OFFICE OF THE STATE ATTORNEY

Viera Office 2725 Judge Fran Jamieson Way Bldg. D Viera, FL 32940 (321) 617-7510

> Titusville Office 400 South Street Suite D Titusville, FL 32780 (321) 264-6933

Melbourne Office 51 South Nieman Avenue Melbourne, FL 32901 (321) 952-4617 EIGHTEENTH JUDICIAL CIRCUIT OF FLORIDA BREVARD AND SEMINOLE COUNTIES

PHIL ARCHER STATE ATTORNEY



Seminole County Office P.O. Box 8006 ● 101 Bush Blvd. Sanford, FL 32772-8006 (407) 665-6000

> Seminole Juvenile Center 190 Bush Blvd. Sanford, FL 32773 (407) 665-5454

Brevard County Teen Court/Peer Court General Release & Agreement

As a member of Brevard County Teen/Peer Court, I understand and agree to the following conditions and responsibilities:

- 1. The purpose of Teen and Peer Court is to promote law-abiding behavior and to educate members about the Juvenile Justice System. Teen and Peer Court members who fail to abide by this philosophy can be removed from membership.
- 2. Members shall be neat and clean in appearance when attending court and adhere to the Teen Court dress code.
- 3. In addition to holding juvenile offenders accountable, Teen and Peer Court members are responsible to the community and the victim in each case.
- 4. We hereby acknowledge that Teen and Peer Court activities may sometimes be recorded and may be aired or published in various parts of the United States. We specifically agree and consent to such and by this consent, release the Brevard County Teen/Peer Court and all other participants from any and all claims, demands or liabilities arising out of such compromise and forever release, acquit, discharge, indemnify and covenant to hold harmless, the Teen/Peer Court Staff, and Counties of Brevard and Seminole, its employees and officials, from any expense and compensation, on account of, or in any way growing out of any and all known and unknown personal injuries, property damage, or any other type of damage, which the undersigned may hereinafter have, individually and/or as parent of guardian or custodian of said minor, resulting from or arising out of the participation of the youth in the Brevard County Teen Program.

№ OATH OF CONFIDENTIALITY ७3

I solemnly swear that I will not divulge, either by word or any other means, any information which comes to my knowledge in the course of a Teen Court session, and that I will keep secret all said proceedings which may be held in my presence.

Volunteer's Signature Date		Parent/Guardian Signature	Date	
Volunteer's Printed Name	Date	Parent/Guardian Printed Name	Date	

Brevard County Teen Court Volunteer Information

[PLEASE PRINT LEGIBLY]

First Name:			_ Last Name	:		
Address:			Ci	ty:		
Zip Code: _	·····	Home Phone Number:		Date	of Birth:	
School:			_ Grade:	Graduati	ng Year:	
Email Addre	ess:					
		FOR C	OFFICE USE			
	Teen Court Staf	f Member & Location:		Date Receive	d:	
DATE	BASIC	PROSEC. DEFENSE	CLER	K BAILIFF	JUROR	HOURS

DATE	BASIC TRAINING	PROSEC. ATTORNEY	DEFENSE ATTORNEY	CLERK	BAILIFF	JUROR	HOURS