

**SECOND JUDICIAL DISTRICT, STATE OF IDAHO
COUNTY OF NEZ PERCE**

IN RE PARENT:

CASE NUMBER CV-_____

Child(ren) under 18: **APPLICATION & AGREEMENT TO
PARTICIPATE IN THE FAMILY REUNIFICATION COURT**

I hereby apply for admission into the Second Judicial District Court **FAMILY REUNIFICATION COURT program**.

I understand that it is alleged that one or more of my children are at risk or vulnerable to unsafe conditions, neglect or abuse, and it is alleged that I have an alcohol and/or drug problem and parenting problem. I also understand that upon reasonable cause shown in compliance with the Idaho Child Protection Act, the Judge can order an investigation, to be conducted by Children & Family Services, into the circumstances of the child(ren) and family and report to the court. The Judge may then order my child(ren) be placed in or continue in the custody or protective supervision of the Department of Health & Welfare for an indeterminate time not to exceed the child's 18th birthday. I desire to retain or regain custody of my child(ren) without state supervision and before any filing of a Petition to Terminate my Parental Rights.

I further understand that if admitted to Family Reunification Court I must comply with the following:

- A. Complete all evaluations, including an alcohol/drug screening, and a Level of Service Inventory-Revised evaluation (LSI-R), as required by the drug court team.
- B. Report on a weekly basis to my Case Manager and/or probation officer regarding treatment and drug use.
- C. Perform random alcohol/drug testing.
- D. Participate in alcohol/drug treatment as required.
- E. Participate in court-ordered case plan.
- F. Attend all doctor appointments and take medications, as prescribed if any.
- G. Appear in court for all scheduled hearings.

Family Reunification Court representatives will review my application, my prior criminal record if any, the results of the LSI-R, and the results of the alcohol/drug assessment and any other evaluations. Admission into the FAMILY REUNIFICATION COURT program will be at the sole discretion of the drug court team.

**IF ACCEPTED INTO THE FAMILY REUNIFICATION COURT PROGRAM, I
AGREE TO COMPLY WITH THE FOLLOWING CONDITIONS OF ADMISSION:**

I will authorize release of all of my and my children's information and records, including but not limited to criminal history if any, work and school, mental and physical health, counseling and treatment records to the Family Reunification Court team and all participants which may include, but not be limited to, my attorney, the prosecuting attorney, the Family Reunification Court judge, a representative of probation, the Department of Health and Welfare, Children and Family Services case managers and supervisors, designated mental health personnel, and other Family Reunification Court team members and treatment providers. The team will use this information confidentially to determine my level of compliance with the Family Reunification Court program, to modify my release conditions and/or to decide to sanction me or terminate my participation in the program, and my probation officer if any, can use the information to modify, violate or revoke my probation. Confidential information from the release of records will not be used by the prosecuting attorney for the prosecution of a new crime. **(Initial each applicable statement after you have read it or it has been read to you)**

1. ___ I will comply with all requirements listed in the above application.
2. My attorney is _____.
3. ___ I waive the 30 day time for an Adjudicatory Hearing (trial) under the Child Protection Act. I retain my rights to request an Adjudicatory Hearing (trial) with a lawyer at a later time, and my right to a hearing and to appeal any final decisions of any Court regarding termination of my parental rights. I understand that making such a request will terminate my participation in Family Reunification Court, and all agreements herein will be made null and void.
4. ___ I have an alcohol and/or drug problem and parenting problem and I need help. I voluntarily agree to participate in and successfully complete the Family Reunification Court consisting of four (4) phases which can take one year or longer and to successfully complete my Case Plan and any probation agreement. I understand that this is a zero tolerance Reunification Court and the Judge expects me to complete it successfully and graduate.
5. ___ I submit myself to the Court's personal and subject matter jurisdiction.
6. ___ I will appear on time and dress appropriately for court on all scheduled court dates and all appointments as directed.
7. ___ I agree to attend, participate in and complete all requirements of the Family Reunification Court.

8. ___I will submit to drug and/or alcohol testing as often as directed by the Case Manager, probation officer, treatment providers or by the judge. If I miss a test or try to dilute or alter the specimen, it will count as a positive (dirty) test and contempt of court.

9. ___If I take any over-the-counter or prescription medications, I agree to immediately notify my case manager or probation officer, and treatment provider and provide verification of my prescription. I am currently taking the following medications.

10. ___I understand that the Family Reunification Court proceedings are not confidential. During Family Reunification Court, I will hear personal information about other participants and I promise to respect and protect the privacy rights of others and not discuss this information with non- Family Reunification Court members.

11. ___I understand the Judge in any child protection case, after review, will sign and enter the Case Plan as a Court Order. I.C. 16-1610(d). I agree and understand that if I violate any part of my Court-ordered Case Plan, the Family Reunification Court Judge can punish or sanction me for Contempt of Court which includes but is not limited to: A Bench Warrant and arrest for Failure to Appear, repeating a phase, community service hours, increased treatment, jail, in-patient treatment, restrictions, dismissal from Family Reunification Court and/or other sanction.

12. ___I voluntarily waive my rights to separate notice and hearing and right to appeal on civil contempt for any violation of my Case Plan or this Agreement or the Judge's orders in the Family Reunification Court. I understand the Judge will give me an opportunity in Family Reunification Court to explain a violation before ordering any sanction.

13. ___Upon a credible report to the Judge in Family Reunification Court of any violation of the Judge's orders, drug court rules, the Case Plan, any probation agreement, or any law, including without limitation, having a dirty UA or failing a breathalyzer test, manipulation of alcohol or drug tests, missing appointments, noncompliance with treatment directives, or any other violation of the Judge's orders, the Judge can sentence me to jail as a sanction and/or order me to serve discretionary or suspended jail time I may have in any criminal cases. Failure to complete my case plan could also become a basis for violation or revocation of probation or for a Judge to limit or terminate my parental rights in a later hearing upon the filing of a petition to terminate parental rights.

14. ___I understand that the priority of the Family Reunification Court is to protect and act in the best interests, safety and welfare of my child(ren). The Judge and the Family Drug Court Team will also attempt to help me to help myself to control my alcohol or drug problem, to become a responsible parent, and comply with my case plan and/or probation agreement.

15. ___ I understand that full compliance with the Family Reunification Court case plan does not guarantee reunification with my children.

16. ____ I hereby declare that I have read carefully this Agreement, or had it read to me, that I understand it, that I agree to all of its provisions, that I voluntarily sign my name below.

Family Drug Court Participant _____ Date _____
Date of Birth _____

My attorney (if any) _____ Date _____

Witnessed by _____ Date _____

This application will be reviewed by the Family Reunification Court and you (and your attorney) will be notified of your acceptance or rejection.

**____ THE COURT ACCEPTS THIS APPLICATION AND AGREEMENT AND
HEREBY MAKES IT AN ORDER OF THE FAMILY DRUG COURT.**

____ THE COURT DENIES THIS APPLICATION.

IT IS SO ORDERED. JUDGE _____ DATE _____