



Trial By Peers
 Clark County Law
 Foundation / Clark County Bar
 Association
 702-333-8277 (TBPP)



WHAT IS TRIAL BY PEERS

The **Trial by Peers** program is a diversion program that is the result of the cooperative efforts of Clark County Bar Association and Clark County Family Youth Services (Juvenile Court).

The program allows first and second time juvenile offender to be prosecuted and defended by teen lawyers in a real courtroom. An adult judge rules on evidence and motions, yet the teen jury determines the juvenile's innocence or guilt, and if necessary imposes a sentence. The sentences are limited to community service, restitution, essays, letters of apology, and jury duty. So long as the juvenile completes the sentence in accordance with its terms, the case is closed. The beauty of the program is that it provides junior high school and high school students with hands on experience of the legal system, while the same students provide a community service to misdemeanor offenders and their parents.

STATEMENT OF PURPOSE

Trial by Peers has resolved to reinforce benefits of citizenship to Clark County youth. It shall provide an alternate adjudication and sentencing procedure for young offenders. We have resolved to offer an opportunity for those who make mistakes early in life to constructively pay their debt to society without incurring a criminal record. We shall foster an atmosphere of respect for the law through the principle of judgment by peers and restitution for wrongs committed.

Trial by Peers shall emulate adult proceedings to provide an opportunity for youth to learn about the criminal justice system. Unless an action or procedure is specifically addressed by this Constitution, the general principles of court proceedings shall apply as far as practicable.

Court Procedure

1. Judge will introduce him/herself and ask counselors to do the same.
2. Clerk will swear-in the **Trial by Peers** Jury.
3. Judge will read the charges as well as a description of the charges.
4. Judge will ask for plea of the defendant on each charge.
5. The judge will allow Prosecution, who is the counselor for the State of Nevada, to give a brief opening statement as well as state witnesses that he/she will be asking to testify.
6. Judge will ask the prosecution to call first witness. At this time, a bailiff or a TBP Staff person will come out to the hall or waiting room and call a witness.
7. Witnesses / Victims will walk into the courtroom and go to the witness stand and be sworn in by the clerk or the judge.
8. Next, the judge will allow the Defense to make his/her opening statement. (#8 applies to Defense also.)
9. Once both sides have rested, the judge will read the jury instructions, which are the guidelines the jury must follow in reaching a verdict.
10. The jury will be escorted to another room. Here they will deliberate on an appropriate verdict according the evidence, credibility of witnesses, the presented facts, and the recommendations that were made.
11. When the Jury comes back, the case name will be announced and everybody involved in the case may return to the courtroom.
12. After the verdict is read, if a guilty plea is awarded, the case will move on to the sentencing phase. The jury will hear sentencing recommendations from the prosecution as well as the defense. The Jury will decide on the sentence. The Judge at his or her discretion has the authority to modify such sentence as imposed by the jury. Modifications by Judge will be made in open court before the jury with an explanation as to the change.



Clark County Law Foundation/Clark County Bar Association
In Cooperation with Clark County Family Youth Services

Parent & Defendant Consent to Participate in Trial By Peers™

Name of Minor:

Date of Birth: First Last SS# or School ID #:

Address:

City: Zip:

(Select One)
Sex: M F Age: School:

E-mail Address:

Father's Name: Work Phone:

Mother's Name: Work Phone:

Home Phone: Cell Phone:

(Select One)
Lives With: Mother Father Both Other

Charge(s): Please check the box that applies to how you are pleading:

- 1) Guilty Not Guilty
- 2) Guilty Not Guilty
- 3) Guilty Not Guilty

Date of Offense:

Rights being waived: Initial the space below indicating you understand.

I understand that I have waived these rights listed below while in the Trial By Peers program.

	Child	Parent/Guardian
Right to a speedy trial	<input type="checkbox"/>	<input type="checkbox"/>
Right to an attorney	<input type="checkbox"/>	<input type="checkbox"/>

I also understand and agree to the conditions listed below:

Evidence that may not have been otherwise admissible in Court may be admissible in The TBP program	<input type="checkbox"/>	<input type="checkbox"/>
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I, the undersigned parent or guardian of the above named child, hereby grant permission for said child to participate in the Trial By Peers alternative program.

We, the child and parent/guardian, certify that we understand this is an alternative to the juvenile court system, and are not obligated to participate in the program. We agree and understand that once this contract is signed, full participation is required by us.

We agree and understand that an attorney will not represent our case, but rather a Peer Counselor who is a junior high or high school student trained to handle Trial By Peers cases. We further understand and agree that evidence that may not have otherwise been admissible in court may be admissible in Trial By Peers. We agree to have all police records pertaining to this case release to the Trial By Peers program. We also agree to waive our right for a speedy trial while in the program (e.g. any time spent in the program does not apply to the time limits that will be imposed should the case be returned to the referring authority.)

We the child and parent/guardian understand that we have the right to have our case heard by the juvenile court. Additionally, we have the right to have a petition filed forthwith and within 60 days after filing for a petition. We have the right to have the charges tried before the juvenile court and a disposition of my case. We understand that by participating in the Trial By Peers program, we are giving up these rights.

We understand that once the case has been referred to the Trial By Peers program it will not be referred back to juvenile court unless the TBP program deems it necessary to do so. We also understand that if my child does not cooperate and participate fully or fails to complete the assigned consequences, he/she will be referred back to juvenile court. However, such noncompliance may not relieve my child from carrying out the consequences assigned by the Trial By Peers program regardless of the outcome.

Furthermore, we understand that if any new offenses are committed while in the TBP program the case will be sent back to the referring authority.

If we have any questions regarding our rights, we have been advised that we should seek competent legal counsel.

All spaces must be signed:

Date:		
		Parent/Guardian
Date:		
		Defendant

Location: _____
Office Use Only

TRIAL BY PEERS INTAKE FORM

The following information must be completed to participate in Trial By Peers

TBP is a grant run program, which requires this information for funding. The following demographic information will be used for grant purposes ONLY. Your name will not be tied in any way to your answers.

ADDRESS:
(City, state and zip)

AGE: **GENDER:** M F **SCHOOL:**

(Select One)

LIVESWITH: Mother Father Both Other

RACE/ETHNICITY:	
<input type="checkbox"/> Black, not Hispanic origin	<input type="checkbox"/> Hispanic, any race
<input type="checkbox"/> White, not Hispanic origin	<input type="checkbox"/> White & American Indian/Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Black & American Indian/Alaskan Native
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black & White
<input type="checkbox"/> Other <input style="width: 150px; height: 20px;" type="text"/>	

Total # People in Household	Please select your income on the same line as the TOTAL # OF PEOPLE LIVING IN HOUSEHOLD YEARLY INCOME			
2	<input type="checkbox"/> \$15,800 or Less	<input type="checkbox"/> \$15,801-\$26,300	<input type="checkbox"/> \$26,301-\$45,050	<input type="checkbox"/> \$45,051 & Above
3	<input type="checkbox"/> \$17,750 or Less	<input type="checkbox"/> \$17,751-\$ 29,600	<input type="checkbox"/> \$29,601-\$47,300	<input type="checkbox"/> \$47,301 & Above
4	<input type="checkbox"/> \$19,700 or Less	<input type="checkbox"/> \$19,701-\$32,850	<input type="checkbox"/> \$32,851-\$52,550	<input type="checkbox"/> \$52,551 & Above
5	<input type="checkbox"/> \$21,300 or Less	<input type="checkbox"/> \$21,301-\$35,500	<input type="checkbox"/> \$35,501-\$56,800	<input type="checkbox"/> \$56,801 & Above
6	<input type="checkbox"/> \$22,900 or Less	<input type="checkbox"/> \$22,901-\$38,150	<input type="checkbox"/> \$38,151-\$61,000	<input type="checkbox"/> \$61,001 & Above
7	<input type="checkbox"/> \$24,450 or Less	<input type="checkbox"/> \$24,451-\$40,750	<input type="checkbox"/> \$40,751-\$65,200	<input type="checkbox"/> \$65,201 & Above
8	<input type="checkbox"/> \$26,050 or Less	<input type="checkbox"/> \$26,051-\$43,400	<input type="checkbox"/> \$43,401-\$69,400	<input type="checkbox"/> \$69,401 & Above

Case# or Name _____