KING COUNTY DISTRICT COURT YOUTH COURT REQUEST FORM

Youth Name:	Case No.:
I am charged with the following infraction:	
Initial every item: I request participation in the Youth Court diversion program and I was 16 or 17 years old at the time the infraction was alleged to have been committed. I understand participation in this program is voluntary. I understand my parent or guardian may accompany me to the Youth Court hearing. I admit there is a high likelihood I would be found to have committed the infraction. I understand I may seek legal counsel. I waive my right to a speedy hearing in the District Court. I understand if I agree to participate in the program, but fail to appear for my hearing at the time and place specified, Youth Court will refer my case back to the District Court for hearing. I understand a jury of my peers will impose a disposition upon me for my offense, which I will accept. The conditions and obligations may include any or all of the following options: (a) up to 150 hours of community service, (b) defensive driving school or other driving improvement education at my own expense, (c) monetary penalty not to exceed \$100 to be paid to the District Court, even if I fail to complete Youth Court, (d) requirements to remain during specified hours at home, school, or work and restrictions on leaving or entering specified geographical areas, (e) participation in law-related education classes, (f) provide periodic reports to the Youth Court or the District Court, (g) participation in mentoring programs, (h) participation in future Youth Court proceedings, (i) written apology letters, and/or (j) written essays. I understand if I fail to complete the disposition by the specified time or violate the conditions of my disposition, Youth Court will refer my case back to the District Court for a revocation hearing and other proceedings. I understand I can choose to withdraw from this program by notifying Youth Court in person or in writing at any time prior to the date set for my Youth Court hearing. I understand the District Court may decline to accept my application to participate in	
Youth Signature:	Date:
Address:	
City: State: Zip Code:	
YOU MUST MAIL OR BRING THIS SIGNED FORM TO THE DISTRICT COURT IN ORDER TO PARTICIPATE.	
Approved for referral Referral denied	
Dated:	Judge/Pro Tem