



PARKER COUNTY TEEN COURT (PCTC)
CONTACT INFORMATION SHEET (2012-2013)

Full Name: _____ Birth Date: _____

School: _____ Grade: _____

Address: _____

City: _____ Zip: _____

Cell Phone: _____ Email: _____

Father/Guardian Name: _____

Address (if differs from above): _____

Father's place of employment: _____

Cell Phone: _____ Email: _____

Mother/Guardian Name: _____

Address (if differs from above): _____

Mother's place of employment: _____

Cell Phone: _____ Email: _____

Please indicate which positions you are interested in serving in while participating in PCTC:

Jury: _____ Bailiff: _____ Court Clerk: _____ Attorney: _____

Office Use: Indicate Date of Training Completed for Positions

Jury: _____ Bailiff: _____ Court Clerk: _____ Attorney: _____

Parker County Teen Court



PARENT PERMISSION FORM

In order to publicize the work of the Parker County Teen Court (PCTC) we will be taking pictures during the proceedings that will be used in the production of CDs, news stories and various publications. It is possible your child may be included in some of the photos submitted.

Therefore, this form acknowledges your permission to use the photos for the purpose of promoting PCTC. Please acknowledge your agreement below:

Name of Child: _____

I hereby give my permission for PCTC to use photos of the above listed child, and release PCTC from any liability resulting from, or connected with the promoting of PCTC.

Name: _____

Signature: _____

Date: _____

Parker County Teen Court



CONFIDENTIALITY OATH

I solemnly swear or avow that I will not divulge, either by words, signs, texts, online posts, emails, etc. any information which comes to my knowledge in the course of any Parker County Teen Court trial session, and that I will keep secret all said proceedings which may be held in my presence.

Name: _____

Signature: _____

Date: _____

Parker County Teen Court (PCTC)



COMMUNITY SERVICE HOUR LOG FORM

Name: _____

School: _____

Grade: _____

E-mail: _____ Phone: _____

Date of Service	Hours Worked	Name of Agency*	Type of Work Performed	Supervisor Signature*
TOTAL HOURS:				

**If necessary, attach copy of contact information concerning Agency for which volunteer work was completed (for verification).*