**SUPERIOR COURT OF THE STATE OF WASHINGTON FOR KING COUNTY**

**JUVENILE COURT**

|  |  |
| --- | --- |
| Dependency of: | NO: |
|  | **TREATMENT AGREEMENT & ORDER OF PARTICIPATION IN FAMILY TREATMENT COURT**  **(ORPAR)**  **(ADM09)**  **[No Mandatory Form Developed]**  **Clerk’s Action Required** Paragraph I |

**I. HEARING**

The matter is next set for       (Date) at 1:30 PM for a:

Permanency Planning Hearing

Full Dependency Review Hearing

Family Treatment Court Review Hearing

Family Treatment Court CHECK-IN Hearing

at King County Superior Court, Maleng Regional Justice Center, 401 4th Ave N. Kent, WA Courtroom 1-H. A team meeting will take place by:       (Date).

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ review hearing currently set for \_\_\_\_\_\_\_(date)\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_ am/pm in Court \_\_\_\_\_\_\_ is STRICKEN.

**II. NOTICE OF AGREEMENT, CONDITIONS AND RESPONSIBILITIES**

I,        , hereby acknowledge that I have a substance use problem that is affecting the ways in which I parent my child or children. I hereby request entry into the Family Treatment Court. I understand that if I am accepted into the Family Treatment Court Program, I must follow the rules and conditions of the Program and that I will be subject to possible sanctionsif I do not do so. I understand that the Family Treatment Court Program is a minimum of 6 months.

I further understand that if I am successful in completing all the requirements of substance abuse treatment it will not guarantee that my child/children will be returned to my care, but that it will be a significant factor for the court to consider when making that decision.

In the event that I am unsuccessful in the Program as determined by the Court, or in the event that I terminate my participation in the Program, I may be excluded from the Program and would be subject only to the services provided through the Individual Safety and Service Plan (ISSP) in the juvenile dependency case.

I have fully discussed this program (FTC) with my attorney and have read and discussed all of the material describing FTC.

**Conditions**

|  |  |
| --- | --- |
|  | 1. I must remain drug and alcohol free. I agree not to knowingly associate with any person possessing or using illegal drugs, or minor possessing or using alcohol. I agree to stay out of drug areas as defined by Court. |
|  | 1. I will be randomly drug tested which may include testing for ETG and synthetic urine and will be observed. I understand that I will be notified on the day when I should test and that I can be tested upon suspicion of use. If I miss a test, or if my urine specimen is diluted or tampered with, it will count as a positive test. It is my responsibility to provide urine samples that are not dilute. It is also my responsibility to know what products may cause a positive result on an ETG test. |
|  | 1. I will need to provide a urine test the day I leave inpatient treatment or transitional housing to maintain my previous clean date. I will begin calling for random UAs the day after leaving either inpatient or transitional housing. I will call my FTC social worker immediately upon release from either jail or the hospital regardless of time released to request urine testing. |
|  | 1. I will fully participate in chemical dependency treatment and counseling as set forth in my treatment plan. I specifically agree to report regularly to any treatment provider identified in the Treatment Plan or recommended by my social worker |
|  | 1. I must follow the treatment plan as developed by my treatment provider and Family Treatment Court team. |
|  | 1. I will attend 2 sober support meetings a week, unless otherwise noted, which may include Narcotics Anonymous (NA), Alcoholics Anonymous (AA), a church group or other approved organized peer-support group. I will be provided with a court paper that I must have signed at meetings. These meetings may be in addition to what is required by my treatment center. If I turn in false meeting slips, I can be terminated from the Family Treatment Court Program. |
|  | 1. I will not ingest the following without prior approval from someone on my Family Treatment Court Team unless it is a documented medical emergency and approved by your medical provider: |
|  | * + Poppy Seeds |
|  | * + Any prescribed benzodiazepine or opiate medication (such as Valium, Xanax, Ativan, Oxycodine, Hydrocodone, Percocet, Vicodin, Codiene, etc.) |
|  | * + Any over-the-counter medications containing alcohol, pseudophedrine, or other mood-altering ingredients such as Nyquil, Robatussin, Sudafed, etc. |
|  | * Natural or herbal remedies or supplements |
| \_\_\_\_\_\_\_\_ | 1. Prior to receiving medical or dental care, I will inform my medical or dental provider that I am a participant in Family Treatment Court and that I am required to remain drug free including from prescription narcotics, benzodiazepines and medical marijuana. I will be provided with a court document that must be signed by my health care provider every time a medication is prescribed for me. If I am prescribed narcotics, benzodiazepines or medical marijuana for long term or open ended use, I will chose to decline that prescription or opt out of the FTC Program. |
|  | 1. I agree to report truthfully and accurately to all treatment providers, my social worker and the Court. I will also report to the Family Treatment Court as directed by the Judge or as otherwise required in my Treatment Plan, and I will engage in discussions in open court with the Judge as to my progress in the Treatment Program. |
|  | 1. I agree and understand that if I engage in any criminal act, I may be prosecuted in another court for any new charges and this may result in my termination from the Family Treatment Court program. |
|  | 1. I understand that if I fail to follow the terms of my agreement, the Judge may impose sanctions on me, which may include but is not limited to: |
|  | * Increased drug testing, attend extra AA or NA meetings, write an essay, observe Adult drug court, attend Accountability Panel, and termination from the Family Treatment Court Program |
|  | 1. If I move out of King County, I may be terminated from the Family Treatment Court Program. |
|  | 1. I agree to provide the treatment staff, my attorney and my DCFS social worker my current and accurate address where I live, as well as an accurate telephone number where I may be reached directly, and that I will immediately notify my attorney and my DCFS social worker of any change in my address or any change in the telephone number where I can be reached. |
|  | 1. I agree to sign any and all releases necessary to monitor my progress in the Family Treatment Court Program. |
|  | 1. I understand and stipulate that an order of dependency will have to be entered in order to be accepted into the Program. I will have an opportunity to review proposed dependency orders with counsel. |

I UNDERSTAND THAT I MUST COMPLETE ALL REQUIREMENTS WHICH HAVE BEEN EXPLAINED TO ME BEFORE I CAN GRADUATE FROM FAMILY TREATMENT COURT. I HAVE READ THE ABOVE STATEMENTS AND ENTER INTO THESE AGREEMENTS WITH THE COURT.

DATED this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

PARENT'S ATTORNEY

PARENT

**III. ORDER**

The Court having reviewed the above agreement with the parent, it is hereby ordered that the mother/father,        , is admitted to the Family Treatment Court.

The above agreement is the order of this Court including the mother's/father's participation in drug/alcohol treatment, urinalysis testing, sober support meeting attendance, and participation in all court hearings.

DATED this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

JUDGE/COMMISSIONER