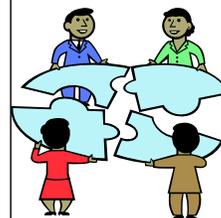




Family Treatment Court

Office of Public Defense

Entrance Packet



- 1) Family Treatment Court Opt-in Instructions for Attorneys**
- 2) Family Treatment Court Referral for Screening form**
- 3) Family Treatment Court Contract**
- 4) Order for Participation in Family Treatment Court**
- 5) Order Substituting Attorney**
- 6) Verification of Address Form**

Family Treatment Court Opt-in Instructions

Step 1 – OPD / Social Worker Screening

Interview your client to see if he/she is interested in Family Treatment Court and if he/she might qualify. They must live in Clark County and admit they have a current addiction to drugs and/or alcohol. Additional Family Treatment Court criteria are contained in the FTC brochure. A FTC brochure is included in this packet.

Step 2 – Referral To Family Treatment Court

- 1) Fill out Family Treatment Court Referral (included in this packet) and also found online at <http://www.clark.wa.gov/courts/superior/therapeutic.html>
- 2) Please either scan/fax/deliver Family Treatment Court referral to:
Email: paula.deans@clark.wa.gov or shauna.mccloskey@clark.wa.gov
Fax: 360-759-6620
Drop-off box: located in the Family Law Annex lobby
- 3) Instruct your client to observe the next upcoming Family Treatment Court session (Mondays at 3:00pm held in Courtroom # 1, Family Law Annex).
- 4) Instruct your client to plan to stay afterwards to attend an orientation to the program with Program Coordinator and/or his/her designee (plan to be here from 3pm – 5pm).

It is **preferred** that the OPD Attorney / Social Worker verifies the Parent participant's Address as follows:

1. Confirm by calling and speaking with a person at that residence
2. Verify that parent participant is allowed to live there
3. Verify that it is a clean and sober residence (no drugs or alcohol)
4. Ask for names of residents that live in household.
5. Provide criminal history of others living at the residence if necessary.

*****If a parent does not have a stable residence, this does NOT disqualify them from the program******

Step 3 – Family Treatment Court Staffing

Every Monday between 1:00-3:00pm, the Family Treatment Court Team screens potential parent participants that have observed a court session AND attended orientation. This screening includes input from the Dept. of Children and Family Services, FTC contracted treatment professionals and routine FTC court personnel. Once a parent has been screened by the Family Treatment Court Team, the Family Treatment Court office (Coordinator and/or Administrative Assistance) will notify assigned OPD via email and let them know the eligibility decision.

ALL FAMILY TREATMENT COURT SCREENING IS DONE BY THE FTC TEAM OFF DOCKET ON MONDAYS between 1:00 – 3:00P.M. ASSIGNED OPD / SOCIAL WORKER IS NOT REQUIRED TO ATTEND, BUT WELCOME TO ATTEND SCREENING TO GIVE INPUT ON BEHALF OF THEIR CLIENT.

Step 4 - OPTING Parent into Family Treatment Court

Family Treatment Court opt-in packets are found online at:
<http://www.clark.wa.gov/courts/superior/therapeutic.html>

Due to the nature of updates and/or program changes, please visit the website for EACH new opt in as information may have changed. If you do not have access to the website and need a copy of any form, please contact the Family Treatment Court Program office at 360-397-2304.

- 1) OPD attorneys are responsible to review all FTC materials with client in advance to ensure parent understands program requirements.
- 2) OPD attorney must contact the FTC Program staff to request to be added to the FTC docket for a parent to enter/opt-in the program.(call 360-397-2150 ext. 5826 or email paula.deans@clark.wa.gov)
- 3) The FTC Program staff will then notify the FTC team, including the clerk's office to add the parent to the docket.
- 4) OPD attorney ***MUST*** be present during the Family Treatment Court hearing with their defendant, along with the **completed** opt-in documents.
- 5) **Family Treatment Court opt-in time is:
MONDAYS 4:00 PM (FTC COURT) , COMMISSIONER SCHIENBERG**

The documents needed for a defendant to opt-in are as follows:

- An Order of Dependency must be entered prior to opting into Family Treatment Court or entered at the Court at the same time.
- Family Treatment Court Contract
- Order for Participation in Family Treatment Court
- Order Substituting Attorney

(Drug Court office will scan signed & entered Opt-In orders to AAG's office and DCFS)

Once your client has opted into Family Treatment Court, one of the FTC contracted OPD attorneys will be appointed to the case (assuming they are indigent). The Family Treatment Court attorney will work with the parent until the dependency is resolved.

Legal Questions about FTC / process? Contact FTC attorneys:

Douglas C. Elcock	Office of Public Defender Attorney	694-8488 cell 606 9639	doug@elcocklaw.com
Gene Graff	Office of Public Defender Attorney	694-9947	gene@mckellgraff.com

**Clark County Family Treatment Court
Referral for Screening (Please fill out completely)**

Date of Referral: _____ Referred by: _____ Current Social Worker: _____

FTC SW: _____ A.G. _____ Assigned CASA/GAL: _____

Client Name: _____
First Full Middle Last

Date of Birth: _____ Ethnicity: _____ (kept for statistical evaluation purposes only)

Client Address: _____
Street City Zip

Client Phone: _____ Msg# _____ Email: _____

Emerg. Contact/#: _____ Client Social Security No. _____
(Having this information will expedite the referral process)

Child's Name (1): _____
First Middle Last DOB Race
Case number: _____ **Pet. Filed:** _____ **Entry:** _____ **Placement/date:** _____

Child's Name (2): _____
First Middle Last DOB Race
Case number: _____ **Pet. Filed:** _____ **Entry:** _____ **Placement/date:** _____

Child's Name (3): _____
First Middle Last DOB Race
Case number: _____ **Pet. Filed:** _____ **Entry:** _____ **Placement/date:** _____

****List additional children on back**

Attorney: _____ Attorney Phone/email: _____

I have read the FTC brochure and wish to be referred and screened for the FTC program. As part of the referral, I understand that I am to observe Family Treatment Court next Monday (date) _____, 20__ at 3:00 p.m. in courtroom 1 of the Family Law Annex, 601 W. Evergreen, Vancouver, WA 98660. I additionally agree to stay after court for an orientation in order to learn more about the Family Treatment Court.

Client Signature Date: _____

Please give or fax (360-759-6620) completed referral form to Paula Deans (office located at the Family Law Annex). Clients are screened by the FTC team on Mondays with eligibility decisions taking up to 10 days. If accepted, attorneys will be notified.

Basic Eligibility Criteria:

- Volunteer for FTC and abide by program rules
- Must admit to alcohol and/or drug issues and want treatment
- Must be seeking custody of child(ren)
- Dependency must be established
- Parent Participant must reside in Clark County

Disqualifying Criteria:

- Sex offense – conviction or current allegation. Active Domestic Violence / No Contact Orders staffed on case-by-case basis
- Severe mental health / developmental disability/ cognitive issues
- Serious violent offenses - conviction or current allegation
- Pending charges with greater than 30 days jail disposition

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7 **STATE OF WASHINGTON**
8 **CLARK COUNTY SUPERIOR COURT**
9 **JUVENILE DEPARTMENT**

10 IN RE THE INTEREST OF:

NO.

11 DOB:

FAMILY TREATMENT COURT
CONTRACT

12 In consideration of being accepted into the Clark County Family Treatment Court
13 (FTC), I agree to the following terms and waive the following rights:

- 14 1. **OBEY LAWS/REPORT POLICE CONTACT:** I will obey all laws and report any
15 contact with law enforcement personnel to my social worker within 24 hours of the
16 contact.
- 17 2. **HEARINGS:** I will appear at all scheduled court hearings or as otherwise ordered by the
18 judicial officer.
- 19 3. **FAMILY TREATMENT COURT PROGRAM:** I understand that the Family
20 Treatment Court is a minimum of nine (9) months but may be longer. I agree to be in the
21 program until the dependency is dismissed.

22 **NOTICE** – If a participant has charges pending or is under investigation for criminal
23 activity in any jurisdiction, or in case of an extreme situation continued participation is to
24 the detriment of the Family Treatment Court program, this can be a basis for being placed
25 back on the traditional dependency rotation.

- 26 4. **FAMILY TREATMENT COURT FEE:** I agree to pay a \$100 non-refundable Family
Treatment Court Fee prior to completion of the program. There are options to offset the
cost of the program through various credit opportunities.
5. **TREATMENT/SERVICES:** I will enter into and successfully complete all treatment,
therapy, educational programs, and services deemed necessary by the court. I will abide

1 by all rules/regulations set each service agency and all conditions and requirements
2 ordered by the court.

3 6. **RELEASES:** I authorize each member of the Family Treatment Court team to
4 communicate with and disclose to one another any information they deem necessary to
5 facilitate my participation in the FTC program. I will also sign all ***Releases of***
6 ***Confidential Information*** as deemed necessary by the FTC and treatment agency(s),
including all releases necessary to allow the Court complete access to my diagnostic and
treatment information, medical, mental health and other counseling records, and to my
probation/criminal records.

7 7. **RANDOM DRUG TESTS:** I agree to submit to witnessed urine, breath or other drug
8 tests whenever requested to do so by the treatment program staff, the judicial officer, or
9 any Family Treatment Court team member. I will produce a sample within one hour of
request.

10 8. **ALCOHOL/DRUGS:** I will not possess or use alcohol, drugs, synthetic, mind- or mood-
11 altering substances unless lawfully prescribed by a physician, in which case I will
12 provide copies of the prescription at the next contact with my social worker and treatment
provider.

13 9. **MEDICAL CONTACT:** I will request, whenever possible, that any medication
14 prescribed by a licensed medical provider be non-narcotic. I will seek approval from the
15 social worker and the treatment agency for any over-the-counter or prescribed medication
16 prior to using such medication. Use of prescription drugs, other than pre-approved
psychotropic and antibiotics, may impact my *clean time* and movement through my
Family Treatment Court phases. All medical contact must be accompanied by the
Physician Authorization Form filled out by the prescribing medical provider.

17 10. **RESIDENCE/TRAVEL/OVERNIGHTS/CURFEW:** I will reside in Clark County,
18 Washington. Without first notifying and obtaining permission from my social worker
19 and/or the Court **I will not:** 1) change residences; 2) spend the night at any address other
20 than the one that has been approved by the court; 3) travel out of Clark County and the
Portland metropolitan area; and 4) break the curfew imposed by the court.

21 11. **EMPLOYMENT:** I agree to be employed, a student, a full-time homemaker (as
22 determined by the court), or receiving stable and reliable income from a legal source
prior to FTC graduation.

23 12. **PROBATION:** I will comply with all conditions of my probation if I am on probation.

24 //

25 //

1 13. **RESPONSES:** I understand the Family Treatment Court will use responses (sometimes
2 called “sanctions”) for noncompliance with this contract or the court’s orders. Responses
3 may include, but are not limited to:

- 4 ▪ More frequent drug tests and/or support groups
- 5 ▪ Community service
- 6 ▪ Work crew
- 7 ▪ An essay to be written on a topic assigned by the court

8 14. **PARTICIPATION IN OTHER THERAPEUTIC COURTS:** I understand that I am
9 permitted to participate in another drug court at the same time as I am a participant in
10 Family Treatment Court. I understand that team members and the courts may exchange
11 information about my progress and compliance and I agree to communicate with both
12 courts about my participation in the other court. I also understand that I may receive a
13 response for a behavior or violation that may be applied to both courts but will not be
14 sanctioned twice for the same offense.

15 15. **DUE PROCESS:** With respect to responses, **I waive my rights** to due process and any
16 right I may otherwise have under the contempt statutes of this State should the court
17 make a finding of non-compliance.

18 16. **CONFIDENTIALITY:** With respect to court proceedings, **I waive my rights** of
19 confidentiality. I understand that other Family Treatment Court participants and others
20 will be in the courtroom during my case.

21 I understand the FTC team will talk about my case in a pre-hearing conference, including
22 my attorney. **I waive my attorney-client privilege** in this regard.

23 I understand that I will hear confidential information during Family Treatment Court
24 sessions about other families and that this information is not to be discussed with non-
25 FTC members.

26 17. **REVOCAATION:** This contract is not revocable. Participation shall continue until the
dismissal of the dependency or until my graduation.

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1 18. **DEPENDENCY ACTION:** You may only enter the Family Treatment Court if an order
2 of dependency has been entered. Entry into FTC does not automatically entitle you to the
3 return of your children or dismissal of the dependency proceeding upon successful
4 completion of FTC. Successful participation in FTC and compliance and progress with
5 all other conditions of the dependency proceeding will weigh heavily in any decision to
6 be made in your dependency action including reunification. Successful participation,
7 compliance, and progress will be reflected in the dependency court's written findings
8 made at scheduled review hearings.

9
10 I have read this contract and have fully discussed it with my attorney. I understand the
11 rights I must give up and the agreements I must make. I knowingly give up these rights
12 and agree to abide by the terms of this contract.
13

14 _____ Date: _____
15 Parent

16 I have read and discussed this Family Treatment Court contract with the participant and
17 believe the participant is competent and fully understands the contract terms.

18 _____ Date: _____
19 Parent Attorney, WSBA # _____
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7 **STATE OF WASHINGTON**
8 **CLARK COUNTY SUPERIOR COURT**
9 **JUVENILE DIVISION**

10 IN RE THE INTEREST OF:

NO.

11 DOB:

ORDER FOR PARTICIPATION IN
FAMILY TREATMENT COURT

12
13 Respondent _____ having agreed to the terms in the Family
14 Treatment Court contract and having met the criteria for entry, now therefore it is:

15 ORDERED that the Respondent shall abide by the terms and conditions set out in the
16 Family Treatment Court contract;

17 ORDERED that the Respondent shall appear in Family Treatment Court on Monday,
18 _____ at 2:45 p.m. at 601 W. Evergreen Blvd., in the city of Vancouver,
19 Washington;

20 IT IS FURTHER ORDERED that _____
21 _____
22 _____
23 _____

24 DATED this _____ day of _____, 20 .

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JUDGE/COURT COMMISSIONER
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SUPERIOR COURT OF WASHINGTON FOR CLARK COUNTY
JUVENILE DEPARTMENT

IN RE THE INTEREST OF:

NO.

DOB:

ORDER SUBSTITUTING
ATTORNEY

I. BASIS FOR FINDING AND ORDER

The [X] Parent of the Child -
in this matter requested the assignment of an attorney.

II. FINDING

The court finds that eligibility exists for a court appointed attorney.

III. ORDER

IT IS HEREBY ORDERED that _____ is
substituted for _____, as attorney for the above-named parent of the
minor child due to parent taking part in the Family Treatment Court.

IT IS FURTHER ORDERED that the clerk of the court shall immediately notify
him/her of this appointment.

DATED this _____ day of _____, 20____.

FTC Commissioner/Judge

VERIFICATION OF ADDRESS

Attorneys and Social Workers are encouraged to verify a defendant's address but if not able due to resources and/or having not having a stable residence, this does NOT preclude anyone from being referred / eligible for the program.

Please provide the following information to the Court:

Parents full name: _____

Physical Address: _____

Street City Zip code _____

Email: _____

Home land line: _____

Cell phone: _____

Message/work/other: _____

Name and date of birth of person(s) parent will be living with:

1. _____
2. _____
3. _____
4. _____
5. _____

Ask and answer the following questions:

1. Is this residence free from drugs and alcohol? Y N
2. Are there any persons with a criminal record residing at this residence? Y N

If yes, name w/dob _____

3. Is defendant allowed to reside at this residence? Y N

The above information was verified by a person other than the defendant via:

Speaking to (name) _____ Contact phone: _____