

IN THE SEPARATE JUVENILE COURT OF LANCASTER COUNTY, NEBRASKA

THE STATE OF NEBRASKA
IN THE INTEREST OF

_____ ,

A JUVENILE.

Doc. JV ____ PAGE ____

ACKNOWLEDGMENT AND
CONSENT TO PARTICIPATE
IN TRUANCY DIVERSION
PROGRAM

LANCASTER COUNTY TRUANCY DIVERSION PROGRAM

VOLUNTARY CONSENT TO PARTICIPATE

I understand that a truancy petition has been filed in Juvenile Court alleging that I have been habitually truant from school. I understand that in Juvenile Court, I have the following rights in this type of a case:

- ✓ The right to be represented by an attorney that is hired by my family or one that is provided at no cost if my family is unable to afford an attorney.
- ✓ The right to a speedy adjudication hearing, or trial, at which time the Lancaster County Attorney's Office has the burden to prove the allegations of habitual truancy by proof beyond a reasonable doubt.
- ✓ The right to confront and cross-examine any and all witnesses who testify against me at the trial.
- ✓ The right to testify myself and to have other witnesses appear and testify on my behalf. Witnesses can be required to appear by way of the Court's subpoena power if they will not do so voluntarily.
- ✓ The right to remain silent and not say anything about the allegations of habitual truancy.
- ✓ The right to appeal certain rulings to a higher court and to have a typed transcript

of the evidence prepared for the purposes of that appeal.

I understand that if the allegations of habitual truancy are found to be true in Juvenile Court, any of the following consequences may occur in Juvenile Court:

- ✓ My physical custody may remain with my parent/guardian or I may be removed from my home and placed in a foster home, a group home, or the care of an institution or association.
- ✓ Be placed on probation under the supervision of a probation officer.
- ✓ Be under the Court's jurisdiction until my 19th birthday.
- ✓ Be required to attend school, maintain passing grades, and cooperate with services designed to improve school attendance and performance.

I understand that I have an absolute right to contest the allegations of habitual truancy in Juvenile Court and have a trial. If the County Attorney is unable to prove the allegations, the case is dismissed. As an alternative to traditional court proceedings, I understand that I have been determined to be eligible for the Lancaster County Truancy Diversion Program. I am choosing to participate in the program and agree to the following:

1. I understand and agree that this is a voluntary program and that participation in the program is optional. I understand and agree that if I choose to participate and thereafter successfully complete the program, the truancy petition that is filed will be dismissed.

2. I understand and agree that I may choose to revoke my consent to participate at any time. I understand and agree that if I revoke my consent, my case will be referred back to Juvenile Court.
3. I understand and agree that if I choose to participate in this program but do not successfully complete the program, my case will be referred back to Juvenile Court for adjudication. I understand and agree that behaviors that may result in my removal from the program include, but are not limited to, the following:
 - Non-compliance with the Truancy Diversion rules/expectations.
 - Continued absences from school.
 - Transfer to another school.
 - The use or possession of drugs or alcohol, including K2 or similar substances, with the exception of prescription medication as prescribed.
 - Any behavior that is determined to be inappropriate and which indicates that I am not taking advantage of the opportunity the Truancy Diversion program provides.
4. I understand and agree that the Lancaster County Attorney's Office is the one who ultimately will make the decision as to whether or not I am removed from the program and referred back to Juvenile Court.
5. I agree to attend school regularly, without truancy or suspension, and attain a good conduct record and a satisfactory scholastic record. I understand that any absences due to illness must be verified in writing by a qualified medical professional, such as the school nurse, a doctor, or a physician assistant.

6. I agree to attend all hearings/meetings that are held in regards to my case and appear as directed, whether the hearings/meetings are at my school or at Juvenile Court.
7. I hereby authorize the release of all information, through written and verbal reports or testimony, regarding my participation in services as part of this program to all members of the Truancy Diversion team for the purpose of determining my progress and compliance with the program, or lack thereof.
8. I authorize the Lancaster County Attorney's Office and the Truancy Diversion team to staff my case prior to my hearings/meetings that are held during my involvement in this program.
9. I understand and agree that if I am terminated from the Truancy Diversion program, either by withdrawing from the program or for failure to successfully complete the program, my past school truancy history and my failure to comply with the program requirements can be used against me when my case is referred back to Juvenile Court.
10. I understand and agree that any of the consequences as set forth on page two of this agreement may be ordered if my case is referred back to Juvenile Court and the allegations in the Truancy Petition are found to be true. I understand that this may include removal from my family home.
11. I understand and agree that I am entitled to hire an attorney of my choosing at any time, but that I am not entitled to and will be not be receiving the services of a Court-appointed attorney during the time I am participating in the Truancy Diversion Program. I understand that, if I am terminated or withdraw from the

Truancy Diversion Program and my case is referred back to Juvenile Court, I am again entitled to the services of a Court-appointed attorney if I am not able to afford an attorney.

By signing below, I acknowledge that I have fully read, reviewed, understand and agree to the terms and conditions of this Consent to Participate, and that I am electing to participate in this program voluntarily and of my own free will.

Student/Juvenile

Date

Parent/Guardian

Date

Parent/Guardian

Date