

IN THE YOUTH COURT OF \_\_\_\_\_ COUNTY, MISSISSIPPI

IN THE INTEREST OF

MYCIDS#: \_\_\_\_\_

, A MINOR

(DOB: xx/xx/xxxx)

Docket #: \_\_\_\_\_

**PROBATION CONTRACT**

I, \_\_\_\_\_ understand that I have been placed on probation by the  
\_\_\_\_\_ County Youth Court for \_\_\_\_\_ months. To complete my probation, I  
must:

1. \_\_\_\_\_ Come to Court when told to do so.
2. \_\_\_\_\_ Come to meetings with the Youth Services Counselor, court staff, or  
appointed volunteers as part of probation.
3. \_\_\_\_\_ Live with \_\_\_\_\_, my parents, custodians, or  
guardians, and obey their rules. I must make sure that my parents or guardians  
know where I am at all times and have their permission to leave home. If I am  
placed on house arrest, my Youth Services Counselor will explain the rules for  
that program at that time.
4. \_\_\_\_\_ Follow curfew and be home and stay there. Sunday through Thursday  
nights from \_\_\_\_\_ p.m. until \_\_\_\_\_ a.m. and Friday and Saturday nights from  
\_\_\_\_\_ p.m. until \_\_\_\_\_ a.m.
5. \_\_\_\_\_ Notify my Youth Services Counselor within twenty-four hours of  
any change in phone number, address, residence or school.
6. \_\_\_\_\_ Not leave the State without the permission of my Youth Services  
Counselor.
7. \_\_\_\_\_ Attend school every day while school is in session, unless I have an  
excuse accepted by the school district. If I am suspended or expelled, I must  
attend an educational program approved by the Mississippi Department of  
Education or an alternative program approved by the court. I understand that I  
must follow all rules of the school.
8. \_\_\_\_\_ Not use any alcohol or drugs, except those that a doctor  
or dentist prescribes for me.
9. \_\_\_\_\_ Give a urine sample to test for drugs or alcohol whenever asked to do  
so as part of probation.
10. \_\_\_\_\_ Not break any laws.

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11. \_\_\_\_\_ Stay away from the following places: \_\_\_\_\_
12. \_\_\_\_\_ Not contact talk to or send messages by mail, phone, email, text messaging, or through the internet, through other people or by any other way with the following persons: (Victims and other people identified by the court)
13. \_\_\_\_\_ Not carry any guns, knives, or other weapons.
14. \_\_\_\_\_ Meet and cooperate fully with my Youth Services Counselor, \_\_\_\_\_ . The first scheduled appointment is:

|                     |      |                      |
|---------------------|------|----------------------|
|                     |      |                      |
| Date of Appointment | Time | Place of Appointment |

15. \_\_\_\_\_ Attend and complete the following programs:

| <u>Name</u> | <u>Place</u> |
|-------------|--------------|
|             |              |
|             |              |

16. \_\_\_\_\_ Complete \_\_\_\_\_ hours of community service by working at a site approved by the court or Youth Services Counselor.

17. \_\_\_\_\_ Pay restitution in the amount of \$ \_\_\_\_\_ as ordered by the Court. Payment shall be made through the Court Clerk's Office as follows: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

18. \_\_\_\_\_ Obey the following rules and restrictions placed on me by the Court: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**REVOCATION AND CONTEMPT:**

If I do not follow the Court's Orders or the rules in the Probation Contract, I may be brought back to the Court. I can be charged with violating the conditions of my probation and face possible revocation of my probation or be charged with Contempt of Court. I understand that I can challenge a Revocation of Probation or Contempt of Court charge and that during that challenge, I have the right to be represented by an attorney.

**ACKNOWLEDGMENT:**

As \_\_\_\_\_'s parent(s), custodian(s) or guardian(s), we understand that we have a duty to act in good faith in seeing to it that our child follows the Court's Orders and this probation contract and that we must report violations to the Youth Services Counselor within twenty-four (24) hours. Our duty includes bringing our child for drug or alcohol testing, if required by the Youth Services Counselor, and paying the costs of any tests. Failure to do so may result in our child being brought before the court.

|                                   |               |
|-----------------------------------|---------------|
| _____<br>YOUTH                    | _____<br>DATE |
| _____<br>MOTHER                   | _____<br>DATE |
| _____<br>FATHER                   | _____<br>DATE |
| _____<br>GUARDIAN/CUSTODIAN       | _____<br>DATE |
| _____<br>JUDGE (optional)         | _____<br>DATE |
| _____<br>YOUTH SERVICES COUNSELOR | _____<br>DATE |

I RECEIVED A COPY OF THIS SIGNED CONTRACT ON \_\_\_\_\_  
DATE

\_\_\_\_\_  
YOUTH

THIS IS TO ACKNOWLEDGE THAT THE CONDITIONS AS STATED ABOVE HAVE BEEN COMPLETED AND THE ABOVE YOUTH IS RELEASED FROM PROBATION WITH THE \_\_\_\_\_ COUNTY YOUTH COURT.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
YOUTH SERVICES COUNSELOR

|               |                     |              |
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