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 Agreement
Attachment B: Right to Decline Immediate Intervention
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