



Hawaii Island Teen Court

Phone: 969-7838

Fax: 961-9140

Teen Court is an alternative program to Family Court. It is a way for first-time offenders to learn from their mistake and clear their name.

The program is based on the idea of peers sentencing peers. It is believed that teenagers accept judgment from Teen Court Juries more willingly and are less likely to repeat their offense because they are more sensitive to the opinions of their peers than adults. An important point is that all respondents are required to be a juror and thus experience first-hand both sides of the law.

Teen Court challenges today's young people, ages 10 to 17, to perform at their highest levels.

Trained teen volunteers serve as attorneys, bailiffs, clerks and jurors along with respondents serving their jury duty sentences. In this program all teens become more accountable to themselves, their families and their communities, as they utilize the benefits gained from their Teen Court Experience.

Common cases heard by Teen Court are:

Misdemeanor Offenses: shoplifting, theft, criminal property damage, vandalism, some assault cases and certain liquor and drug violations.

To qualify for Teen Court:

- It must be the youth's first offense
- The youth admits guilt to the charge

To complete a Teen Court sentence, a respondent must undergo:

- Intake Interview with parent
- Sentence Hearing with parent
- Community Service
- Jury Duty
- Counseling (when applicable)

Respondents, who successfully complete a Teen Court Sentence, will not have a juvenile arrest record at Family Court for this first-time involvement with the police.

Teen Court interrupts unlawful activity before a pattern of lawbreaking is developed, potentially saving the community thousands of dollars.

Participants develop:

- Positive Potential
- Community Involvement
- Feeling of Self-worth
- Healthy Attitude Towards Authority

We believe the Hawaii Island Teen Court Program will help to reduce youth crime in our community by having young people help each other accept responsibility for their actions. When youths are not held accountable for crimes they commit, we are sending them the wrong message. Our goal is to help those young people who have come before this court to reach their potential as productive, contributing adults in our society.

A Hawaii Island United Way Agency

For More Information: www.ywcahawaiiisland.org

Membership Application

I wish to be considered for membership in the HITC. I understand that to become a member, I must sign a volunteer agreement and an oath of confidentiality.

Date: _____

Signature: _____

Name (Print): _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Birthday: _____

Grade in School: _____ School Attending: _____

I wish to be considered for: (check as many as you are interested in)

Juror

Clerk/Bailiff

Attorney

Qualifications and experience: _____

Parental Waiver

Our child _____ has our permission to participate in all activities planned by the Hawaii Island Teen Court. It is understood that our permission is to remain effective for as long as our child is a member of Teen Court.

Our child is in good health and is capable of and physically able to perform normal physical activities. The YWCA of Hawaii Island is not responsible for any medical problems which may result from participation in any of its programs or activities.

We hereby, for ourselves, our heirs, executors and administrators waive and release any and all rights and claims for damages we may have against the YWCA of Hawaii Island, their agent/representatives and assignees for any and all injuries suffered by our child, _____, while participating in the activities of Teen Court conducted by the YWCA of Hawaii Island.

Parent/Guardian Signature: _____

Date: _____ Phone: _____

Volunteer Agreement

As a condition of my voluntary service to the HITC, **I understand and agree to the following requisites for membership:**

1. Members may be asked to participate in training and/or observation to qualify them for Teen Court jury service.
2. Qualified Teen Court Jurors may apply for additional training leading to the position of Court Officer and serve as a State Attorney, Defense Attorney, Bailiff or Court Clerk.
3. Members will be removed from serving on the Court and forfeit membership if they:
 - a. Are philosophically incompatible with the program's purpose, or
 - b. Exhibit behavior which is disruptive or disrespectful to the court, or which undermines community respect for the program, or
 - c. Switches juries or otherwise tamper with the random selection process, or
 - d. Breaks the Court's Confidentiality Oath.
4. Members are required to insure that, in addition to holding youthful Respondents accountable, special attention is given to the rights of the victim and to community responsibility where applicable.

Date Signed

Full Name of Volunteer (Please Print)

Signature of Volunteer

Confidentiality Oath

I SOLEMNLY SWEAR THAT I WILL NOT DIVULGE, EITHER BY WORDS OR SIGNS, ANY INFORMATION WHICH COMES TO MY KNOWLEDGE IN THE COURSE OF A HAWAII ISLAND TEEN COURT CASE AND I WILL KEEP SECRET ALL SAID PROCEEDINGS WHICH MAY BE HELD IN MY PRESENCE.

Date

Name (Please Print)

Signature

Teen Court Program Manager

Photo Waiver

I, _____ hereby give my permission for the YWCA Hawaii Island Teen Court to use my photograph(s) to publicize programs, and/or activities through newspapers, posters, brochures, WebPages, print media, community presentations or through other means without limit and without compensation to myself.

Volunteer Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Emergency Medical Consent Form

Name of Child: _____

Parent/Guardian: _____

Address: _____ Phone: _____

Person to contact in case of emergency: _____

Relationship: _____

Home Phone: _____ Bus. Phone: _____

Family Physician/Clinic: _____

Address: _____

Phone: _____ Name of Medical Plan, if any: _____

Consent Form for Minors

I hereby give my consent to a community service agency as designated by the Hawaii Island Teen Court to take _____, my child/charge for emergency medical care in the event I or an authorized representative cannot be reached. I understand, that under the present law [HRS Sections 571-48(12) and 706-605(1) (e) (4)], I assume full responsibility for the cost of medical care which may arise from any accidental injury (ies) sustained by my child/charge while performing community service work. My responsibility for such medical care does not extend to injuries arising out of the gross negligence, willful negligence of the intentional acts of the community service supervisor(s)

I have read and/or have had all of the above read to me, and I understand that terms and conditions of this statement.

Parent/Legal Guardian Signature

Date

Authorization to Treat a Minor Form

I, the undersigned parent or legal guardian of _____
authorize any physician at the following hospital(s)/clinic(s) _____
or licensed physician _____ to treat my child/charge medically
and/or surgically and to use any drugs, anesthetics, transfusion of blood or blood
products, laboratory and diagnostic tests, services, supplies and equipment considered
necessary or advisable by the above named physician or any physician at the above name
hospital/clinic.

It is understood that this authorization is given in advance of any specific diagnosis,
treatment or hospital care being required but is given to provide authority and power to
render care when the physician in the exercise of his best judgment may deem advisable.
It is understood that effort shall be made to contact the undersigned prior to rendering
treatment to the patient, but that treatment will not be withheld if the undersigned cannot
be reached.

Parent Signature	Date	Phone Number
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Witness Signature	Date	969-7838 Phone Number
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List any restrictions to your authorization to treat: _____

Date minor received last tetanus/diphtheria booster: _____

List any allergies to drug(s) or food(s) minor may have: _____

Any special medication(s) or other pertinent information on minor: _____

This consent shall remain effective for as long as our child is a member of Teen Court.

Teen Court Revised Rules and Consequences

Revised September 2011

Teen Court Rules

1. No inappropriate language and or topics shall be spoken while you are at the YWCA Hawaii Island Teen Court. This means from the time you arrive to the time you are picked up.
2. Be RESPECTFUL to everyone
3. Be PROFESSIONAL

Inappropriate Language and Topics Include and are not limited to the following:

1. No swearing
2. No racial slurs
3. No sexual slurs
4. No name calling or teasing
5. No put downs
6. No talking about smoking, drugs and or alcohol
7. No talking about sex/sexuality
8. No talking about fighting
9. No talking about relationships
10. No talking about any drama related topics
11. No talking about ANY illegal activities
12. No violence at *any* time (no kicking, punching, hitting, etc)
13. Anything else that Teen Court staff and adult volunteers deems an inappropriate subject for Teen Court.

Consequences to Breaking the Rules

1. As of September 1, 2011, the YWCA Hawaii Island Teen Court has put into effect a zero tolerance policy for all Teen Court Participants. Those who break any of the rules will be sent home. No ifs, ands, or buts.

I, _____ have read the Teen Court Revised Rules and Consequences and agree to abide by the rules set forth by the YWCA Hawaii Island Teen Court Program.

Participant Signature

Date

Print Name

I have read the Teen Court Revised Rules and Consequences and agree to pick up my child if I am called by the YWCA Hawaii Island Teen Court Program Director.

Parent Signature

Date

Print Name

Contact Number