INDIVIDUAL JUSTICE PLAN (IJP)
CLIENT/LEGAL DECISION MAKER CONSENT FORM

I have reviewed and agree with all components of the Individual Justice Plan document. I am aware that I have the right to request changes to this document at any time. I am aware that some components of this IJP may be court ordered and that I may not have the right to revise these components.

_____ _____
Signature of Client **Date**

_____ _____
Signature of Parent/Guardian **Date**

_____ _____
Signature of Witness **Date**

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Please contact Protection and Advocacy if you need an alternative format.