IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR

COOS COUNTY

In the matter of_____)
Child)
)
_____)
Parent

Case Number: _____

Agreement to enter Family Treatment Court:

COMES NOW the parent, before the court on this agreement to enter the Coos County Family Treatment Court. If this agreement is allowed by the court, the participant agrees as follows:

1. I will meet the program requirements and will fully participate in and successfully complete treatment. I will attend all treatment sessions.
2. I will attend all court appearances including but not limited to weekly, bi-weekly, or monthly Family Treatment Court sessions, as ordered.
3. If completion of Family Treatment Court is not already a condition of the dispositional order, I consent to that condition being added to the dispositional order.
4. I will complete a diagnostic evaluation regarding a drug/alcohol treatment program as ordered by the court. I hereby authorize release of all treatment information by the provider to the court and Family Treatment Court team. Any such information shall not be utilized by the District Attorney for any prosecution but may be considered by the court in deciding whether I remain in the program. I agree to disclosure of confidential information to the treatment court team, in Family Treatment Court sessions or related thereto, of information regarding my treatment and/or progress therein.
5. If recommended, I will be willing to participate in a medication evaluation and make a treatment plan with my provider and counselor regarding any recommendations from the evaluation.
6. I will not knowingly associate with any person possessing or using illegal and/or intoxicating drugs/substances, including known substance abusers except in authorized treatment programs and community support groups.
7. I will not work with any police agency on drug cases or on cases where I may come into contact with illegal drugs. Nothing in this provision shall prevent me from voluntarily providing historical information to a police agency regarding my involvement with illegal drugs.
8. If I fail, without advance approval, to attend Family Treatment Court appearances for 30 days, I will automatically be terminated from the program.
9. A positive urinalysis test (missed, dilute, or failed to provide), missed treatment, commission of a new crime or any failure to abide by the terms of this agreement or

requirements of the Family Drug Court program will result in sanctions imposed by the judge including, but not limited to court observations, additional treatment work, or termination from the program.

10. As a part of the treatment program, the court may also ask me to seek and maintain employment; attend vocational counseling, obtain a GED or high school equivalent.
11. I will abide by the expectations of Family Treatment Court Program. I have received a copy of these expectations and have read and understand the expectations.
12. Upon successful completion of the Family Treatment Court program, I will graduate from the program. Completion of this program does not excuse me from completing the other terms of the Juvenile Dependency Court Dispositional Order.
13. I reside in Coos County and will continue to reside in Coos County for as long as I am in the Family Treatment Court program.
14. I will keep the treatment provider and the court advised of my current address and all other contact information (home phone, cell phone, and e mail address) at all times during the program.

I have read the above statement and voluntarily agree to its terms.

_____ _____

Participants Name: (Print) Participants Signature Date

_____

Address City State Zip

Telephone: ( )_____

_____

Parents Attorney's Signature Date

DECLARATION

Parents agreement to enter Drug Court is:

⌋ Denied.

⌋ Allowed, based on the agreements and waivers therein.

DATED this_____day of_____, 20____.

_____

Treatment Court Coordinator