

**THE PEOPLE OF THE STATE**

**OF WEST VIRGINIA,**

 Case: \_\_\_\_\_\_

 Plaintiff.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VS.**

 **NOTICE TO APPEAR**

Defendant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**:

YOU AND YOUR PARENTS ARE HEREBY DIRECTED to appear in WV Teen Court:

Hearing Date: **\_\_\_\_\_\_\_\_\_\_\_\_**

Hearing Type: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

Location: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Time: **\_\_\_\_\_\_\_\_\_\_\_\_**

FOR PENDING DISPOSITION OF CHARGES:

Charges: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Code Section: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDITIONAL INSTRUCTIONS FOR:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. If the above Hearing Type is TRIAL, your teen defense attorney will contact you.
2. If the above Hearing Type is MASTER or SIG MASTER, you will be representing yourself and may choose to bring a person to testify on your behalf, such as a parent or witness.

If you have questions, call the Teen Court office at (304) 913-4956

Date this notice sent: **\_\_\_\_\_\_\_\_\_\_\_\_**

## **PRE-TRIAL PARENT EVALUATION**

COMPLETE AND RETURN UPON CHECKING IN AT COURT.

Case: **\_\_\_\_\_\_\_\_\_\_** Hearing Date: **\_\_\_\_\_\_\_\_\_\_**

Name: **\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_** Gender: **\_\_\_\_\_\_\_\_\_\_** Age: **\_\_\_\_\_**

Parent Name(s): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please check the answers that best describe your youth:

**Behavior Always Sometimes Never**

Sense of responsibility **[ ] [ ]**

Understands there are consequences for **[ ] [ ]**

his/her behavior

Maturity about accepting consequences **[ ] [ ]**

Good Interaction with family members **[ ] [ ]**

Shows respect to adults and others **[ ] [ ]**

Committed to school **[ ] [ ]**

Good behavior in school **[ ] [ ]**

Friends use alcohol or drugs **[ ] [ ]**

Rebels, negative social **[ ] [ ]**

Interactions, withdrawn **[ ] [ ]**

**Please use the space below and the back of this form to make any comments.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **PARTICIPATION FEE INFORMATION**

You will be assessed a fee of **$\_\_\_\_\_\_** for participation in the Teen Court program. The fee is payable at the court hearing by cash or money order. If you feel you will suffer financial hardship because of the fee, you should contact the Teen Court office **PRIOR TO THE HEARING DATE** to see if you are eligible for a fee reduction. A staff member upon check in will collect payment.

PLEASE BRING THIS PAPER ON THE HEARING DATE TO SERVE AS A RECEIPT

Defendant Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Case Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Hearing Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Payment Method (check preference):

* CASH
* MONEY ORDER

Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE DETACH AND SUBMIT TO COURT OFFICIAL WITH PAYMENT**

---------------------------------------------------------------------------------------------------------------------

Defendant Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Case Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Hearing Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Payment Method (check preference):

* CASH
* MONEY ORDER

Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **ADDITIONAL INFORMATION**

**Before the court appearance...**

* The court date on the notice to appear cannot be changed
* Parent/legal guardian must complete the “PRE-TRIAL PARENT EVALUATION”to be turned in at the hearing
* A parent/legal guardian must be present at the hearing
* Pay fees at court. Acceptable forms of payment are cash or money order. DO NOT mail payment.

#### **While in court…**

* Always address the judge as “Your Honor”
* Say “YES” not “yeah”
* Speak up and speak to the jury when testifying
* A parent or other witness can testify on your behalf

#### **After court…**

* Do not leave the courthouse until all paperwork is signed and a Teen Court staff member has spoken with you.

If you have questions, call the Teen Court office at (304) 913-4956.