

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 secure 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 caseworker is investigating whether I violated the order, my caseworker may, without a hearing, place me for up to 72 hours in:
  - A secure 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 caseworker may, without a hearing, place me for up to 72 hours in:
  - A secure detention facility. *(delinquency only)*
  - The juvenile portion of a county jail. *(delinquency only)*
  - Nonsecure custody.

\_\_\_\_\_  
Signature of Caseworker

\_\_\_\_\_  
Signature of Juvenile

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Distribution:

1. Original - Juvenile Clerk
2. Caseworker
3. Juvenile/Juvenile's attorney
4. Juvenile's parents