



Clark County Law Foundation
(702) 333-8277
TrialByPeers.org

WHAT IS TRIAL BY PEERS?

The Trial by Peers program is a diversion program that is the result of the cooperative efforts of the Clark County Bar Association and the Clark County Family Youth Services (Juvenile Court).

This program allows first and second time juvenile offenders to be prosecuted and defended by teenage lawyers in a real courtroom. An adult judge rules on evidence and motions, yet the teenage jury determines the juvenile's innocence or guilt and, if necessary, imposes a sentence. The sentences are limited to community service, restitution, essays, letters of apology, and jury duty. So long as the juvenile completes the sentence in accordance with its terms, the case is closed. The beauty of the program is that it provides junior high school and high school students with hands on experience with our legal system, while the same students provide a community service to misdemeanor offenders and their parents.

STATEMENT OF PURPOSE

Trial by Peers has resolved to reinforce benefits of citizenship to Clark County's youth. It shall provide an alternative adjudication and sentencing procedure for young offenders. We have resolved to offer an opportunity for those who make mistakes early in life to constructively pay their debt to society without incurring a criminal record. We shall foster an atmosphere of respect for the law through the principle of judgment by peers and restitution for wrongs committed.

Trial by Peers shall emulate adult proceedings to provide an opportunity for youth to learn about the criminal justice system. Unless an action or procedure is specifically addressed by this Constitution, the general principles of court proceedings shall apply as far as practicable.

COURT PROCEDURE

1. Judge will introduce him/herself and ask counselors to do the same
2. Clerk will swear in the **Trial by Peers** jury
3. Judge will read the charges as well as a description of the charge
4. Judge will ask for a plea of the defendant on each charge
5. The judge will allow Prosecution, who is the counselor for the State of Nevada, to give a brief opening statement as well as state witnesses that he/she will be asking to testify
6. Judge will ask the Prosecution to call first witness. At this time, a bailiff or **Trial by Peers** staff member will come out to the hall or waiting room and call a witness
7. Witnesses and Victims will walk into the courtroom and go to the witness stand where they will then be sworn in by either the clerk or judge
8. Next, the judge will allow the Defense to make his/her opening statement (#6 and #7 applies to the Defense as well)
9. Once both sides have rested, the judge will read the jury instructions, guidelines the jury must follow in reaching a verdict
10. The jury will be escorted to another room. Here they will deliberate on an appropriate verdict according to the evidence, credibility of witnesses, the presented facts, and the recommendations that were made by each side
11. When the jury returns, the case name will be announced, and everyone involved in the case may return to the courtroom
12. After the verdict is read, if a guilty plea is awarded, the case will move on to sentencing. The jury will hear sentencing recommendations from the prosecution as well as the defense. The jury will decide on the sentence. The judge at his/her discretion has the authority to modify such sentence as imposed by the jury. Modifications by the Judge will be made in open court before the jury with an explanation as to the change(s).

PARENT & DEFENDANT CONSENT TO PARTICIPATE IN TRIAL BY PEERS

Defendant's Information

Name of Minor: Date of Birth:

Address:

City: State: Zip:

Gender: M F Age: School:

Contact Information

Email Address:

Father's Name: Work Phone:

Mother's Name: Work Phone:

Home Phone: Cell Phone:

Lives With: Only Mother Only Father Both Other _____
Check only one

Charge(s)

If your child was charged with an **NRS 203.050 Affray**, This charge will be amended to **NRS 392.910 Disturbance at School** or **NRS 203.010 Breach of Peace** (as applicable). If you require more information on the amended charge please call the Clark County Law Foundation office at 333-8277.

Please check the box that applies to how you are pleading:

(1) Guilty Not Guilty

(2) Guilty Not Guilty

Date of Offense:

Rights Being Waived

Initial the space below indicating you understand

I understand that I have waived these rights listed below while in the Trial by Peers program

	Child	Parent / Legal Guardian
Right to a speedy trial	<input type="text"/>	<input type="text"/>
Right to an attorney	<input type="text"/>	<input type="text"/>

I also understand and agree to the conditions listed below

Evidence that may not have been admissible in court may be admissible in the TBP program	<input type="text"/>	<input type="text"/>
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I, the undersigned parent or guardian of the above named child, hereby grants permission for said child to participate in the Trial by Peers alternative program.

We, the child and parent/guardian, certify that we understand this is an alternative to the juvenile court system, and are not obligated to participate in the program. We agree and understand that once this contract is signed, full participation is required by us. We further agree to the amendment of the charge(s) as indicated above.

We agree and understand that an attorney will not represent our case, but rather a Peer Counselor who is a junior high or high school student trained to handle Trial by Peers cases. We further understand and agree that evidence that may not have been otherwise admissible in court may be admissible in Trial by Peers. We agree to have all police records pertaining to this case released to the Trial by Peers program. We also agree to waive our right for a speedy trial while in the program (e.g. any time spent in the program does not apply to the time limits imposed should the case be returned to the referring authority.)

We, the child and parent/guardian, understand that we have the right to have our case heard by the juvenile court. Additionally, we have the right to have a petition filed forthwith and within 60 days after filing for a petition. We have the right to have the charges tried before juvenile court and a disposition of my case. We understand that by participating in the Trial by Peers program, we are giving up these rights.

We understand that once the case has been referred to the Trial by peers program, it will not be referred back to juvenile court unless Trial by Peers program deems it necessary to do so. We also understand that if my child does not cooperate and participate fully or fails to complete the assigned consequences, he/she will be referred back to juvenile court. However, such noncompliance may not relieve my child of carrying out the consequences assigned by the Trial by Peers program regardless of the outcome.

Furthermore, we understand that if any new offenses are committed while in the Trial by Peers program the case will be sent back to the referring authority.

If we have any questions regarding our rights, we have been advised that we should seek competent legal counsel.

All spaces must be signed

Parent/Guardian's Signature	<input type="text"/>	Date	<input type="text"/>
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Defendant's Signature	<input type="text"/>	Date	<input type="text"/>
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Intake Form 2016

The following information must be completed to participate in Trial By Peers:
 TBP is a grant funded program, which requires this information. **All City of Las Vegas Residents must complete page 2 of the intake form.** The following demographic information will be used for grant purposes ONLY.

NAME: _____ **Date of Entry:** _____

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: FY 2016

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 2016 Income Guidelines

<p>Staff Only 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>

Please indicate the following:

Is Head of Household Female?: Yes ___ No ___

Is the Head of Household Single?: Yes ___ No ___

Is the Head of Household disabled?: Yes ___ No ___

Print Names of everyone in the house with income. Include the person requesting assistance. If assistance is for a minor child please list the child's information also.

First Name	Last Name	D.O.B.	M/F	Head of Household Y/N	Monthly Income per Person

INCOME INFORMATION

Items needed (copies)

- Photo ID, for head of household
- Monthly Income for each member of the house with income (paycheck stubs, income tax statement.)
- Other income documentation (child support, alimony, welfare, etc)
- A letter from a Public Housing Manager, or copy of a current Section 8 Lease, will suffice as proof of income.

Please answer each of the following questions. For each "yes" please provide documentation

Yes	No	Does <u>any</u> member of your household
<input type="checkbox"/>	<input type="checkbox"/>	1. Live in Public Housing or receive Section 8 rental Assistance?
<input type="checkbox"/>	<input type="checkbox"/>	2. Work full-time, part-time, or seasonally?
<input type="checkbox"/>	<input type="checkbox"/>	3. Expect to work for any period during the next year?
<input type="checkbox"/>	<input type="checkbox"/>	4. Work for someone who pays them cash?
<input type="checkbox"/>	<input type="checkbox"/>	5. Now receive or expect to receive unemployment benefits?
<input type="checkbox"/>	<input type="checkbox"/>	6. Now receive or expect to receive child support?
<input type="checkbox"/>	<input type="checkbox"/>	7. Now receive or expect to receive alimony?
<input type="checkbox"/>	<input type="checkbox"/>	8. Now receive or expect to receive public assistance (welfare)?
<input type="checkbox"/>	<input type="checkbox"/>	9. Now receive or expect to receive Social Security or other retirement benefits?

APPLICATION CERTIFICATION

I/We certify that the information given on the household composition and income is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are grounds for termination of assistance. I hereby certify that my household size and income are as stated above. I consent to verification of this information by the Clark County Law Foundation, City of Las Vegas, or other governmental officials as required.

Signature of Head of Household	Date
Signature of Spouse (if applicable)	Date
Address including zip code	Phone#
Agency Representative	Date
Income verification and type	Date
Verified	Date