

HENDERSON COUNTY TEEN COURT  
P.O. BOX 227  
ATHENS, TX 75751  
courtcoordinator@teencourtathenstx.org

**REFERRAL TO TEEN COURT**

NAME \_\_\_\_\_ DOB \_\_\_\_\_ CASE \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
DRIVER'S LICENSE # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
OFFENSE \_\_\_\_\_ CLASS \_\_\_\_\_ FINE AMOUNT \_\_\_\_\_  
REFERRED BY \_\_\_\_\_

I agree to plead no contest or guilty to the offense named above.

I choose to be sentenced by Henderson County Teen Court, Inc. rather than have this offense become a part of my permanent legal record.

I understand that participation in Teen Court is voluntary, and, at any time, I may seek legal counsel and/or return to the source of this referral for prosecution.

Signature \_\_\_\_\_  
Defendant

I agree to my son's/daughter's voluntary diversion to Henderson County Teen Court.

Signature \_\_\_\_\_  
Parent/Guardian

**REFERRING AGENT:**

( ) Juvenile and parent/guardian call the Teen Court Coordinator at 903-489-1143 immediately for an appointment in Teen Court.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Referring Agent

**\* MEMBER \*  
TEEN COURT ASSOCIATION OF TEXAS**

WHITE COPY: JUDGE    CANARY COPY: TEEN COURT COORDINATOR    PINK COPY: DEFENDANT