



City of Brighton
Municipal Court
3401 Bromley Lane
Brighton, CO 80601
303.655.2064 Office
303.655.2168 Fax
www.brightonco.gov

TEEN COURT APPLICATION

Name _____ Date of Birth _____ Sex _____

Address _____ Phone _____

School _____ Grade _____

I am interested in serving the Teen Court as: (Specify 1st choice, 2nd choice, 3rd choice)

_____ Attorney _____ Juror _____ Bailiff

Please read and initial:

_____ I understand the importance of fulfilling the Teen Court duties in a mature and responsible manner. I am willing to serve in the area indicated above to the best of my ability.

_____ I understand that I will volunteer and that I may serve up to two Wednesdays per month from 5:00pm until 7:00pm.

_____ I understand that I will attend an orientation or training sessions if offered, prior to serving on Teen Court.

_____ I understand it is my responsibility to appear on time and prepared.



OATH OF CONFIDENTIALITY

I solemnly swear or affirm that I will give my full attention to all Teen Court proceedings which take place in my presence, and that I will not divulge any information which comes to my knowledge in the course of a Teen Court case/session.

Student's Signature _____ Date _____

Parent/Guardian _____ Date _____