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SUPERIOR COURT OF WASHINGTON
COUNTY OF SNOHOMISH
JUVENILE DIVISION

IN RE THE DEPENDENCY OF:

NO.

DOB:

FAMILY DRUG TREATMENT COURT
PETITION, WAIVER, AND AGREEMENT

The undersigned parent hereby petitions to enter Family Drug Treatment Court (FDTC) and in doing so agrees to the following conditions and waives the rights as stated below:

1. I will abide by the terms and conditions of this agreement, a copy of which I have reviewed and signed, and the "Order of Conditions," attached to this petition, a copy of which I have also reviewed and signed.
2. I will not possess, use, or consume alcohol or illegal drugs.
3. I agree to attend, participate in and complete treatment, therapy, educational programs, and all other court-ordered services.
4. I will appear in court on all scheduled court dates at the time scheduled. I understand the failure to appear for any court appearance may result in a bench warrant for my arrest and/or other sanctions.
5. I will meet with my DCFS Social Worker, the FDTC coordinator, and my child/children's GAL as directed.
6. I will comply with all conditions of my probation if I am on probation.

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7. I agree that as a part of the treatment program the court may also require me to seek and maintain employment, obtain employment counseling, obtain a GED, and/or participate in other employment or educational programs.

8. I agree to keep the treatment provider, GAL, social worker, and the court advised of my current address and phone number at all times during the treatment program.

9. I agree that during FDTC staffings, all members of the team will discuss my case.

10. I agree to random drug and/or alcohol testing, including urine and breath testing, as directed by my treatment provider, DCFS Social Worker, FDTC team or by the Court. If I miss a test, have a diluted or otherwise tampered-with specimen, I understand that it will count as a positive (dirty) test. I will be responsible for what I put into my body, including all foods, beverages and substances (including poppy seeds and cold medications) which might test positive on my UA and that I will be held accountable for any positive UA.

11. Before taking any over-the-counter or prescription medications, I will immediately notify the social worker and treatment provider and show verification if I have a prescription. I will disclose any medications I am currently taking, and request a non-narcotic treatment when medication may be required.

12. I agree that I will not knowingly associate with any person possessing or using illegal drugs.

13. I will have no violation of the criminal laws of the state, any other state, or the United States.

14. I agree that I will not work with any police agency on drug cases or on cases where I may come into contact with illegal drugs.

15. In order to complete FDTC, I will successfully complete treatment programming and all phases plus aftercare as recommended by my treatment provider. I understand that the minimum length of the program is 12 months, and that the program may take more than 12 months to complete.

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16. I understand that FDTC will use positive rewards for success and sanctions for non-compliance. I agree the sanctions can be applied immediately without further hearing.

17. I understand that the court may impose jail time as a sanction for non-compliance. I hereby waive all rights to a separate evidentiary hearing on the issue of my non-compliance and further waive any right to a jury trial or any other protection to which I may otherwise be entitled to under the laws of the State of Washington, including the right to have a counselor personally present to testify and I agree that the Court may consider the counselor's report as evidence of my non-compliance.

18. I agree that I must give three weeks notice, with an appearance in court, before terminating this contract, during which period full compliance with all court-ordered services must be maintained. I understand that after termination from FDTC, the Agreed Order of Dependency that I have already entered will remain in effect, and I will still be obligated to participate in the services required by that order, and my case will be rescheduled for hearings on the Juvenile Dependency Court calendar.

19. I will sign any and all releases of information necessary to further the treatment aim of the FDTC program. This includes any and all releases necessary to allow the court, counsel, GAL and DCFS access to my diagnostic and treatment information, and to my medical, mental health and or counseling records.

20. I understand that I will hear confidential information during FDTC sessions about other families in the program and I agree that I will not discuss their case with others outside of the program.

I have read the statement of the rights I must give up and the agreements I must make. I understand what I have read and do hereby knowingly give up these rights and enter into these agreements with the Court, after consultation with my attorney.

Parent

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Attorney for Parent WSBA#

Date