



FAMILY WELLNESS COURT

Superior Court Of California,
County of El Dorado
495 Main Street Placerville, CA 95667
www.eldoradocourt.org

Shingle Springs Band Of Miwok Indians
P.O. Box 531, Shingle Springs, CA 95682
www.shinglespringsrancheria.com



In the Matter of: _____ Case No.: _____

FAMILY WELLNESS COURT PARTICIPANT AGREEMENT- DEPENDENCY

1. I acknowledge the following harm or risk of harm to my child or children:

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2. I understand the Family Wellness Court is an alternative to Superior Court proceedings regarding my child or children and my eligibility for the Family Wellness Court is conditioned on my active participation in the Family Wellness Plan established by the Family Wellness Court.

3. I agree to participate in my Family Wellness Plan until the Family Wellness Court determines that I am eligible to graduate from the program.

4. I understand that my Family Wellness Plan will include four phases, and that completion of the program will take a minimum of 12 months and no longer than 24 months.

5. I agree to attend all Family Wellness Court hearings on time.

6. I agree to remain in contact with my Case Manager and to keep my Case Manager informed of any changes in my address, phone number, living arrangements, family circumstances or employment. I am currently residing at:

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The following people reside in my home: _____

The phone number where my Case Manager can reach me is: _____

My current place of employment is: _____ at the following days and times:

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7. I agree that my Case Manager may visit my home at any time without prior notice to me.

8. I will not use, possess, or be under the influence of any alcoholic beverage or illegal or intoxicating substance, or possess any associated paraphernalia.

_____ 9. I will not use, possess, or be under the influence of the following: _____

_____ 10. I agree to submit to chemical testing in the form of, but not limited to, blood, urine, breath or saliva on the direction of my Case Manager.

_____ 11. I understand that if my child or children have been removed from my care by the Superior Court, and the Family Wellness Court determines that I have failed to make substantial progress in my Family Wellness Plan within the first six months of the program, my case may be referred to the Superior Court for a selection and implementation hearing under Welfare and Institutions Code section 366.26. Such a hearing could result in the termination or modification of my parental rights and adoption of my child or children.

_____ 12. I also agree to: _____

Participant Signature

Date

Parent or Guardian

Date

Parent or Guardian

Date

Case Manager

Date