Juvenile Court Transportation Services Application

Complete ALL sections below to request van transportation to services ordered by the Juvenile Court of the Augusta Judicial Circuit.

Completion of this application does not guarantee transportation services will be provided. The application will be reviewed and upon acceptance, you will be notified of your child's service dates and van information. ***If your application is denied, your child is still required to attend Court Ordered programming.*** *Transportation is provided using grant funding and may be suspended due to funding/staffing availability.*

STUDENT INFORMATION

Student's Name:	**Birth Date:**	**School and Grade:**	**Case Number:**
Student's Name:	**Birth Date:**	**School and Grade:**	**Case Number:**
Student's Name:	**Birth Date:**	**School and Grade:**	**Case Number:**
Student's Name:	**Birth Date:**	**School and Grade:**	**Case Number:**

PARENT / GUARDIAN INFORMATION

Full Name

Home Address (Street, City, State, ZIP)

Phone Number	**Email Address**	**Driver's License Number & State**

VEHICLE(S) REGISTERED IN YOUR NAME *if no vehicle registered in your name, write "None".*

Make / Model	Color	Year	License Plate Number

PARENT / GUARDIAN WORK SCHEDULE *Enter working hours for each applicable day (e.g. 8:00 AM – 5:00 PM) or write "Off"*

Name of Employer	**Employer Address** (if you work from home, please write WFH)	**Employer Phone Number**

Mon	Tue	Wed	Thu	Fri	Sat	Sun
____ AM - ____PM	____ AM - ____PM	____ AM - ____PM	____ AM - ____PM	____ AM - ____PM	____ AM - ____PM	____ AM - ____PM

BASIS FOR TRANSPORTATION REQUEST

☐ Work schedule conflicts with school dismissal time ☐ No available vehicle / transportation

☐ Distance between home and school/programs prevents pickup ☐ Other (explain below)

Please explain: _____

CERTIFICATION

I have read (or had read to me) the above questions and answers and they are true and correct. I swear or affirm that the information given herein is true and correct and I understand that a false statement to any questions may result in being held in contempt of Court, which can result in up to 20 days confinement, a fine up to $1,000 and being ordered to repay transportation fees.

I understand that transportation is offered based on grant funding and is subject to change without notice.

Parent / Guardian Signature	**Date**

----------FOR OFFICIAL USE ONLY----------

Assigned Judge: _____ Programs Ordered: _____

Result: ☐ Approved for transportation to the following programs: _____ ☐ Denied due to: _____

Reviewed by: _____ Date: _____

☐ Chief Judge Bias ☐ Judge Bowick ☐ Administrator Mosquera

JUVENILE COURT OF THE AUGUSTA JUDICIAL CIRCUIT

JUVENILE TRANSPORTATION WAIVER AND LIABILITY RELEASE FORM

971 BROAD ST AUGUSTA, GA 30901 | Phone: (706) 821-1185

I. PARTICIPANT & GUARDIAN INFORMATION

Juvenile's Full Name: _____ Date of Birth: _____ Case/File Number: _____
Juvenile's Full Name: _____ Date of Birth: _____ Case/File Number: _____
Juvenile's Full Name: _____ Date of Birth: _____ Case/File Number: _____
Juvenile's Full Name: _____ Date of Birth: _____ Case/File Number: _____

Parent/Legal Guardian Name: _____ Residential Address: _____
Primary Phone: _____ Emergency Contact Name & Relationship to Child : _____
Emergency Contact Phone: _____

Address that child(ren) will be dropped off to: _____
(If address is different than the residential address an explanation must be provided.)

II. AUTHORIZATION TO TRANSPORT

I, the undersigned, am the parent and/or legal guardian of the minor child listed above. I hereby grant formal permission and authority to the Augusta Judicial Circuit-Juvenile Court's contracted personnel to transport my child in an authorized vehicle. This authorization strictly covers transit to and from: (1) evidence-based programming, counseling sessions, and educational workshops at the Juvenile Court Services Office or affiliated community partner locations; and (2) other court-sanctioned appointments as pre-approved by the assigned Juvenile Court Judge.

III. PICK-UP AND DROP-OFF PROTOCOLS (Must Initial One)

[_____] OPTION A (Adult Presence Required): A parent, guardian, or designated authorized adult (listed below) must be physically present at the residence/drop-off point before the minor is allowed to exit the vehicle. Authorized Adult Name(s) & Phone: _____

[_____] OPTION B (Independent Release): I grant permission for the minor to be dropped off at the residential address listed above and to enter the home without an adult physically present. I assume full responsibility for the minor from the moment they exit the court vehicle.

IV. CODE OF CONDUCT AND VEHICLE SAFETY

While in a court-provided transport vehicle, the juvenile agrees to: wear a seatbelt at all times; follow all direct instructions given by the Transportation Specialist or accompanying court staff; and refrain from disruptive behavior, foul language, horseplay, or physical contact. There is a Zero-Tolerance policy regarding possession of weapons, illegal substances, or vaping products. Violation will result in immediate and permanent revocation of transport privileges and a violation being filed in Juvenile Court. After a second unexcused absence, the juvenile's transportation services will be terminated. Failure to comply with these rules will result in suspension or termination of transportation services.

V. WAIVER, RELEASE OF LIABILITY, AND ACKNOWLEDGEMENT

By signing below, I acknowledge that participation in the Juvenile Court transportation service is a privilege designed to assist my family. In consideration for receiving these transit services, I hereby release, waive, acquit, and forever discharge the Juvenile Court of the Augusta Judicial Circuit, its judges, officers, drivers, and county agents from any and all liability, claims, or demands arising out of any accidents, unforeseen transit delays, or injuries that may occur during the course of routine transportation, except in cases of gross negligence or intentional misconduct. In the event of a medical emergency during transit, I authorize court staff or emergency personnel to seek and administer necessary medical treatment for my child. I understand that I am financially responsible for any medical expenses incurred.

VI. SIGNATURES AND APPROVAL

By signing below, I certify that I have read, fully understand, and agree to all terms and conditions outlined in this document.

Parent / Legal Guardian Signature: _____ Date: _____
Printed Name: _____
Received By (Staff Name): _____ Date Received: _____

----------FOR OFFICIAL USE ONLY----------

Assigned Judge: _____ Programs Ordered: _____
Result: ☐ Approved for transportation to the following programs: _____ ☐ Denied due to: _____
Reviewed by: _____ Date: _____
☐ Chief Judge Bias ☐ Judge Bowick ☐ Administrator Mosquera

*Application must be reviewed and accepted before transportation will be provided by the Court.