



Youth Court Case Contract

Offenders Name: _____.

Case # _____.

1. Fee Amount: \$_____.
2. Service Hours: _____.
3. Restitution Assignment:

Thank you for your participation in the West Millard Youth Court. As part of the restitution:

1. Please pay your fee in one of the following ways:

1. Pay in person at the Millard County Offices. Here is the address:

Millard County Offices
71 S 200 W
Delta, Ut 84624

They are open Monday-Friday from 8AM-5PM. They will give you a receipt detailing the offender's name, case number, and amount of payment upon completion of the transaction.

2. Pay online at the following web address:

<https://secureinstantpayments.com/sip/cart/event.php?EID=5144>

Online payments can be made using a debit/credit card or ACH/E-check withdrawal. Please note that there is a small convenience fee for using the online payment system. A receipt detailing the offender's name, case number, and amount of payment can be printed upon completion of the transaction.

**** To ensure proof of payment to the court, please bring your receipt back to the West Millard Youth Court adult coordinator (Mr. Christensen). Your receipt will be filed with your case record and will be required for full restitution for your offense.**

2. Service Hours

Please work with Mr. Christensen to schedule a day and time to complete your assigned service hours. Here is Mr. Christensen’s contact information:

Email: jared.christensen@millardk12.org

Phone: (435) 864-5610

You have been assigned _____ service hours.

Your service hours will be completed at (**circle one**):

- 1. Delta High School – custodial work
- 2. Delta City – community service
- 3. Delta Food Bank
- 4. Other: _____.

3. Restitution Assignment

Your restitution assignment is (**circle one**):

- 1. PowerPoint Presentation of _____ slides on the following topic:_____.
- 2. Essay/Report of _____ pages on the following topic:_____.
- 3. Letter(s) of apology
- 4. Counseling
- 5. Participation as a member of the youth court
- 6. Other: _____.

Completion date: (the fee, service hours, and restitution assignment will be completed by)

Date:_____.

Please Sign this contract below:

Youth Offender Signature/date: _____ Date: _____.

Parent Guardian Signature/date: _____ Date: _____.

Judge signature/date: _____ Date: _____.

Youth Coordinator signature/date: _____ Date: _____.