Participant's Name: _____ **DOB:** _____

Case Number(s): _____

INTRODUCTION: The Outagamie County Family Recovery Court is a court that is specifically designated and staffed to handle cases involving chemically dependent parents through an intensive, judicially-monitored program of drug and alcohol treatment, rehabilitation services, and community supervision, if applicable. Family Recovery Courts are built upon a unique partnership between the child protection system and drug treatment community, one that structures treatment intervention around the authority and personal involvement of a Family Recovery Court Judge. The Family Recovery Court Judge and Family Recovery Court Team work together with the participant toward a common goal of breaking the cycle of drug/alcohol abuse and working towards family reunification. The Family Recovery Court Team acknowledges accomplishments with a variety of incentives and recognizes violations with a variety of responses.

INSTRUCTIONS: Carefully read each item in each section. If you would like your Attorney present for review, you may do so. Your initials acknowledge your understanding of and agreement to the statements in the section preceding your initials. Please sign your full name at the end of the contract, acknowledging your voluntary agreement to this entire Outagamie County Family Recovery Court Participant Contract.

1) ELIGIBILITY REQUIREMENTS:

a) I am a parent or guardian of a child in a CHIPS case in Outagamie County and I am available to participate in all court hearings.
b) I am 18 years of age or older.
c) Alcohol or other drug use must be the primary presenting issue on my child protective service case.
d) I have never been found guilty, nor had adjudication withheld for any violent felony offense or similar crimes in any state.
e) I have not had prior/current convictions involving use of dangerous weapon.
f) I have not had prior/current sex offenses, stalking, arson, or kidnapping offenses.
g) I am aware a clinical substance abuse eligibility screening by the Family Recovery Court Coordinator is required to determine whether my participation in the Program is clinically appropriate. I will be cooperative with the Family Recovery Court Coordinator, including signing consents for disclosure of substance abuse and mental health treatment related records or other consents deemed necessary, and agree to follow all recommendations from that assessment, including: inpatient or residential treatment, outpatient or day treatment, individual and/or group therapy, family/couples counseling, or any other treatment deemed appropriate or recommended by the Family Recovery Court team.
h) I voluntarily agree to participate and abide by the rules of the Family Recovery Court.
i) I am willing to address issues of abuse/dependency/addiction.
j) I am physically able to participate in treatment.

Initials: ☐

2) CONSIDERATION FOR PROGRAM ACCEPTANCE:

a) I understand this contract is conditioned upon my acceptance into and continuing eligibility for Family Recovery Court. If at any time after the execution of this agreement it is discovered that I am ineligible to participate in the Family Recovery Court, I may be immediately discharged from the program.

b) I understand that my participation in Family Recovery Court is voluntary. I must comply with the requirements of the Program and failure to comply may result in discharge from Family Recovery Court.

c) I agree to waive my right to have my Children's Court and/or Criminal attorney(s) present at regular Family Recovery Court review hearings and understand that my case may be discussed without my Children's Court and/or Criminal attorney(s) present.

d) I agree to execute the Consent for Disclosure and Exchange of Confidential Substance Abuse Treatment Information, which allows for the Family Court Team to release and exchange information

e) I understand participation in the Program involves a minimum time commitment of twelve (12) – eighteen (18) months.

f) I understand that the Program may be ended or reduced at any time due to funding issues beyond the Program's control which may result in my discharge from the Program.

Initials: ☐

3) FEES:

a) I am aware that Outagamie County Health and Human Services will refer to services that are free of charge, are covered by insurance or offer grant or scholarship assistance to cover the costs of programming.

b) I am aware that Outagamie County may be able to financially assist me in treatment and service costs but that will be determined on a case by case basis and I may be responsible for some costs for treatment or services.

Initials: ☐

4) SUPERVISION STANDARDS:

a) I agree to make appearances before the Family Recovery Court Judge weekly or as directed.

b) I will attend office visits with the Family Recovery Court Coordinator or assigned CHIPS Case Worker, as scheduled.

c) I will cooperate with office and home visits with a Family Recovery Court Team member and/or the assigned CHIPS Case Worker, as scheduled.

Initials: ☐

5) GENERAL PROGRAM RULES & PRO-SOCIAL BEHAVIORAL EXPECTATIONS:

a) I agree to abide by the rules and regulations imposed by the Family Recovery Court Team, including those listed in this agreement, the rules and conditions in the participant handbook and all other conditions determined by the Family Recovery Court Team and my CHIPS Case Worker. I understand that if I do not abide by these rules and regulations, I may receive responses or termination from the program.

b) I am aware responses may include increased treatment episodes, increased testing, community service, or termination from the Program. Such other responses as may be deemed appropriate by the Family Recovery Court Team. *If on Probation, all responses given by your Agent are separate from Family Recovery Court.
c) I understand that during the entire course of the Family Recovery Court Program, I will be required to attend court sessions, treatment sessions, and other required services, and I will be required to submit to random drug/alcohol testing, maintain absolute sobriety, and commit no law violations. I agree to fully participate and follow the requirements in each of the milestones of the Family Recovery Court Program, and the aftercare component if applicable.
d) I will attend and be on time for all court appearances, appointments, treatment sessions, or other scheduled activities ordered by the Family Recovery Court Team.
e) I am aware I may not work as a confidential informant with any law enforcement agency while I am in the Family Recovery Court Program, nor may I be made or encouraged to work as a confidential informant as a condition of my full participation in the Family Recovery Court Program.
f) I am not currently an affiliated gang member and understand I may not participate in the Program if I am affiliated with a gang.
g) I agree to promptly and truthfully answer all questions asked by any Family Recovery Court Team member.
h) I agree to inform any law enforcement officer who contacts me that I am in the Family Recovery Court Program.
i) I will report any arrests or contact with police to my Family Recovery Court Coordinator within 24 hours of any such occurrence.
j) I agree not to associate with any person engaged in criminal activity.
k) I will develop and demonstrate an ability to maintain a realistic budget, or obtain assistance in budget management.
l) I will complete assigned community service work if ordered by the Court and/or my Probation Officer, if applicable.
m) I will be responsible for my own transportation to all required court hearings, treatment sessions, office visits with Team members, drug/alcohol testing, community service, employment, or other services/appointments as established by the Family Recovery Court Team. If transportation assistance is needed, I will inform my Family Recovery Court Coordinator at least 48 hours prior to my appointment or meeting.

Initials: ☐

6) ABSTINENCE REQUIREMENTS & DRUG/ALCOHOL TESTING:

a) Participating in the Family Recovery Court Program requires me to be drug and alcohol free at all times. I will not use or possess any drugs (including marijuana and medications prescribed to others) or alcohol, or drug or alcohol paraphernalia. I will not be present while drugs or alcohol are being used by others, nor will I associate with people who use or possess drugs.
b) I understand that I will be tested for the presence of alcohol and/or drugs in my system on a random basis and I am aware that testing may include urine, breath, sweat, saliva, blood, and/or hair testing. In order to validate that the urine tested is mine, I agree to provide the sample in a setting and manner in which my genitals will be exposed to a person of my gender authorized by the Family Recovery Court to collect the sample. I waive my rights to privacy and accept this condition without reservation.

c) I agree to fully cooperate with all drug and alcohol testing, at any time, as requested by any Family Recovery Court Team member, my Probation Officer, if applicable, and/or treatment providers.
d) I understand drug/alcohol testing for the Family Recovery Court Program will occur frequently and randomly; testing for probation will occur as directed by my Probation Officer, if applicable; and testing for treatment providers will occur as requested by my provider(s).
e) I am aware random drug/alcohol testing by the Family Recovery Court Program requires me to call the UA Color Line on a daily basis to confirm if I am required to appear for testing that day.
f) I understand if I am late for a test, miss a test, or fail to submit a sample for testing, it may be considered "positive" and I may have responses.
g) I agree to not substitute, alter, tamper, or try in any way to change my body fluids for purposes of testing may be grounds for immediate discharge from the Program.
h) I understand I may dispute positive drug/alcohol test results but that retesting/confirmation testing may be at my expense, and that I may face more severe responses for a confirmation test that is still positive.
i) I agree to be responsible for what goes into my body, including substances that alter my mood, mind, and body and may affect drug/alcohol test results. I agree to not consume/use CBD, Delta 8, Delta 9, Delta 10, poppy seeds, hemp seeds, energy drinks, diet pills, weight gain/muscle builder, nonalcoholic wine or beer, or mouthwash containing alcohol. Before taking medication of any kind, I will check with the pharmacist to ensure it is non-narcotic, non-addictive, and contains no alcohol. I will pre-register any and all medications, prescribed or over-the-counter, with my treatment provider(s) and with the Family Recovery Court Coordinator.
j) I will inform all treating physicians, dentists, or other health providers that I am in recovery and that I may not take narcotic, addictive, or mind/mood-altering medications or drugs. If a treating physician wishes to treat me with such medications or drugs, I must and will disclose this to my treatment provider(s) and get specific permission from the Family Recovery Court Coordinator.
k) I agree to not enter establishments where alcohol is primarily sold. I will obtain permission ahead of time to attend any such events where alcohol may be served.
l) I am aware time spent incarcerated or other controlled environment, such as inpatient, will NOT count towards my negative time which is required for advancement to higher milestones of the Family Recovery Court Program.

Initials: ☐

7) TREATMENT, CASE MANAGEMENT, & ANCILLARY SERVICES:

a) I agree to cooperate with an assessment/evaluation for developing my individualized treatment needs. I understand that the Family Recovery Court Team may modify my plan and I agree to comply with the requirements of any such modifications.
b) Family Recovery Court Team may require me to provide very personal information. This may include, but will not be limited to: my criminal record, education, work, and family history, medical, and psychiatric information. While the Family Recovery Court Team will try to avoid unnecessary embarrassment to me, I understand that these things may be discussed in Family Recovery Court staffings, in treatment sessions, or in other settings related to participation in the program.

c) I am aware I may be referred to other services to aid in my personal growth, health, and recovery and agree to follow through with those referrals. I understand that other providers may develop treatment or service plans and I agree to comply with the requirements of such plans or any modifications deemed appropriate to such plans.
d) I agree to sign any and all consent forms allowing for the release and exchange of medical, mental health, social service, probation/parole, other personal records, and other releases which allow the Family Recovery Court Team to review diagnostic and treatment information. If I withdraw my consent, I understand that I may be terminated from Family Recovery Court.
e) I will participate in an outpatient or inpatient treatment program, as determined by the Family Recovery Court Team and will not leave any treatment or service program without prior approval of my provider and the Family Recovery Court Team.

Initials: ☐

8) SUPPORT GROUP ATTENDANCE & SPONSOR/MENTOR REQUIREMENTS:

a) I will participate in self-help activities at least weekly.
b) I agree to obtain a sponsor/mentor and maintain contact per team instruction.
c) I will develop an aftercare plan that is approved by the Family Recovery Court Coordinator prior to graduation.

Initials: ☐

9) EMPLOYMENT & EDUCATIONAL REQUIREMENTS:

a) Within the time directed by the Family Recovery Court Team, I will establish an employment plan and seek employment, job training, community service, and/or further education as approved and determined by the Family Recovery Court Team. I understand that failure to do so may result in responses.
b) I agree to provide a copy of my pay statements, work, and/or school schedules to the Family Recovery Court Coordinator as proof of obtaining and maintaining employment and/or education.
c) I agree to inform the Family Recovery Court Coordinator if there is a change in my education or employment immediately.
d) I will participate in any recommended parenting program approved by my CHIPS Case Worker

Initials: ☐

10) RESIDENCY & TRAVEL RESTRICTIONS:

a) I agree to reside in Outagamie County and to keep the Family Recovery Court Team, my Probation Officer, if applicable, and my treatment/service provider(s) informed of my current address and phone number(s) at all times. In addition, I agree not to change my address without the prior approval of my Family Recovery Court Coordinator.
b) I understand that my place of residence may need to be approved by the Family Recovery Court Coordinator. I further understand that I may be required to reside in a transition living arrangement or other housing alternative if my choice of residence is not approved by the Family Recovery Court Coordinator and/or Probation Agent, if applicable.
c) I agree not to travel outside the State of Wisconsin without the prior approval of my Family Recovery Court Coordinator and/or my Probation Officer, if applicable, subject for review by the Family Recovery Court Team.

Initials: ☐

11) FAILURE TO COMPLETE THE PROGRAM:

a) I understand my failure to successfully complete and graduate from the Program will result in removal from the Program and I may be barred from future participation.
b) I understand that if I am discharged from Family Recovery Court the other conditions of my CHIPS Dispositional Order are still applicable in my CHIPS case.
c) I understand that if I fail to complete this program that the following information may be shared for purposes of a proceeding for transfer of legal guardianship or termination of parental rights if filed:
    i) That I was accepted and subsequently discharged from Family Recovery Court, and the dates of each occurrence
    ii) How long I was in each milestone
    iii) Reason for discharge from Family Recovery Court
    iv) Services offered to me while participating in Family Recovery Court

Initials: ☐

I hereby voluntarily request continued participation in the Outagamie County Family Recovery Court program, also referred to as the "Program" throughout this contract and I am willing to enter into this agreement freely and voluntarily. I understand that signing this contract is not a guarantee of my acceptance into the Family Recovery Court Program and that the opportunity to participate in this program is a privilege, not a right. I have read and reviewed the above contract with my Family Recovery Court Coordinator and understand what is required of my participation in the Family Recovery Court Program. By signing this agreement, I am bound by its terms and the details of this contract will apply to me for the duration of the program.

Participant's Signature _____ Date Signed _____

Witness Signature _____ Date Signed _____