

**AGREEMENT AND WAIVER
FAMILY DEPENDENCY INTEGRATED TREATMENT COURT**

I. Rights, Waivers, and Proceedings for Respondents

- A. I understand that I have the right to hire an attorney to represent me at every stage of my dependency and neglect case. If I am indigent, I can request the appointment of court appointed counsel to represent me. I understand that even if I do not request court appointed counsel initially, I can request such appointment at any stage in the proceedings.
- B. I understand that participation in the Family Dependency Integrated Treatment Court (FITC) is completely voluntary. I understand that I must accept all terms and conditions of this agreement in order to be accepted into the program.
- C. I understand that the decision as to whether or not I will be accepted into the program will be made after the initial Temporary Custody hearing and after the Petition in Dependency and Neglect is filed. The Court will make that final determination of my eligibility to participate in the program, with input from the Boulder County Public Health, the Boulder County Department of Housing and Human Services, Mental Health Center Serving Boulder & Broomfield Counties, and any other participants in the assessment process.
- D. As a condition for participating in this program, I understand that I must make an admission related to those allegations made in the Petition for Dependency and Neglect. That admission must include a statement that my substance use or abuse has placed my child or children at risk, if such an allegation has been made and if such an admission does not compromise my legal rights in any other legal proceeding. I further understand that by admitting to one or more of the allegations contained in the Petition that I am giving up my rights associated with an adjudication trial, including:
 - 1. The right to trial on adjudication before a Magistrate, a District Court Judge, or a Jury of Six.
 - 2. The right to proof by a preponderance of the evidence that the allegations of the Petition are true.
 - 3. The right to cross-examine the witnesses against me.
 - 4. The right to subpoena witnesses to testify on my behalf.
 - 5. The right to take the stand and testify on my own behalf.
 - 6. The right to appeal any decision made at trial.
- E. I understand that at every review hearing, I have the right to cross examine witnesses produced by the Department or other parties. I further understand that I have the right to contest the evidence submitted by the Department and/or treatment providers and to present evidence of my own.
- F. I understand that I have the right to have my case transferred to a District Court Judge, and that by choosing to participate in this program I waive that right, and consent to have my case heard in the FITC. In the event there are non-FITC related issues that arise in my case, I understand that I may request that a District Court Judge hear the matter.

II. Rights, Waivers, and Proceedings for Interested Parties

- A. I understand that if I become involved in a relationship with a named Respondent in this case, or if I move into a named Respondent's home and will therefore have contact with the children who are the subject of this case, the ITC team will request that I be added as an interested party and named as a Special Respondent. Becoming a Special Respondent is a requirement for having contact with these children.
- B. I understand that being added as a Special Respondent to this case is completely voluntary on my part and that I may request to be dismissed at any stage of the proceedings. I also understand that withdrawing from

the case may result in a court order that I have no further contact with the children who are the subject of the case.

- C. I understand that as a Special Respondent, I will be subject to court orders and may be sentenced to up to six months in jail for violating such court orders. I also understand that I must accept all terms and conditions of this agreement in order to be added as a Special Respondent.
- D. I understand that I have the right to hire an attorney at any stage of the proceedings. I understand that I do not have the right to a court appointed attorney whether or not I am indigent.

III. Substance Abuse Treatment Program

- A. I agree to undergo and complete a substance abuse evaluation with Boulder County Public Health. I understand that if it is determined that the primary issues identified relate to mental health concerns, I may be referred to the Mental Health Center Serving Boulder & Broomfield Counties for additional evaluation and treatment.
- B. I understand that the FITC is a collaborative effort involving multiple parties, including but not limited to the District Court Judge or Magistrate, Treatment Court Coordinator, Boulder County Department of Housing and Human Services, Boulder County Public Health, Mental Health Center Serving Boulder & Broomfield Counties, Guardians *ad Litem*, Boulder County Attorney's Office, Respondent Parents' counsel; Court Appointed Special Advocates (CASA), and any other professional or treatment providers designated by the Court as specifically involved in my case.
- C. I hereby authorize the release of all information, verbally or in writing, regarding my progress in treatment (including drug screen results), the child protective services case, the criminal case, and probation, to all members of the FITC team (as outlined above). I understand this information will be used solely for the purpose of determining my progress in meeting the requirements of both the program and the Department of Housing and Human Services case. This authorization is made with the understanding that such information will not be used by the District Attorney or any other person for prosecution of criminal charges against me. I understand that any member of the FITC team may re-disclose this information only in connection with their official duties, and in accordance with federal confidentiality regulations.
- D. I understand that I may revoke my consent for disclosure of confidential treatment information pursuant to this agreement at any time. I further understand that if such a revocation is made, I will no longer be eligible to continue in the FITC program. I understand that if I am mandated to participate in the FITC as a condition of my criminal case, I am not permitted to revoke my consent for disclosure of my treatment information.
- E. I understand that as a participant in the FITC program, I will hear confidential treatment and child protective services information concerning other participants during court hearings, and that this information is not to be re-disclosed or discussed with any other individuals outside of the FITC program. I further understand that releasing confidential child welfare information is a misdemeanor offense under Colorado law, and that re-disclosing confidential treatment information is also subject to criminal penalties.
- F. I agree to complete the recommended treatment program to the satisfaction of the Court. I understand that successful completion of the FITC program will require regular attendance and participation in all counseling sessions and other court ordered treatment programs. I understand that the treatment program will require random drug screening that can include urinalysis testing, breathalyzer testing, oral swabs, and hair tests, and any other tests ordered by the treatment provider or the Department of Housing and Human Services. I understand that the results of such monitoring will be reported by my treatment provider and will not be protected by statutory confidentiality provisions.

- G. I understand that my use of prescription medications will be monitored by my treatment team, and that I should inform my caseworker of any new prescriptions, or changes to existing prescriptions, within 24 hours. I understand that, if I have a history of abusing prescription medications, the Court may impose additional conditions, such as being restricted to one prescribing physician or working with my physician to discontinue the use of potentially habit-forming medications. I understand that I may not possess a medical marijuana certificate while in the program.
- H. I understand that the treatment program is projected to be completed within one year. I further understand, however, that the Court may extend the treatment program for an additional period as the Court deems necessary, including any recommended aftercare.
- I. I agree to keep all members of the FITC team apprised of my current address at all times during this treatment program.
- J. I understand that compliance with FITC requirements does not guarantee that my children will be returned to me. There may be circumstances in which, even with full compliance, the Court determines that returning home is not in the best interests of the children.

IV: Violations

I understand and agree that any of the following shall be considered a violation of my agreement to participate in the 20th Judicial District Family Dependency Integrated Treatment Court.

1. Failing to appear for drug screens
2. Providing positive, dilute (“flushed”), or altered screen results. (NOTE: Urine samples with creatinine levels below 20 mg/dl or above 400 mg/dl will be considered invalid and subject to sanction.)
3. Failing to attend treatment sessions
4. Not making sufficient progress in treatment
5. Failing to comply with the Family Service Plan
6. Not appearing timely for visitation
7. Not appearing timely for Court
8. Not making a good faith effort to pay fees
9. New arrests for disqualifying offenses
10. Not obtaining and maintaining financial support by legal means
11. Not obtaining and maintaining safe and sober housing

V: Sanctions

- A. I understand that if any of the violations set forth in Section Four herein are alleged against me, the Court will hold me in Direct Contempt of Court and impose immediate sanctions.
- B. I understand that I waive my right to have a contempt citation filed against me, my right to proof beyond a reasonable doubt, and all other rights associated with a hearing on the allegations, including the rights outlined in Section One.
- C. I understand that I retain the right to challenge the validity of any drug screen result, and that the imposition of a sanction will be delayed until the re-test results are obtained. If I request a re-test and the results are confirmed positive, I will be responsible for the cost of the re-test. If the results of the re-test are negative, there will be no sanctions imposed and I will not be responsible for the cost of the re-test. I understand I can order a re-test at my expense at any time.
- D. I understand that I may only be given one sanction for any one reporting period, which sanction will be for the most serious offense.

E. The sanctions for a violation as enumerated in Section Four are as follows:

Sanctions will include, but are not limited to, verbal warnings, essay presentations, jail, work crew, electronic home monitoring (EHM), or day reporting.

FAILURE TO APPEAR IN COURT, UNLESS YOUR PRESENCE IS EXCUSED OR WAIVED, WILL RESULT IN A BENCH WARRANT BEING ISSUED FOR YOUR IMMEDIATE ARREST.

VI. Involuntary Termination

The following are reasons for possible termination from the FITC program:

1. You voluntarily request to leave the program.
2. You no longer live in Boulder County.
3. You fail to complete the assessment and evaluation with Boulder County Public Health in a timely manner.
4. You disappear from DHHS supervision and fail to make contact with the department within 30 days of last contact.
5. You are arrested for a disqualifying criminal offense, such as Child Sexual Abuse, Criminal Enterprise Drug Sales or Child Abuse Involving Serious Bodily Injury or Death.
6. You are determined to have a condition that would prevent you from participating in or achieving benefits from the FITC's clinical program.
7. You fail to progress through the program phases in a reasonable period of time, as determined by the FITC team.
8. Failing to attend court appearances (for reasons other than those beyond your control.)
9. Evidence of ongoing drug use (as opposed to an occasional relapse.)
10. A pattern of noncompliance that suggests you are either unable or unwilling to abide by program rules.

VII: Family Services Plan

- A. I understand that substance abuse treatment may not be the only requirement of the 20th Judicial District Family Dependency Integrated Treatment Court's treatment program for me and that in order to successfully complete the program, I will also be required to complete other components of the Family Services Plan in order to successfully parent my child or children. Additional requirements may include but are not limited to: visitation with my child or children, domestic violence classes, mental health treatment, parenting classes, stable housing, and stable employment.
- B. I understand that failure to comply with the Family Services Plan and other court orders, excluding those enumerated in Section Three of this Agreement, may result in sanctions as provided by Statute, including but not limited to the filing of a contempt citation and all of the rights provided therein.

VIII: Courtroom Observers

I understand that from time to time non-party observers will attend court hearings or pre-court staffings in order to learn about the FITC process. I authorize the attendance of these observers at all ITC hearings and pre-court staffings, but I do retain the right to object to any specific observer attending a hearing. The final decision regarding non-party observers will be made by the Magistrate.

IX: Acknowledgement

By signing this agreement I acknowledge that I am doing so freely and voluntarily; that I have read (or had explained to me) the entire agreement, and that I understand all of the terms and conditions herein; that I have had the opportunity to review this agreement with independent counsel; that I understand all of the rights I am waiving

by signing this agreement; that I understand what is expected of me in order to comply with the terms and conditions contained in this agreement; that I understand the consequences of violating the terms and conditions of this agreement; and that I am committed to successfully completing this program for my benefit and for the benefit of my children.

I also acknowledge I have received a copy of the FITC Parent Handbook, and have read (or had explained to me) its contents.

Signature of Participant

Date

Printed Name of Participant