



LASSEN COUNTY SUPERIOR COURT

**TEEN COURT COMMISSIONER APPLICATION**

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

HOME PHONE NUMBER: ( ) \_\_\_\_\_

CELL PHONE NUMBER: ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TEEN COURT POLO SHIRT SIZE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

BOARD OF DIRECTORS:

PRESIDING JUDGE OF THE  
SUPERIOR COURT  
HON. TONY MALLERY

LASSEN COUNTY DISTRICT  
ATTORNEY  
STACEY MONTGOMERY

LASSEN COUNTY CHIEF  
PROBATION OFFICER  
JENNIFER BRANNING

LASSEN COUNTY SHERIFF  
DEAN GROWDON

SUSANVILLE CHIEF OF POLICE

ADVISORY BOARD:

THE LASSEN COUNTY JUVENILE  
JUSTICE COMMISSION

TEEN COURT COORDINATORS:

KIMBERLEE CHAO  
2610 RIVERSIDE DRIVE  
SUSANVILLE, CA 96130  
(530) 251-8205 x 143

KIMBERLEE.CHAO@LASSENCOURT  
.CA.GOV

CHRISTOPHER VOSE  
2610 RIVERSIDE DRIVE  
SUSANVILLE, CA 96130  
(530) 257-8830

CVOSE@LASSENCOURT.CA.GOV

**VOLUNTEER AGREEMENT**

I will take my Teen Court Commissioner responsibilities seriously and will maintain confidentiality regarding all Teen Court proceedings. I understand that if I neglect my responsibility or breach my oath of confidentiality, I may be removed from serving in the Teen Court program.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Please return completed application to:

Teen Court Coordinators  
2610 Riverside Drive  
Susanville, CA 96130