

IN THE INTEREST OF

**Acknowledgment of
Dispositional Conditions
and Sanctions
(Delinquency/JIPS)**

Name

Date of Birth

Case No. _____

1. I am the juvenile. The court has imposed a Dispositional Order in this case.
2. I have read have had read to me the conditions of that Dispositional Order.
3. I understand the conditions of the Order I must obey.
4. I understand that if I violate the order, the court could order one or more of the following sanctions:
 - Place me in a juvenile detention facility or the juvenile portion of a county jail for up to ten days with educational services. (*delinquency only*)
 - Place me in nonsecure custody for up to ten days with educational services.
 - Suspend or limit the use of my operating privilege (driver's license) or any Department of Natural Resources approval for a period of up to three years.
 - Detain me in my home or current residence for up to 30 days under rules of supervision, including electronic monitoring.
 - Perform up to 25 hours without pay in a supervised work program or other community service.
5. I understand that if my case worker is investigating whether I violated the order, my case worker may, without a hearing, place me for up to 72 hours in:
 - A juvenile detention facility. (*delinquency only*)
 - The juvenile portion of a county jail. (*delinquency only*)
 - Nonsecure custody.
6. I understand that if I violate the order or my after care status, my case worker may, without a hearing, place me for up to 72 hours in:
 - A juvenile detention facility. (*delinquency only*)
 - The juvenile portion of a county jail. (*delinquency only*)
 - Nonsecure custody.

Signature of Case Worker

Signature of Juvenile

Name Printed or Typed

Name Printed or Typed

Address

Address

Email Address Telephone Number

Email Address

Date State Bar No. (if any)

Telephone Number Date

DISTRIBUTION:

1. Court
2. Juvenile's Guardian ad Litem/Adversary Counsel
3. Parents
4. Parents' Attorney(s)
5. District Attorney/Corporation Counsel
6. Caseworker