

**BOONE COUNTY COMMUNITY CORRECTIONS**

127 W. Main St., Suite 200

Lebanon, IN 765-482-6606

**THINKING FOR A CHANGE**

**PROGRAM AGREEMENT**

I, \_\_\_\_\_, agree to attend and participate in the  
(Juvenile's Name)

Boone County Community Corrections **'THINKING FOR A CHANGE'**

Program. The program requires attendance of two (2) nights per week for eleven (11) weeks. Failure to comply with the rules set forth by Community Corrections could result in be removed from the Program.

The cost of this program is \$100.00 and must be paid prior to the first session.

\_\_\_\_\_  
(Juvenile's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Facilitator's Signature)

\_\_\_\_\_  
(Date)

Dates for the next sessions are: \_\_\_\_\_ through \_\_\_\_\_