

SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO

Family Dependency Treatment Court Agreement

Case Number: _____

Name of Client: _____

Date: _____

I, _____, acknowledge that a substance abuse problem is affecting the ways in which I parent my child or children. I request entry into the Family Dependency Treatment Court (FDTC). I understand that if I am accepted into the FDTC, I must follow the rules of FDTC.

I further understand that if I am successful in completing all the requirements of FDTC it will not guarantee that my child/children will be returned to my care, or my case dismissed, but it will be a significant factor for the Court to consider when making decisions.

I understand that if I am unsuccessful in FDTC, as determined by the Court, or if I stop participating in FDTC, I may be discharged from FDTC but would still be responsible for participating in the case plan ordered in the juvenile dependency case.

I acknowledge the following:

- I have been provided a copy of the FDTC Participant Handbook.
- I fully understand what participation in FDTC means.
- I have reviewed all the requirements contained in the FDTC Participant Handbook with my attorney
- I will fulfill all requirements of FDTC to the best of my ability.

PARENT: _____ Date: _____

PARENT'S ATTORNEY: _____ Date: _____

APPROVED: _____ Date: _____

JUDGE OF THE SUPERIOR COURT