CORONER'S VISITATION PROGRAM

(ADULT)

Offense: _____

Name: _____ Date: _____ ☐ Violence

Phone: _____ To Be Completed By: _____ ☐ Safety

D/O/B: _____ Referred By: _____

Case No.: _____ Paid: ☐ Yes ☐ No ☐ Payment Plan

As part of your agreement with the Department of Juvenile Justice Services, you must attend and successfully complete the Coroner's Visitation Program. For more information and for registration, please contact the Court Education Program at 671-3280. Office hours are Monday thru Friday 8:30a.m. to 4:30p.m. and Saturday 8:30a.m. to noon.

1. To register, you **must appear in person** at the Las Vegas Justice Court Education Program located at: 200 Lewis Avenue, 4th Floor, Las Vegas, NV 89155.

2. The fee for the program is $45 payable by money order or cash only.

3. Please report 15 minutes early to the Coroner's Visitation Program location at 1704 Pinto Lane, Las Vegas, NV 89106. Classes begin **ON TIME** and persons arriving late will not be allowed to enter.

4. Students must successfully complete the courses to receive a certificate of completion.

Scheduled Class: Date: _____ Time: 6:00p.m. – 9:00p.m.

I have read and agree to all the instructions.

Student: _____

DISTRIBUTION: WHITE – Court Education Program CANARY – File PINK – Student

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