

STATE OF NORTH CAROLINA  
COUNTY OF (Name)

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO. \_\_\_\_\_  
\_\_\_\_\_

IN THE MATTER OF:

\_\_\_\_\_, Juvenile )  
\_\_\_\_\_, Juvenile )

FAMILY DRUG TREATMENT COURT  
REFERRAL AGREEMENT

\_\_\_\_\_, Respondent Parent/Guardian

**Referral Agreement**

With your consent, your case is being considered for (name) County Family Drug Treatment Court (FDTC). To determine your eligibility for the FDTC, you must participate in a screening process. To begin this screening process, you must:

Make appointment and meet with the FDTC Case Coordinator for eligibility screening.

Call: \_\_\_\_\_ at \_\_\_\_\_ by \_\_\_\_\_.

Attend scheduled appointment with the FDTC Case Coordinator for eligibility screening.

Appointment Date: \_\_\_\_\_ at \_\_\_\_\_.

**Appear at your next court date on:** \_\_\_\_\_ at \_\_\_\_\_ in (name) County District Court, Juvenile Division.

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The parties enter into this agreement freely and voluntarily and agree to the following conditions:

- Parent/Guardian has met with his or her attorney and agrees to comply with the required screening process.
- If, at any time during the screening process, the parent/guardian wishes not to be considered for Family Drug Treatment Court, or if it is determined by the (name) County FDTC Team, that the parent/guardian is ineligible for FDTC, then the parent/guardian’s attorney will be notified.
- The DSS attorney agrees not to subpoena the FDTC case coordinator in the AND case regarding information gathered during the screening process.
- Eligibility for Family Drug Treatment Court will be determined by the Family Drug Treatment Court Team.

Entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Respondent/Parent Attorney

\_\_\_\_\_  
FDTC Coordinator

\_\_\_\_\_  
DSS Attorney

(name) County Family  
Drug Treatment Court

CONDITIONS OF PARTICIPATION

PARENT/GUARDIAN: \_\_\_\_\_ FILE NO: \_\_\_\_\_

I, \_\_\_\_\_, understand that I have been accepted in the (name) County Family Drug Treatment Court.

I currently  am  am not under the influence of alcohol, drugs, narcotics, medicines, pills, or any other intoxicant. The last time I used or consumed any such substance was: \_\_\_\_\_.

As part of my participation in the (name) County Family Drug Treatment Court (FDTC),

**I UNDERSTAND:**

- \_\_\_\_\_ 1. I will be enrolled in FDTC for an average of twelve (12) months, unless otherwise directed by the court.
- \_\_\_\_\_ 2. I will appear in FDTC every two (2) weeks or as directed by the court.
- \_\_\_\_\_ 3. I will become and remain **DRUG** and **ALCOHOL** free. I will submit to random drug screens as directed by the case coordinator and/or FDTC team.
- \_\_\_\_\_ 4. I will attend all scheduled meetings with my FDTC case coordinator.
- \_\_\_\_\_ 5. I will attend, as ordered, approved community support groups and obtain a sponsor.
- \_\_\_\_\_ 6. I will obtain employment or enroll in school as recommended by treatment, my case coordinator, and the FDTC team. I understand that this process may include referral to classes and meetings provided by local resource agencies, such as Vocational Rehabilitation or the Employment Security Commission.
- \_\_\_\_\_ 7. I will live in stable, drug and alcohol-free housing as approved by the court.
- \_\_\_\_\_ 8. I will participate in creating a case plan just for my own needs for treatment and independence.
- \_\_\_\_\_ 9. I will sign a consent form that will allow the FDTC to have access to all medical, mental health treatment, substance abuse treatment, and social services records necessary for and related to my participation in the FDTC program. I understand that release of this information is my personal choice.
- \_\_\_\_\_ 10. I give the (name) County FDTC case coordinator the authority to release compliance information about my participation in this program to the Juvenile Court file.

- \_\_\_\_\_ 11. I understand that I will be hearing confidential information, such as treatment and child protective services information; about other participants during the FDTC sessions and that, this information is not to be repeated with any other individual outside the (*name*) FDTC or its participants. I understand that disclosing confidential information is subject to civil and criminal punishments under federal law, and may be grounds for termination from the (*name*) County FDTC.
- \_\_\_\_\_ 12. I understand that I must have sufficient periods of clean time and actively participate in treatment to progress in the FDTC program.
- \_\_\_\_\_ 13. I understand that the presiding (*name*) County FDTC district court judge will hold me responsible, if I do not follow judicial orders, and give me appropriate punishments, such as a jail sentence or termination from this program.
- \_\_\_\_\_ 14. I understand that my failure to successfully participate in the (*name*) County FDTC program may have adverse consequences for me in my case with the Department of Social Services regarding my child or children.
- \_\_\_\_\_ 15. I understand that the proceedings in FDTC are separate proceedings from the Abuse, Neglect, and Dependency case pending in Juvenile Court. I understand that I will continue to be represented by the existing attorney, if one has been appointed or retained, in my underlying Juvenile Case. I further understand that I will be represented by an assigned FDTC attorney for all matters pertaining to my participation in FDTC.
- \_\_\_\_\_ 16. These Conditions of Participation have been read aloud to me and I understand what they mean.

The above conditions are mandatory and ordered by the court.

\_\_\_\_\_  
Respondent Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
FDTC Respondent Parent/Guardian Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Date

***All districts are to access and use the Team Release on the N.C. DTC Management Information System during the participant's enrollment.***

***All districts are to access and use the Agency Release on the N.C. DTC Management Information System as needed during the participant's active enrollment in DTC.***

STATE OF NORTH CAROLINA  
COUNTY OF (Name)

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO. \_\_\_\_\_  
\_\_\_\_\_

IN THE MATTER OF:

\_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_

FAMILY DRUG TREATMENT COURT (FDTC)  
ORDER TO COMPLY

Parent/Guardian: \_\_\_\_\_

Current FDTC Session Date: \_\_\_\_\_

**THE PARENT IS ORDERED TO COMPLETE THE FOLLOWING TASKS BEFORE  
THE NEXT FDTC SESSION ON \_\_\_\_\_**

(Date)

1. Remain drug and alcohol free.
2. Keep all appointments and comply with the treatment plan.
3. Submit to drug screens as directed by the FDTC case coordinator.
4. Attend Family Drug Treatment Court sessions as scheduled.
5. Do the following (check all that apply):

- Produce proof of attendance to at least \_\_\_\_ community support meetings to the FDTC coordinator by \_\_\_\_\_.
- Complete \_\_\_\_\_ hours of Community Service by \_\_\_\_\_.
- Contact his/her substance abuse treatment provider by \_\_\_\_\_ and comply with their recommendations.
- Submit to inpatient substance abuse treatment as directed by his/her treatment provider by \_\_\_\_\_.  
Name of facility: \_\_\_\_\_.
- Contact the FDTC case coordinator at ( ) as required by \_\_\_\_\_.
- Contact \_\_\_\_\_ at ( ) by \_\_\_\_\_.  
(FDTC team member name)
- Submit written proof of job search as directed by FDTC case coordinator.
- Go to the Employment Security Commission (ESC) at \_\_\_\_\_ by \_\_\_\_\_ and comply with their recommendations by \_\_\_\_\_.
- Attend and participate in Parenting Classes with \_\_\_\_\_ as directed.
- Contact Vocational Rehabilitation at ( ) by \_\_\_\_\_ and \_\_\_\_\_.
- Contact the (name) Community College at ( ) by \_\_\_\_\_.
- Contact the (name) County Health Department at ( ) by \_\_\_\_\_ and comply with recommendations.
- Contact his/her DSS Social Worker: \_\_\_\_\_ at ( ) by \_\_\_\_\_.
- Contact his/her juvenile case Defense Attorney: \_\_\_\_\_ at ( ) by \_\_\_\_\_.
- Contact his/her doctor/psychiatrist as identified at intake into FDTC with your FDTC case coordinator, by \_\_\_\_\_ and comply with their recommendations.
- Submit to a medical exam as directed by the FDTC team.
- Apply for court approved housing with \_\_\_\_\_ by \_\_\_\_\_.
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Presiding Family Drug Treatment Court Judge

***All districts are to use the AOC-J-155 Motion and Order to Show Cause for all non compliances that may result in the imposition of jail time.***

***All districts are to use the AOC-J-156 Order in Contempt Proceeding at the show cause hearings.***

State of North Carolina  
County of (name)\_\_\_\_\_

In the General Court of Justice  
District Court Division  
File No.\_\_\_\_\_

In the Matter of:

Juvenile(s):

Compliance Report on Participation in Family Drug  
Treatment Court

Reporting period \_\_\_\_\_ to \_\_\_\_\_ .

Admission Date:

Family Drug Treatment Court participant, \_\_\_\_\_, is currently:

Compliant in FDTC

Not compliant in FDTC

Date

Family Drug Treatment Court Coordinator

Signature of FDTC Coordinator

State of North Carolina  
County of *(name)*

In the General Court of Justice  
District Court Division  
File No. \_\_\_\_\_

In the Matter of:

*Juvenile(s):*

**Family Drug Treatment Court  
Certification of  
Ineligibility or Participation**

\_\_\_\_\_ was determined to be ineligible for the Family Drug Treatment Court Program on \_\_\_\_\_.

Pursuant to the Conditions of Participation or court order dated \_\_\_\_\_, 20\_\_\_\_, the Respondent Parent/Guardian, \_\_\_\_\_:

Successfully completed the Family Drug Treatment Court Program on \_\_\_\_\_.

Was terminated unsuccessfully from the Family Drug Treatment Court Program on \_\_\_\_\_.

Was neutrally discharged from the Family Drug Treatment Court Program on \_\_\_\_\_.

*Date*

*Family Drug Treatment Court Coordinator*

*Signature of FDTTC Coordinator*