

**IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF TILLAMOOK
Juvenile Department**

IN THE MATTER OF)
)
) **FORMAL ACCOUNTABILITY AGREEMENT**
)
A YOUTH)

You have entered into a Formal Accountability Agreement in an effort to help you conduct yourself in a responsible and lawful manner. Your Formal Accountability Agreement will be supervised by a juvenile counselor from the Tillamook County Juvenile Department. These are the conditions you have agreed to:

1. Report in person, or by phone to the Tillamook County Juvenile Department, located at 201 Laurel Avenue, Tillamook, Oregon, phone: 842-3417, as directed.
2. Attend school regularly during each school term and do not be absent or tardy without written excuse from a parent or guardian.
3. Be home by _____ on week nights and by _____ on Friday or Saturday nights unless accompanied by a parent or guardian, or unless otherwise approved by the Juvenile Department
4. Do not knowingly associate with any person who is under the jurisdiction of any Court except where approved by the Juvenile Department.
5. Obey the rules and regulations imposed by your parents or guardians and all the laws of the City, State and Federal Government.
6. Do not use or possess alcoholic beverages, or controlled substances unless prescribed by a licensed medical provider.
7. Do not leave Tillamook County without the permission of the Tillamook County Juvenile Department, unless accompanied by a parent, guardian or other responsible adult.
8. Any change of address must be reported to the Tillamook County Juvenile Department as soon as possible.
9. The youth was referred for: _____

- 10. Period of Agreement from _____ through _____
- 11. Restitution amount: _____
- 12. Participation in counseling: _____
- 13. Community Service - Number of hours: _____
Place of Service: _____
Times and dates to be performed: _____
- 14. Drug or alcohol education or treatment: _____
- 15. Vocational or Skills Training: _____

- 16. Other: _____

We have read or have had read to us and fully understand and accept the conditions of this Formal Accountability Agreement and hereby agree to abide by and conform to them. We have received a copy of the Explanation of a Formal Accountability Agreement and have been informed of our rights.

DATED this _____ day of _____, 20_____.

YOUTH JUVENILE COUNSELOR

PARENT

COUNSEL, (If Any)