

# NEIGHBORHOOD ACCOUNTABILITY BOARD REFERRAL

JUVENILE'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

\_\_\_\_\_ PROB NUMBER: \_\_\_\_\_

OFFENSE: \_\_\_\_\_ DATE OCCURRED: \_\_\_\_\_

Members of the Neighborhood Accountability Board are trained volunteers from your community. The process is an alternative to conventional handling through traditional probation or police programs. The Neighborhood Accountability Board does not determine guilt or innocence, but rather is a way to reach an agreement on how to repair the harm that has been caused by the offense. If you choose to participate in the Neighborhood Accountability Board, you waive your right to confidentiality to the extent necessary for participation. If you successfully complete your Neighborhood Accountability Board Agreement, your case will be closed. If you do not complete, your case will be returned to the probation department for action.

I understand the Neighborhood Accountability Board and how it works. I admit the offense charged against me. I am willing to appear before the Neighborhood Accountability Board and accept the agreement reached with them. I understand that if I successfully complete the Neighborhood Accountability Board agreement within the allotted time, this referral will be closed. However, should I not adhere to the agreement; my case will be referred back to Juvenile Probation for appropriate action.

\_\_\_\_\_  
Minor's Signature

\_\_\_\_\_  
Date

As parent/guardian of the above minor, I understand that as part of the Neighborhood Accountability Board process, I will be asked to participate in an interview and a Neighborhood Accountability Board Conference and agree to this condition.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

The above statement was read to, signed by, and a copy given to the juvenile and their parents/guardian.

Probation Officer's Comments: \_\_\_\_\_

\_\_\_\_\_  
Probation Officer

\_\_\_\_\_  
Phone:

**NEIGHBORHOOD ACCOUNTABILITY BOARD  
WAIVER AND RELEASE AGREEMENT**

\_\_\_\_\_ **HEREBY ACKNOWLEDGE** that I have voluntarily applied to participate in the \_\_\_\_\_ Neighborhood Accountability Board process (referred to hereinafter as The Board).

I understand that the community service time agreements I may make with The Board may involve projects and tasks that entail physical labor including, but not limited to, bending over, stooping, painting, picking up trash, and minor gardening work. I further acknowledge that participating in these events constitutes an **ACTIVITY WHICH COULD INVOLVE PERSONAL RISKS INCLUDING BODILY INJURY, DEATH, AND PROPERTY DAMAGE.**

INITIALS \_\_\_\_\_

**RELEASE OF LIABILITY**

In consideration of being permitted to participate in the \_\_\_\_\_ Neighborhood Accountability Board process undertaken by the County of Santa Cruz, I hereby agree that I, my heirs, executors, administrators, personal representatives, next of kin, spouse, and assigns **RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE, IDEMNIFY, AND HOLD HARMLESS** the County of Santa Cruz, its public officials, departments, officers, employees, agents, and contractors and other affiliates from all actions, claims or representatives, next of kin, spouse, and assigns now have or may hereinafter have for injury, death or damage which may result from my participation in this event.

INITIALS \_\_\_\_\_

**ASSUMPTION OF RISK**

I realize that participation in the assigned community service work involves danger and that I am voluntarily participating in this activity. I **ASSUME ALL RISKS INVOLVED** whether they are known or unknown to me. I understand **SUCH RISKS INCLUDE BODILY INJURY, DEATH, AND PROPERTY DAMAGE.** I further acknowledge that conditions may change over time during the course of the event.

INITIALS \_\_\_\_\_

I acknowledge that my signature and initials are required for participation in this event and that I am at least eighteen (18) years of age, or, if under eighteen (18) years of age, have obtained the signature of my parent or legal guardian. Additionally, I attest that I have read and understood the entirety of this Waiver and Release Agreement.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
PARTICIPANT'S PRINTED NAME

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE



A partnership between the  
Citizens of Santa Cruz County,  
The Santa Cruz County Probation Department,  
And Law Enforcement Departments of Santa Cruz County.

# Neighborhood Accountability Board Of Santa Cruz County

## Conference Agreement

For: \_\_\_\_\_  
The conference took place on \_\_\_\_\_ at \_\_\_\_\_  
Present were \_\_\_\_\_

Conference was facilitated by \_\_\_\_\_

The following agreements were made:

(Each item to be followed by the name of the individual responsible for monitoring compliance)

1.

In the event that terms are not completed by (date) \_\_\_\_\_

The case will be referred back to \_\_\_\_\_

If you have any questions or are unable the agreements please contact

\_\_\_\_\_ at \_\_\_\_\_

Signatures:

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

## **NAB Interview Form**

### SCHOOL

1. Where do you go to school?  
What year are you in school?  
Do you like school?  
What grades do you get in school?  
What is your school attendance like?  
Absences? Suspensions?

Parents, do you have anything to add?

2. What do you like most about school?
3. What do you like least about school?
4. Do you have a favorite teacher or subject?

### FREE TIME/HOME LIFE

5. How do you spend your free time? Do you have activities at school or in the community?
6. Parents, what do you see as your child's greatest assets and strengths?
7. How is discipline handled in your home?
8. Do you have any chores at home?
9. Do you have an allowance?

## THE OFFENSE

10. Tell us what happened. What did you do?
11. What were you thinking at the time? Why did you do it?
12. Who do you think was affected by what you did? How?
13. What have you thought about since that time?
14. How would you feel if you hadn't been caught?
15. Did you think about getting caught at the time?
16. How do your parents feel about what you did?

Parents, how do you feel about what happened?

17. Has anything already happened to you as a result of this offense?

Parents, do you have anything to add?

## RELATED CONCERNS

18. Do you use or have you tried cigarettes, alcohol, or drugs? (Check in w/parents, is that accurate to your knowledge?)
  
19. Are any of your friends in trouble or on probation? (Do parents have any concerns re: friends?)

*Interviewer's impressions:*