

IN THE INTEREST OF

**Acknowledgement of
Dispositional Conditions
and Sanctions
(Habitual Truancy)**

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.
 - Suspend or limit my operating privilege (driver's license) for a period of up to one year. Place me in nonsecure custody for up to ten days with educational services.
 - Place me under formal or informal supervision for up to one year.
 - Put me in counseling, supervised work program, or other community service.
 - Detain me for not more than 30 days at my home or current residence, except to attend school or church.
 - Place me in an educational program.
 - Make me and/or my guardian pay a forfeiture (fine) of not more than \$500 plus costs.
 - Revoke my work permit.
 - Place me in a Teen Court Program.
 - Make me obey other rules or conditions ordered by the court.
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 nonsecure custody.

Caseworker

Juvenile

Name Printed or Typed

Name Printed or Typed

Address

Address

Email Address Telephone Number

Email Address Telephone Number

Date State Bar No. (if any)

Date State Bar No. (if any)

DISTRIBUTION:

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