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

Case Number(s): _____

INTRODUCTION: The Brown 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 strict community supervision. Treatment 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 Treatment Court Judge. The Treatment Court Judge and Treatment 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 sanctions.

INSTRUCTIONS: With your attorney present, carefully read each item in each section. 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 Brown County Family Recovery Court Participant Contract.

1) ELIGIBILITY REQUIREMENTS:

a) I am a Brown County resident.
b) I am subject to jurisdiction of children's court and satisfy age standards of treatment providers.
c) My current involvement with child protective services is due to my substance use.
d) I have never been found guilty, nor had adjudication withheld for any violent felony offense as defined in 941.291(1)(b) or similar crimes in any state.
e) I do not have prior/current convictions involving use of dangerous weapon.
f) I do not have prior/current sex offenses, stalking, arson, or kidnapping offenses.
g) I am aware a clinical substance abuse screening and assessment by the Family Recovery Court Case Manager is required to determine whether my participation in the Program is clinically appropriate. I will cooperate with the Family Recovery Court Case Manager at all times, including signing consents for disclosure of my 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 my issues of abuse/dependency/addiction.
j) I am physically able to participate in treatment.

Initials: ☐

2) CONSIDERATION FOR PROGRAM ACCEPTANCE:

a) I understand the validity of this contract is conditioned upon my acceptance into and continuing eligibility for the 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 terminated from the program.
b) I understand that participation in Family Recovery Court will be a condition of my CHIPS Dispositional Order but that my participation in Family Recovery Court is voluntary. Further, 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. I understand that any information obtained from this release will be kept in my Family Recovery Court file, and will not be shared with anyone except Family Recovery Court Team members.
e) I agree to have my photograph taken and used for Family Recovery Court files and use.
f) I agree to obtain a Wisconsin State Identification Card within 2 weeks of my acceptance into the Program and will maintain possession of my ID card as proof of identification.
g) I understand participation in the Program involves a minimum time commitment of twelve (12) months, and may include an aftercare component consisting of up to an additional six (6) months following graduation.
h) 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 termination from the Program.

Initials: ☐

3) FEES:

a) I am aware that Brown 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 Brown 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, biweekly, or monthly per current phase requirements).
b) I will attend office visits with the Family Recovery Court Case Manager (at least weekly, biweekly, or monthly per current phase requirements).
c) I will cooperate with home visits with a Family Recovery Court Team member (at least weekly, biweekly, or monthly per current phase requirements).
d) I will cooperate with job and/or school visits with Family Recovery Court Team members.
e) I will cooperate with office and home visits as directed by my child protection case manager.

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 child protection case manager. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program.

b) I am aware sanctions may include increased treatment episodes, increased testing, community service, jail, termination from the Program and such other sanctions as may be deemed appropriate by the Family Recovery Court Team.

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 phases 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 agree to abide by my individualized time management plan. I understand that I am required to document that I have followed my assigned time management plan each week, including a combination of the following activities: employment, support group meeting attendance, substance abuse treatment, drug/alcohol testing, job searches, school, community service work, Family Recovery Court appointments, or Family Recovery Court attendance.

f) As a condition of participation in this Program, I agree to the search of my person, property, place of residence, vehicle, or personal effects at any time with or without warrant, and with or without reasonable cause, when required by the Family Recovery Court Case Manager, any probation and parole agent, if on probation or parole, or other law enforcement officer.

g) 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.

h) I am not currently an affiliated gang member and understand I may not participate in the Program if I am affiliated with a gang.

i) I agree to promptly and truthfully answer all questions asked by any Family Recovery Court Team member and agree to obey all directions given to me by any Family Recovery Court Team member.

j) I agree to inform any law enforcement officer who contacts me that I am in the Family Recovery Court Program.

k) I may not possess any weapons while I am in the Family Recovery Court Program. I will dispose of all weapons in my possession, and disclose the presence of any weapons possessed by anyone else in my household. Failure to dispose and/or disclose may result in termination from the Program and prosecution for any illegal possession of a weapon.

l) I agree to not violate any city, state, or federal laws or ordinances or commit any acts or threats of violence. I will report any arrests or contact with police to my Family Recovery Court Case Manager within 24 hours of any such occurrence.
m) I agree not to associate with any person engaged in criminal activity.
n) I will develop and demonstrate an ability to maintain a realistic budget, or obtain assistance in budget management.
o) I will not have contact with other Family Recovery Court participants outside of court and treatment without prior approval from the team.
p) I will complete assigned community service work if ordered by the Court.
q) 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 Case Manager 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 and parole agent, if applicable, a law enforcement officer, and/or treatment providers.
d) I understand drug/alcohol testing for the Family Recovery Court Program will occur frequently and randomly; testing for Probation and Parole will occur as directed by my probation and parole agent, 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 testing line on a daily basis to confirm if I am required to appear for testing that day. In addition, if I am not scheduled to work, volunteer, or attend school on first shift on a required testing day, I will be required to appear for the morning testing time slot. I will provide acceptable, written proof of my work, volunteer, and school schedule(s) if I claim I am unable to appear for the morning testing time slot.
f) I understand if I am late for a test, miss a test, or fail to submit a sample for testing, it will be considered “dirty” or “positive” and I may be sanctioned.
g) I am aware substituting, altering, tampering, or trying in anyway to change my body fluids for purposes of testing is grounds for immediate termination from the Program.
h) I understand I may dispute positive drug/alcohol test results, but that retesting/confirmation testing will be at my expense, and that I may face more severe sanctions for a confirmation test that is still positive.

i) I agree to be responsible for what goes into my body that may affect drug or alcohol test results. 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 Case Manager. In addition, I will not consume poppy seeds or non-alcoholic beer and/or wine.

j) I will inform all treating physicians, dentists, or other health providers that I am a recovering addict 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 Case Manager

k) I agree to not enter establishments where alcohol is primarily sold and to avoid any premises where alcohol is sold for consumption on the premises.

l) I am aware time spent in confinement or other controlled environments will NOT count towards my clean time which is required for advancement to higher phases of the Family Recovery Court Program.

Initials: ☐

7) TREATMENT, CASE MANAGEMENT, & ANCILLARY SERVICES:

a) I agree to cooperate with an assessment/evaluation for developing an individualized Family Recovery Court Program Plan to adequately meet my needs. I understand that the Family Recovery Court Team may modify my Program Plan, and I agree to comply with the requirements of any such modifications.

b) Family Recovery Court staff may require me to provide very personal information. This may include, but will not be limited to: my criminal record, education and work history, family history, medical and psychiatric information. While Program staff will try to avoid unnecessary embarrassment to me, I understand that these things may be discussed in open Family Recovery Court sessions, 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 will be terminated from the Family Recovery Court Program.

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 support groups as established by the Family Recovery Court Team (biweekly is the minimum during any phase).

b) I agree to obtain a sponsor/mentor and maintain contact per Team instruction (weekly is the minimum during any phase).

c) I will develop an aftercare/alumni program that is approved by the Family Recovery Court Case Manager 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 sanction or termination.
b) I agree to provide a copy of my pay statements, work, and/or school schedules to the Family Recovery Court Case Manager and/or my probation and parole agent as proof of obtaining and maintaining employment and/or education.
c) I agree not to change my education or employment status without the prior approval of my probation and parole agent and the Family Recovery Court Case Manager.
d) I will participate in a Family Recovery Court educational component, such as establishing life skills and job training, as deemed appropriate by the Family Recovery Court Team.
e) I will participate in a parenting program approved by my Family Court Recovery Court Case Manager.

Initials: ☐

10) RESIDENCY & TRAVEL RESTRICTIONS:

a) I agree to reside in Brown County and to keep the Family Recovery Court Team, my probation and parole agent, 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 Case Manager.
b) I understand that my place of residence must by approved by the Family Recovery Court Case Manager. 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 Case Manager.
c) I agree not to leave Brown County without the prior approval of my Family Recovery Court Case Manager, subject for review by the Family Recovery Court Team.
d) I agree to cooperate with curfew/home restrictions established 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 am aware that participation in this program is a condition under my CHIPS Dispositional Order, but is voluntary. I further 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 am aware that after I have been accepted into the Program and have formally accepted my plea arrangements in my criminal case(s) before the Family Recovery Court Judge, I will not be able to voluntarily remove myself from the Program. I further understand that

the only means for leaving this Program is by expulsion or successful graduation from the Program

d) 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 phase
   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 Brown 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 case manager 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. I do hereby release and forever discharge the complaining witnesses, victim(s), the Family Recovery Court Judge, the Solicitor's Office, Police Department, the Family Recovery Court Team and staff, and their respective heirs, successors, executors, administrators, and assigns from any and all claims of any kind or nature whatsoever, either in law or in equity, arising out of my arrest, participation in, or termination from, the Family Recovery Court Program, and do expressly release and forever hold them harmless from any criminal or civil action which I may have a right to bring as a result of my arrest or participation in the Family Recovery Court Program.

Participant's Signature _____ Date Signed _____

Witness Signature _____ Date Signed _____