

# YOUTH JUSTICE COURT

Young Person's Name: \_\_\_\_\_ Docket Number: \_\_\_\_\_

**RELEASE** \_\_\_\_\_ cash/no cash deposit with \_\_\_\_\_ as surety,  
and abide by the following conditions:

**SENTENCE** Custody: Total \_\_\_\_\_ mo/yr [2/3 closed custody \_\_\_\_\_ mo/yr – 1/3supervision \_\_\_\_\_ mo/yr]  
Fine: \_\_\_\_\_ Time to Pay \_\_\_\_\_

**CONDITIONAL DISCHARGE** I order that you be granted a discharge that is conditional upon you successfully completing a period of probation of \_\_\_\_\_ months/years with the following conditions:

**PROBATION** You have been placed on Probation for \_\_\_\_\_ months/years commencing on \_\_\_\_\_ with the following conditions:

## CONDITIONS

**MANDATORY** A. YOU SHALL:  
(a) KEEP THE PEACE AND BE OF GOOD BEHAVIOUR;  
(b) APPEAR BEFORE THE COURT WHEN REQUIRED TO DO SO BY THE COURT; AND  
(c) NOTIFY THE COURT OR YOUR PROBATION OFFICER IN ADVANCE OF ANY CHANGE OF NAME, ADDRESS OR TELEPHONE NUMBER, AND PROMPTLY NOTIFY THE COURT OR YOUR PROBATION OFFICER OF ANY CHANGE OF EMPLOYMENT OR OCCUPATION, OR IF YOU GO BACK TO SCHOOL.

**REVIEW** B. YOU SHALL APPEAR BEFORE THE COURT TO REVIEW YOUR SENTENCE, THE FIRST APPEARANCE FOR REVIEW BEING ON \_\_\_\_\_ IN CtROOM# \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

**REPORT** C. YOU SHALL BE UNDER THE SUPERVISION OF A PROBATION OFFICER ASSIGNED TO YOU AND YOU SHALL REPORT TO THE PROBATION OFFICE FOR THE FIRST TIME NO LATER THAN \_\_\_\_\_, AND AFTER THAT YOU SHALL REPORT:  
(a) WEEKLY  
(b) MONTHLY  
(c) AS DIRECTED BY YOUR PROBATION OFFICER  
(d) NOT LESS THAN ONCE PER MONTH, OR MORE OFTEN IF SO DIRECTED BY YOUR PROBATION OFFICER.

**RESIDE** D. YOU SHALL LIVE (a) WITH \_\_\_\_\_  
(b) AT \_\_\_\_\_  
(c) AT A PLACE THAT IS APPROVED BY YOUR PROBATION OFFICER (IN CONSULTATION WITH YOUR PARENT, GUARDIAN OR CHILD AND FAMILY SERVICES CASE WORKER OR DESIGNATE)

AND YOU SHALL NOT CHANGE YOUR ADDRESS OR RESIDENCE UNLESS YOU HAVE WRITTEN APPROVAL FROM YOUR PROBATION OFFICER BEFORE YOU MOVE.

E. YOU CAN NOT LEAVE THE PROVINCE OF ALBERTA UNLESS YOU HAVE WRITTEN PERMISSION TO LEAVE FROM THE COURT OR YOUR PROBATION OFFICER BEFORE YOU GO.

**OBEY RULES** F. YOU SHALL OBEY THE RULES OF THE HOUSEHOLD IN WHICH YOU LIVE, OR ALTERNATIVELY, YOU SHALL OBEY ANY WRITTEN PROGRAM RULES OF ANY RESIDENTIAL PLACEMENT IN WHICH YOU LIVE, AS DIRECTED BY YOUR PROBATION OFFICER.

G. YOU SHALL OBEY SUCH HOUSE RULES AS GIVEN TO YOU IN WRITING BY YOUR PROBATION OFFICER IN CONSULTATION WITH YOU AND YOUR PARENT, GUARDIAN, OR YOUR CHILD AND FAMILY SERVICES CASE WORKER OR DESIGNATE.

**SCHOOL** H. YOU SHALL ATTEND SCHOOL OR OTHER PLACE OF LEARNING AND REMAIN THERE, THROUGHOUT EACH SCHEDULED SCHOOL DAY, BEHAVE PROPERLY, ATTEND ALL SCHEDULED CLASSES AND COMPLETE ALL ASSIGNMENTS, INCLUDING HOMEWORK ASSIGNMENTS, AND YOU SHALL NOT BE LATE OR ABSENT WITHOUT VALID REASON.

OR

I. YOU SHALL PARTICIPATE IN A HOME SCHOOLING OR ACCREDITED WORK EXPERIENCE PROGRAM, OR ANY OTHER EDUCATIONAL PLACEMENT APPROVED BY YOUR PROBATION OFFICER.

- SCHOOL COUNSELOR** J. YOU WILL MAKE AN APPOINTMENT WITH YOUR SCHOOL COUNSELOR OR PRINCIPAL ON OR BEFORE \_\_\_\_\_ AND DELIVER TO THEM A COPY OF THIS PROBATION ORDER AND GIVE THE COUNSELOR OR PRINCIPAL THE NAME AND PHONE NUMBER OF YOUR PROBATION OFFICER.
- REPORT CARD** K. YOU WILL FILE WITH THE CLERK OF THE COURT TO THE ATTENTION OF JUDGE \_\_\_\_\_, A COPY OF YOUR NEXT REPORT CARD OR PROGRESS REPORT FROM YOUR EDUCATIONAL INSTITUTION.
- SCHOOL OR EMPLOYMENT** L. YOU SHALL EITHER ATTEND SCHOOL ON TIME FOR THE FULL DURATION OF EACH SCHEDULED SCHOOL DAY, OR MAKE REASONABLE EFFORTS TO FIND AND MAINTAIN SUITABLE EMPLOYMENT; PROVIDED THAT WHILE YOU ARE UNDER THE FULL AGE OF 16, YOU SHALL ATTEND SCHOOL UNLESS EXEMPTED FROM DOING SO IN WRITING BY THE SCHOOL PRINCIPAL OR HIS OR HER DESIGNATE.
- EMPLOYMENT** M. YOU SHALL MAKE REASONABLE EFFORTS TO FIND AND MAINTAIN SUITABLE EMPLOYMENT AND REPORT THOSE EFFORTS TO YOUR PROBATION OFFICER WHEN DIRECTED BY YOUR PROBATION OFFICER.
- COUNSELING** N. YOU SHALL ATTEND AND ACTIVELY PARTICIPATE IN SUCH PROGRAM OR ASSESSMENT, COUNSELING OR TREATMENT AS THE COURT OR YOUR PROBATION OFFICER DIRECTS:
  - a. PSYCHIATRIC/PSYCHOLOGICAL COUNSELING;
  - b. ALCOHOL/DRUG ABUSE ISSUES;
  - c. ANGER MANAGEMENT ISSUES;
  - d. ENROLL IN/RESIDE AT THE \_\_\_\_\_ PROGRAM AND ABIDE BY ITS RULES;
  - e. OTHER \_\_\_\_\_

AND PROVIDE SATISFACTORY WRITTEN PROOF OF ATTENDANCE & COMPLETION OF THE PROGRAM(S) TO YOUR PROBATION OFFICER BY THE DATE SPECIFIED BY YOUR PROBATION OFFICER.

- RELEASE** O. YOU SHALL SIGN A RELEASE OR WAIVER AS REQUESTED BY YOUR PROBATION OFFICER PERMITTING ACCESS TO INFORMATION TO ASSIST IN YOUR SUPERVISION.
- CURFEW** P. DURING THE TERM OF THIS ORDER, YOU WILL BE INSIDE YOUR HOME AND PROPERTY LIMITS EVERY:
  - (a) DAILY FROM \_\_\_\_ P.M. UNTIL \_\_\_\_ A.M.
  - (b) SUNDAY THROUGH THURSDAY FROM \_\_\_\_ P.M. UNTIL \_\_\_\_ A.M.
  - (c) FRIDAY AND SATURDAY FROM \_\_\_\_ P.M. UNTIL \_\_\_\_ A.M. UNLESS YOU ARE WITH A PARENT, GUARDIAN OR OTHER ADULT PERSON WHO IS AUTHORIZED BY YOUR PARENT OR GUARDIAN TO BE WITH YOU, OUTSIDE THE CURFEW HOURS.
  - (d) YOU MAY BE OUT LATER IF YOU ARE WITH \_\_\_\_\_ OR IF YOU HAVE A NOTE DATED AND SIGNED BY \_\_\_\_\_ STATING WHEN YOU ARE TO BE HOME.
  - (e) YOU WILL FOLLOW THE CURFEW THAT WILL BE IMPOSED BY YOUR PROBATION OFFICER IN CONSULTATION WITH \_\_\_\_\_.

OR

- Q. DURING THE TERM OF THIS ORDER, YOU WILL BE AT HOME FROM \_\_\_\_ P.M. UNTIL \_\_\_\_ A.M. ON SCHOOL NIGHTS AND FROM \_\_\_\_ P.M. UNTIL \_\_\_\_ A.M. ON NON-SCHOOL NIGHTS UNLESS YOU ARE WITH YOUR PARENT, GUARDIAN, OR OTHER ADULT PERSON WHO IS AUTHORIZED BY YOUR PARENTS OR GUARDIAN TO BE WITH YOU, OUTSIDE THE CURFEW HOURS.

OR

- R. YOU SHALL BE AT YOUR RESIDENCE 24 HOURS A DAY, 7 DAYS PER WEEK, UNLESS:
  - (a) AT SCHOOL, PLACE OF EMPLOYMENT OR PROFESSIONAL APPOINTMENT, OR TRAVELLING DIRECTLY TO OR FROM SAME;
  - (b) ACCOMPANIED BY A PARENT OR PROBATION OFFICER OR OTHER ADULT PERSON APPROVED BY EITHER THE PARENT OR BY YOUR PROBATION OFFICER;
  - (c) IN POSSESSION OF A WRITTEN PERMISSION SIGNED BY A PARENT OR SIGNED BY \_\_\_\_\_;
  - (d) \_\_\_\_\_

- CURFEW ENFORCEMENT** S. DURING THE HOURS YOUR CURFEW IS IN EFFECT YOU WILL SPEAK WITH ANYONE WHO CALLS BY TELEPHONE OR ANYONE WHO ATTENDS IN PERSON AT YOUR RESIDENCE, FOR THE PURPOSE OF SPEAKING WITH YOU WHO:
  - (a) IDENTIFIES HERSELF OR HIMSELF BY NAME; AND
  - (b) WHO PURPORTS TO BE A PEACE OFFICER, PROBATION OFFICER, OR A MEMBER OF THE LOCAL YOUTH JUSTICE COMMITTEE.

- NON-CONTACT** T. YOU SHALL NOT ATTEND WITHIN \_\_\_\_\_ CITY BLOCKS, OR WITHIN \_\_\_\_\_ METERS OF PREMISES DESCRIBED AS \_\_\_\_\_, ALBERTA.

U. YOU SHALL NOT ATTEND \_\_\_\_\_  
LOCATED AT \_\_\_\_\_, ALBERTA

V. YOU SHALL NOT DIRECTLY OR INDIRECTLY, CONTACT, ASSOCIATE OR COMMUNICATE  
WITH \_\_\_\_\_ OR ANY PERSON(S) NAMED IN WRITING BY  
YOUR PROBATION OFFICER \* UNLESS THROUGH LEGAL COUNSEL AND EXCEPT AS MAY BE  
NECESSARY FOR THE PURPOSES OF SCHOOL.

ALCOHOL W. YOU SHALL NOT POSSESS OR DRINK ALCOHOL.

DRUGS X. YOU SHALL NOT POSSESS OR USE ILLEGAL DRUGS.

Y. YOU SHALL NOT INHALE INTOXICATING VAPOURS.

Z. YOU SHALL ONLY TAKE PRESCRIPTION DRUGS PRESCRIBED TO YOU, AND ONLY IN A  
MANNER AND AN AMOUNT DIRECTED BY YOUR DOCTOR OR PHARMACIST.

AA. YOU SHALL NOT ENTER OR BE FOUND IN ANY PLACE WHOSE PRIMARY PURPOSE  
IS THE RETAIL SALES OF ALCOHOLIC BEVERAGES.

BREATHALYZER AB. UPON DEMAND OF A PEACE OFFICER WHO BELIEVES ON REASONABLE GROUNDS, THAT  
YOU HAVE ALCOHOL OR NON-PRESCRIBED DRUGS IN YOUR BODY, YOU WILL PROVIDE SUCH  
SAMPLES OF YOUR BREATH OR URINE INTO A CONTAINER OR AN APPROVED INSTRUMENT  
OR SCREENING DEVICE AS ARE NECESSARY TO DETERMINE IF YOU HAVE ALCOHOL OR  
DRUGS IN YOUR BODY.

FINE PAYMENT AC. YOU SHALL PAY ALL YOUR OUTSTANDING FINES, OR WORK THEM OFF ON THE FINE  
OPTION PROGRAM BY \_\_\_\_\_, 20\_\_.

MOTOR VEHICLE AD. YOU SHALL NOT DRIVE OR BE IN ANY MOTOR VEHICLE UNLESS THE REGISTERED  
OWNER IS PRESENT, WITH THE EXCEPTION OF PUBLIC TRANSIT.

WEAPONS RESTRICTION AE. YOU SHALL NOT POSSESS ANYTHING DESIGNED FOR USE AS A WEAPON OR INTENDED FOR  
USE AS A WEAPON AND YOU SHALL NOT POSSESS ANY FIREARM AMMUNITION OR  
EXPLOSIVE SUSTANCE.

CELL PHONE AF. YOU SHALL NOT CARRY ON YOUR PERSON ANY ELECTRONIC COMMUNICATION DEVICES  
SUCH AS CELLULAR TELEPHONES OR PAGERS UNLESS AUTHORIZED TO DO SO IN WRITING  
BY YOUR PROBATION OFFICER.

ASSESSMENT AG. YOU SHALL ATTEND FOR A:  
(a) LEARNING DISABILITY ASSESSMENT;  
(b) PSYCHO-EDUCATIONAL ASSESSMENT;  
(c) ANGER MANAGEMENT ASSESSMENT;  
(d) FASD ASSESSMENT;  
(e) PSYCHIATRIC ASSESSMENT;  
(f) \_\_\_\_\_.

SUCH ASSESSMENT IS TO BE PERFORMED BY \_\_\_\_\_ AS  
DIRECTED BY YOUR PROBATION OFFICER OR BY SUCH OTHER PROFESSIONAL AS DIRECTED  
BY YOUR PROBATION OFFICER WITHIN \_\_\_\_\_ MONTHS.

OTHER AH. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOES NOT FORM PART OF THE PROBATION ORDER**

COMPENSATION YOU WILL PAY COMPENSATION IN THE SUM OF \$ \_\_\_\_\_ TO BE PAID TO THE CLERK OF  
THE COURT FOR THE COMPLAINANT ON OR BEFORE THE \_\_\_\_\_ DAY OF  
\_\_\_\_\_, 20\_\_.

COMMUNITY SERVICE YOU WILL DO \_\_\_\_\_ HOURS OF COMMUNITY SERVICE WORK TO BE COMPLETED BY  
\_\_\_\_\_, AT WHATEVER PLACE YOUR PROBATION OFFICER DIRECTS,  
AND YOU SHALL GIVE WRITTEN PROOF OF COMPLETION OF THESE HOURS FROM EACH  
PLACEMENT TO YOU PROBATION OFFICER BY \_\_\_\_\_.