1. I voluntarily agree to participate in Oneida County Teen Court and admit guilt to committing the offense to which I am charged. I understand that my admission of guilt is necessary in order to qualify for participation in teen court.
2. I understand that Oneida County Teen Court will not engage in a determination of "guilt or innocence" but will consider factors surrounding the offense when determining appropriate sanctions.
3. I agree to pay Oneida County Teen Court a fee of \$10.00 for youth ages 10-13 and \$20 for youth ages 14-16. If I am unable to pay the fee, I will contact the Oneida County Teen Court Coordinator for a waiver.
4. I understand that the Oneida County Teen Court is comprised of high-school aged youth who have been sworn by an oath of confidentiality regarding the proceedings.
5. I understand that my police reports and other information related to my offense will be shared with the Oneida County Teen Court panelists.
6. I agree to be truthful with the Oneida County Teen Court panelists and coordinator.
7. I agree to abide by the sentence of the Oneida County Teen Court, including sanctions and deadlines for completion.
8. I understand that all required sanctions must be sent to the Oneida County Teen Court Coordinator which will be reviewed for proper completion.
9. I understand that upon successful completion of my sanctions in the required time frame, all charges will be removed from my juvenile record.



10. I agree to complete follow up surveys and provide information requested 6 months and 12 months after successful completion of the program for statistical purposes only.
11. I understand that if I fail to complete my sanctions within the specific time frame, my case will be referred back to Oneida County Circuit Court and that I will be responsible for any court fees and fines related to my offense.
12. I understand that I may be terminated from the Oneida County Teen Court program if:
 - I fail to comply with any of the conditions and guidelines of the program or the imposed sentence,
 - I am charged with any other offenses during the time I am involved with Oneida County Teen Court, and/or
 - I request to be terminated from the program.
13. Finally, I agree that I do hereby compromise and forever release, acquit, discharge, indemnify and covenant to hold harmless, the Oneida County Teen Court staff and volunteers, its employees and officials, from any and all action, claims, liability, demands, damages, costs, loss of service, medical expense and compensation, on account of or in any way growing out of any and all known or unknown personal injuries, property damage, or any other type of damage, which I may hereinafter have, individually and or as parent/guardian or custodian of said minor, resulting or growing out of participation of the youth in the Oneida County Teen Court program.

I HEREBY DECLARE THAT THIS ONEIDA COUNTY TEEN COURT PARTICIPATION AGREEMENT HAS BEEN READ BY ME OR TO ME AND THAT I UNDERSTAND ITS REQUIREMENTS AND AGREE TO ITS CONDITIONS.

Please sign here:

Parent/Legal Guardian	Youth Respondent
Oneida County Teen Court Coordinator	Date



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