



## General Overview

Trial By Peers (TBP) is a juvenile diversion program of the Clark County Law Foundation in cooperation with the Department of Family and Youth Services. TBP is based on the Youth Court concept. This program allows first time juvenile offenders charged with misdemeanors to be tried, defended, and sentenced by their peers (teens approximately their own age). The only participating adult in the proceedings is the judge.

Youth ages 12 to 17 or 6<sup>th</sup> to 12<sup>th</sup> grade can participate in the Trial by Peers program by serving as a peer counselor, clerk or jury member. Peer counselors must complete the TBP Participation Packet and attend a nine- to ten-week CCLF Trial by Peers program counselor course where they learn the necessary knowledge and skills to be student attorneys. These outstanding students dedicate their summer vacation to attending classes such as presenting opening and closing arguments, conducting direct and cross-examination, substantive criminal law, and strategy. The long hours of study culminate in a bar exam. Prospective peer counselors must achieve a passing grade to become a peer counselor in the TBP program. Clerk and jury members must read and complete the TBP Participation Packet to participate in the program.

All participants and their parent/guardian(s) must complete all required forms to participate in Trial By Peers. By completing and signing all required forms, all participants agree to adhere to TBP policies and procedures.

The Clark County Law Foundation is required to collect information from each participant household that might be considered sensitive. The TBP program is primarily grant funded and is required to report on the information collected. This allows the Clark County Law Foundation to offer the program free of charge to all participants. In order to ensure TBP's existence, future funding, and offer its services free, the program must adhere to the requirements set by all grantors. All materials and information collected is confidential and secured at the Clark County Law Foundation office. If participants would like further information, they may contact Patrick Montejano, Program Director via email [director@clarkcountylawfoundation.org](mailto:director@clarkcountylawfoundation.org) or (702) 333-8277.

Training will begin:

June 9th to August 6th Tuesday and Thursday only from 5:30pm to 7:30pm  
Nevada State Bar, 3100 W Charleston Blvd. Suite 100 Las Vegas NV 89101

**ALL APPLICATIONS ARE DUE BY MAY 1<sup>st</sup>, 2020**

Please mail, fax, or email completed forms to:

Kathia Sotelo Calderon  
725 S 8<sup>th</sup> Street Suite 200, Las Vegas, NV 89101  
Fax: (702) 405-0746  
Email: [kathia@clarkcountylawfoundation.org](mailto:kathia@clarkcountylawfoundation.org)



**Youth Volunteer Application Form**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone & Email : \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

What school do you attend? \_\_\_\_\_

What types of activities are you involved with in school? \_\_\_\_\_

---

---

---

What activities are you involved with outside of school? (church, community, etc.) \_\_\_\_\_

---

---

---

Do you work? \_\_\_\_\_ If so, where? \_\_\_\_\_

Work phone number \_\_\_\_\_ Hours per week \_\_\_\_\_

How did you hear about/become interested in youth court? \_\_\_\_\_

---

---

What qualities do you have that would make you a good youth court volunteer? \_\_\_\_\_

---

---

---

What do you hope to gain from being in youth court? \_\_\_\_\_

---

---

What are your educational or career plans after graduation from high school? \_\_\_\_\_

---

---

Have you ever been found guilty of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what charge? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever come in contact with or had any experience with any law enforcement agency of the court system? If so, please explain: \_\_\_\_\_

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

If, due to prior summer vacation plans, you will be absent during any portion of the summer course, please include dates of when you will be away.

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

If accepted into the program, when are you available to volunteer for youth court? TBP court sessions occur all year round (except for during the summer course)

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

## REFERENCES

Please include one educational reference and one community reference. The educational reference may be either a teacher or an administrator. The community reference should be over twenty-one years of age and should not be a relative.

### **Educational Reference:**

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### **Community Reference:**

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I hereby certify the facts set forth in the above application are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**PARENT PERMISSION AND WAIVER FOR TRIAL BY PEERS PARTICIPATION**

Dear Parent or Legal Guardian:

Your child has been selected to participate in Trial By Peers. All TBP activities will take place under the guidance and supervision of a Clark County Law Foundation employee.

Activity Description: \_\_\_\_\_

Activity Location: \_\_\_\_\_

Lead TBP Chaperone: \_\_\_\_\_

If you would like your child to participate in a TBP event, please complete, sign and return the following statement of consent and waiver of liability and emergency contact information on the reverse side.

My child has special medical concerns:

- Yes (If yes, please describe below on the emergency contact form)
- No

**CONSENT AND WAIVER**

I hereby request the participation of my child, \_\_\_\_\_, in the event described above. I understand that during this event my child will be under the supervision of the designated CCLF Chaperone.

I, the undersigned, the Parent /Legal Guardian of \_\_\_\_\_, hereby agree to indemnify and hold harmless the Clark County Law Foundation, its employees and volunteers, the governing board, the individual members thereof, from any liability, lawsuit, cost, expense, or claim of any type whatsoever (including legal fees) for any harm, injury, or death arising out of the above mentioned activity, as a condition of the student participating in the same.

I, hereby consent to allow the CCLF chaperone to act as temporary guardian for my child, \_\_\_\_\_, in the event of a medical or legal emergency. I understand by granting this temporary power the above named CCLF chaperone, she shall act in good faith to make medical and/or legal decisions as my child's guardian until such time as I can be contacted by medical professionals and/or legal authorities.

In granting this permission, I assume full responsibility for any damage to person or property caused by my child. Further, I expressly agree that in a disciplinary action, at the discretion of the sponsor(s), my child may be returned home early at my expense.

**MEDIA RELEASE**

Occasionally, pictures will be taken at Trial By Peers sponsored events. In exchange for the opportunity for \_\_\_\_\_ to participate in the photographing of the students in the Trial by Peers<sup>®™</sup> (TBP) program by staff from the Clark County Law Foundation (CCLF), or an organization invited by the CCLF staff, we the undersigned parent/legal guardian hereby irrevocably grant to the CCLF the right to, and the right to give permission to, broadcast, reproduce, distribute, print, publish, or otherwise utilize in any manner without limitation at any time or times, the likeness, picture, and/or voice concerning our child in connection with the media in place. Furthermore, we acknowledge and agree that no monetary or other form of compensation thereof shall be accepted or asked for at any time.

I hereby declare that I have full authority to execute this release as the parent and/or legal guardian of \_\_\_\_\_. Further, I declare that I have the full knowledge and consent to execute this form on behalf of any and all legal guardians.

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Parent's Signature) (Date)

**STUDENT EMERGENCY CONTACT INFORMATION**

Student's Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number(s) where Contact Person  
Can be Reach During the TBP Events: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



INTAKE FORM 2020

The following information must be completed to participate in Trial By Peers: TBP is a grant funded program, which requires this information. The following demographic information will be used for grant purposes ONLY.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER:  Male  Female SCHOOL: \_\_\_\_\_

LIVES WITH (select one):  Mother  Father  Both Other: \_\_\_\_\_

Are you Hispanic or Latino?:  Yes  No

What is your race? (check one or more):

<input type="checkbox"/> White	<input type="checkbox"/> American Indian / Alaskan Native & White
<input type="checkbox"/> Black / African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black / African American & White
<input type="checkbox"/> Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> American Indian / Alaskan Native & Black / African American
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Other: _____

Below the total number of people living in your household  
PLEASE SELECT YOUR ANNUAL HOUSEHOLD INCOME:

2 people living in household	3 people living in household	4 people living in household	5 people living in household	6 people living in household	7 people living in household	8 (OR MORE) people living in household
<input type="checkbox"/> \$16,020 or Less	<input type="checkbox"/> \$20,160 or Less	<input type="checkbox"/> \$24,300 or Less	<input type="checkbox"/> \$28,440 or Less	<input type="checkbox"/> \$32,580 or Less	<input type="checkbox"/> \$36,730 or Less	<input type="checkbox"/> \$39,750 or Less
<input type="checkbox"/> \$16,021 To \$24,099	<input type="checkbox"/> \$20,161 to \$27,059	<input type="checkbox"/> \$24,301 to \$30,099	<input type="checkbox"/> \$28,441 to \$32,549	<input type="checkbox"/> \$32,581 to \$34,949	<input type="checkbox"/> \$36,731 to \$37,349	<input type="checkbox"/> \$39,750 to \$63,599
<input type="checkbox"/> \$24,100 To \$38,549	<input type="checkbox"/> \$27,100 to \$43,349	<input type="checkbox"/> \$30,100 to \$48,149	<input type="checkbox"/> \$32,550 to \$52,049	<input type="checkbox"/> \$34,950 to \$55,899	<input type="checkbox"/> \$37,350 to \$59,749	<input type="checkbox"/> \$39,750 to \$63,599
<input type="checkbox"/> \$38,550 & Above	<input type="checkbox"/> \$43,350 & Above	<input type="checkbox"/> \$48,150 & Above	<input type="checkbox"/> \$52,050 & Above	<input type="checkbox"/> \$55,900 & Above	<input type="checkbox"/> \$59,750 & Above	<input type="checkbox"/> \$63,600 & Above

\*HUD FY 2013 INCOME GUIDELINES

<p><u>Staff Only</u>          Copy of Student School ID Yes ___ No ___ Verified Location: <input type="checkbox"/> CLV <input type="checkbox"/> CC <input type="checkbox"/> NLV <input type="checkbox"/> Henderson          Title 1 School Yes ___ No ___</p>
---

Revised October 2020