



sanctions totaling up to 90 days.

- \_\_\_\_\_ 9. As a part of the treatment program the Court may also require me to seek and maintain employment, obtain employment counseling and a GED or high school equivalent.
- \_\_\_\_\_ 10. I will abide by the "Expectations For Family Drug Court Participation," a copy of which I have received and read.
- \_\_\_\_\_ 11. Upon successful completion of the treatment program and Family Drug Court participation for an approximately 12 month period, the Court will graduate me from the program. The Court may, however, extend the program for additional time to allow me to successfully complete my requirements. Completion of this program does not excuse me from completing the other terms of the Juvenile Dependency Court Dispositional Order.
- \_\_\_\_\_ 12. I reside in Yamhill County, and will continue to reside in Yamhill County for as long as I am in the Family Drug Court program.
- \_\_\_\_\_ 13. I will keep the treatment provider and the Court advised of my current address at all times during the program.
- \_\_\_\_\_ 14. I understand that in order for the Court to impose sanctions, I must be held in Contempt of Court. I understand that Oregon Law affords me the opportunity to be notified formally in writing of the nature of the contemptuous conduct alleged, and the right to a hearing at which I am entitled to counsel, the right to cross-examine witnesses and call witnesses, and to have my guilt proven beyond a reasonable doubt by evidence admissible under the Oregon Evidence Code. I HEREBY WAIVE THESE RIGHTS AND CONSENT TO HAVE ANY CONTEMPT MATTERS IN FAMILY DRUG COURT HEARD SUMMARILY BY THE JUDGE. I may offer evidence and make statements to contest any allegations of Contempt, and I may be represented by my Family Drug Court attorney, but I agree that the Judge may decide that I am in Contempt of Court or Not In Contempt of Court based upon reports and unsworn statements presented to the Judge during Family Drug Court sessions.

I have read the above statement and voluntarily agree to its terms.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for defendant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Coordinator

**ORDER:** Parent's petition to enter the Family Drug Court Program is:

- ALLOWED
- DENIED

Dated this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Circuit Court Judge