

**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.**

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**Signature of Client**

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**Date**

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**Signature of Parent/Guardian**

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**Date**

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**Signature of Witness**

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**Date**