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| <p style="text-align: center;">Immediate<br/>Intervention<br/>Program<br/>Standards</p> <p style="text-align: center;">Kansas Department of<br/>Corrections- Division of<br/>Juvenile Services<br/>State of Kansas</p> | <p><b>CHAPTER:</b></p> <p><b>OPERATIONS</b></p>                              | <p><b>STANDARD NO.</b></p> <p><b>IIP-04-103</b></p>                            |
|  | <p><b>SUBJECT:</b></p> <p><b>AGREEMENT AND CONTRACT<br/>REQUIREMENTS</b></p> | <p><b>PAGE: 1 of 1</b></p>   |
| <p><b>REFERENCES: None</b></p>   |  | <p><b>DATE ADOPTED: 02-01-2017</b></p> <p><b>DATE REVIEWED: 08-02-2021</b></p> |

STANDARD: Written policy, procedure and practice shall require Immediate Intervention Program (IIP) staff to review and explain the Immediate Intervention Program Agreement (Attachment A), to the youth and their parent(s)/guardian(s) allowing them to ask any questions regarding the IIP.

Upon reviewing and agreeing to participate in IIP's, youth and their parent(s)/guardian(s) shall sign the Immediate Intervention Program Agreement and be provided a copy. The original form shall remain in the youth's file.

In the event that the youth and their parent(s)/guardian(s) declines the offer of IIP, the form Right to Decline Immediate Intervention (Attachment B) shall be signed and retained.

DISCUSSION: None.

ATTACHMENTS:

Attachment A: Immediate Intervention Program Agreement

Attachment B: Right to Decline Immediate Intervention

**NOTE:** The standards and procedures set forth herein are intended to establish operational guidelines for immediate intervention programs operating through the board of county commissioners and their employees/contractors and youth participating in the immediate intervention process. They are not intended to establish state created liberty interests for immediate intervention programs or the board of county commissioners, or their employees/contractors, or youth, or an independent duty owed by the Kansas Department of Corrections- Division of Juvenile Services to immediate intervention programs operating through the board of county commissioners or their employees/contractors, supervised juveniles or third parties. This standard and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.



**STATE OF KANSAS  
IMMEDIATE INTERVENTION PROGRAM AGREEMENT**

Name of Youth:

Local Case Number/Tracking Number:

In order to take responsibility for my actions on or about \_\_\_\_\_ and to prevent such actions from occurring again, I will follow the Immediate Intervention Program (IIP) plan developed by my supervision officer and work with \_\_\_\_\_, the community agency assigned to my case.

I agree to follow the rules and conditions of the IIP plan developed by \_\_\_\_\_. My case will be closed/dismissed at the completion of the period of IIP if I satisfactorily comply with the conditions of the IIP plan. I recognize that my case could be referred to a multi-disciplinary team (MDT) or the County Attorney/District Attorney if I do not follow the rules of the program.

This term of IIP shall be effective from \_\_\_\_\_ to \_\_\_\_\_.

This agreement and all statements made during the IIP process will not be used at an adjudicatory hearing on this matter.

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
IIP Staff's Signature

\_\_\_\_\_  
Date



**STATE OF KANSAS  
RIGHT TO DECLINE IMMEDIATE INTERVENTION**

Name of Youth:  
Local Case Number/Tracking Number:

I, \_\_\_\_\_, a youth born (month, day, year) \_\_\_\_\_, Do hereby acknowledge that I am declining to participate in the Immediate Intervention Program (IIP) that was offered and explained to me. By declining to participate in the IIP, I understand my case will be referred to the county/district attorney for possible prosecution.

|                             |       |
|-----------------------------|-------|
| _____                       | _____ |
| Youth's Signature           | Date  |
| _____                       | _____ |
| Parent/Guardian's Signature | Date  |
| _____                       | _____ |
| Parent/Guardian's Signature | Date  |

I, \_\_\_\_\_, an IIP staff do hereby acknowledge that I have offered and explained the IIP and afforded the youth and their parent(s)/guardian(s) an opportunity to ask any questions regarding the IIP process including the referral of the case to the county/district attorney upon the declination of the IIP by the youth and their parent(s)/guardian(s).

\_\_\_\_\_ The youth and their parent(s)/guardian(s) agreed to sign the form  
\_\_\_\_\_ The youth and their parent(s)/guardian(s) refused to sign the form

|                       |       |
|-----------------------|-------|
| _____                 | _____ |
| IIP Staff's Signature | Date  |