

FAMILY DEPENDENCY COURT

Participant Handbook

Name: _____

Agreement signed on: _____

*Please keep and refer to this handbook.
A replacement handbook can be purchased from
the clerk for \$10.00.

Dear Participant,

Welcome to the family dependency court program. If you are like me you're nervous, hesitant and probably wondering if you just made a colossal mistake. You might even be wondering if you have a problem that justifies your being here. This is a drug and alcohol dependency program. If you're reading this handbook and have been given the option to join, you have a problem with drugs or alcohol, or both. The extent of that problem is something only you can know.

When this all began for me, I didn't think I had a problem. At that point in my life, I was making some necessary changes. I had gotten myself off the drugs and extricated myself from the circumstances that helped lead me to use in the first place. I was doing great. I didn't have a problem. After all, how many drug addicts can kick the habit on their own? I had ascertained that I didn't really need the dependency court program, but would continue with it for the sake of my children. I can honestly say, now that I've reached the end, that my motives were right, it was my reasoning that was flawed.

As others have before me, I continued passively resisting, but progressing in the program. My epiphany came when I was attending the Intensive Outpatient Program at Four Corners Mental Health, Inc. One of the counselors very correctly told me that instead of blaming the circumstances of my use, however mitigating they may have been, I should look at my own actions. The truth is, no matter what was happening in my life, the decision to use was mine. No one forced me. There wasn't a gun pointed at my head. I made a choice. It was time for me to own it and stop making excuses, so that's what I did.

I can't say that everything became easier after that, but I can say that I found myself learning a lot about myself once I made the decision to be open and honest. I highly recommend that you do the same. This program isn't exactly a cakewalk, but it can be completed and your life really can change if you put forth the effort and are willing to let it. We live in a small town. Everyone knows everything about everyone else, and what they don't know, they make up. Keeping that in mind, if you do mess up or are even thinking about messing up, you'd be much better off simply telling the truth. There's no advantage in trying to pull one over on the judge and the dependency court team. Trust me, I know.

Some of you will struggle more than others along the way. There are participants among you who will fail, and still others who will wing their way through the program and go right back to the same lifestyle that got them here in the first place. For those of you who really want to change your life, you came to the right place. There are resources available should you need them, and you will find people who want you to succeed in the most unlikely of places. This program can be challenging, but the results are well worth it. Good Luck.

Successful Dependency Court Graduate

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FAMILY DEPENDENCY COURT ELIGIBILITY & STANDARDS

ELIGIBILITY

Dependency Court targets High-Risk and High-Need Participants; participants who are addicted to illicit drugs or alcohol and who are at substantial risk for reoffending or failing a less intense program such as a child and family plan or treatment. The Grand County Dependency Drug Court uses validated standardized assessment tools, administered by trained evaluators to determine high-risk and high-need eligibility. The dependency court does not consider subjective determinations or opinions as part of the eligibility process.

The Grand County Dependency Drug Court does not determine eligibility based on race, religion, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status.

STANDARDS

- Dress appropriately for Family Dependency Court (no shorts, tank tops, halters, bare feet etc.)
- Refrain from speaking to other participants during Family Dependency Court proceedings. It distracts others and is disrespectful. If you need to talk with someone, wait until after court to visit with him/her.
- Please do not bring food or drink into the courtroom. Also, do not chew gum during Family Dependency Court.
- Cell phones are not allowed in the courtroom. Please remember to leave them in your vehicle.
- Remember that when you are speaking to the judge, you should stand up. It is respectful to refer to the judge as "Judge" or "Your Honor."

FAMILY DEPENDENCY COURT PHASES

Phase I (minimum 2 mo.)	Phase II (minimum 2 mo.)	Phase III (minimum 4 mo.)	Phase IV (minimum 4 mo.)	Pre-Completion Public Service
Attend Dependency Court every 2 weeks	Attend Dependency Court every 2 weeks	Attend Drug Court every 4 weeks	Attend Drug Court every 4 weeks	Talk about drug court experience in court
Substance Abuse Assessment and begin Treatment	Continue Treatment	Continue Treatment	Continue Treatment	Complete Public Service Project and present.
Attend Approved Self Help meetings	Attend Approved Self Help meetings (2/wk)	Attend Approved Self Help meetings (2/wk)	Attend Approved Self Help meetings (2/wk)	Complete "Exit" Interview if provided
Meet with DCFS caseworker weekly	Weekly contact with caseworker	Weekly contact with caseworker	Weekly contact with caseworker	
Call in daily and complete UA's as required	Call in daily and complete UA's as required	Call in daily and complete UA's as required	Call in daily and complete UA's as required	
Have negative UA's for 1 consecutive month	Have negative UA's for 4 consecutive months	Have negative UA's for 4 consecutive months	Have negative UA's for 4 consecutive months	
Allow Court Deputy into home	Allow Court Deputy into home	Allow Court Deputy into home	Allow Court Deputy into home	
Present Change Inventory by 2nd Hearing		Work/attend school/community service at least 20 hour per week	Work/attend school/community service at least 20 hour per week	
			Have financial stability and stable housing for 4 consecutive months	
Apply to Present for Advancement and receive approval	Apply to Present for Advancement and receive approval	Apply to Present for Advancement and receive approval	Apply to Present for Completion and receive approval	
Present Assignment	Present Assignment	Present Assignment	Present Assignment	

SEVENTH DISTRICT JUVENILE COURT FAMILY DEPENDENCY COURT AGREEMENT

Please initial each condition of the Family Drug Court.

1. _____ I voluntarily agree to participate in and successfully complete the Family Dependency Court Program offered through the Seventh District Juvenile Court and agree to comply with the terms and conditions of the program.
2. _____ I understand that abstinence from all illicit substances and alcohol is a requirement of this zero tolerance treatment program, unless specifically approved by the court.
3. _____ I will appear in court on all scheduled court dates. Family Dependency Court is generally scheduled on Thursday mornings at 9:00 a.m.
4. _____ I understand that my failure to appear at a hearing without prior approval of the court will result in the court issuing a bench warrant, requiring me to be held in jail prior to appearing before the court. This may also result in my termination from the program.
5. _____ I agree to complete a Drug and Alcohol Evaluation as directed by the court and to comply with treatment recommendations as ordered by the court.
6. _____ I agree to attend approved Self Help Meetings everyday until entering into the recommended treatment program, and then continuing as ordered by the court. I will provide tracking sheets of my attendance signed by someone other than Dependency Court participants, unless there are no other persons available. I understand a one-on-one meeting can only take place if only two people show for a scheduled meeting. I understand signed tracking sheets need to be turned into the court each Monday before 4:00 p.m.
7. _____ I will be tested for drugs and/or alcohol on a frequent basis. I will submit to drug and/or alcohol testing, including breathalyzer testing, as directed by my DCFS caseworker, my probation officer, my substance abuse counselor, or by the court. Submitting or failing to submit anything other than a valid negative test will be considered a **positive test**, and I will receive a court imposed sanction.
8. _____ I agree that if I have a violation that carries a jail sentence, I will attend dependency court the next court date following the violation.
9. _____ I understand that I have a right to advanced notice of any allegation of contempt on my part, and I hereby waive that right. I realize that I will have an opportunity to respond to any claims of contempt at the time of the regularly scheduled Family Dependency Court hearing.
10. _____ I consent to my case being discussed by the Family Dependency Court team in Family Dependency Court staffings.
11. _____ I understand that I will hear confidential information during the Family Dependency Court sessions and that this information is not to be discussed with non-dependency court members or others.
12. _____ If I am taking **any** over the counter or prescription medication, I must immediately notify DCFS and provide verification and information as to the usage and dosage. I must obtain the courts consent to take any medication not covered by the protocol for "Medical, Emergency Room, and Dentist Visits" in the handbook.

13. _____ If a medical, dental or mental health provider prescribes a medication for my use, I must immediately inform that provider of my substance abuse problem and have him/her complete the "Medical Disclosure" form, and follow the protocol for "Medical, Emergency Room, and Dentist Visits" in the handbook.
14. _____ I understand that failure to comply with the Dependency Court agreement or the court's order places me in contempt of court and will result in sanctions that may include:
- a. incarceration in jail
 - b. imposition of a fine
 - c. community service work hours
 - d. written assignments
 - e. in-patient treatment
 - f. increased treatment
 - g. bench warrant for failure to appear
 - h. other sanctions as the Court may deem necessary.
 - i. dismissal from the program
15. _____ I understand if I have a violation that carries a jail consequence, I may elect to do the time prior to the next scheduled court date. In order to do this, I will file a motion indicating what day and time I want to report to jail and what the violation is. Motion forms are included in the handbook. I will attend Dependency Court on the next court date following the violation. I am aware that additional consequences may be ordered during the court hearing depending on the circumstances.
16. _____ I agree to keep my DCFS caseworker and the court advised of my current address and telephone number at all times during my involvement with the dependency court program. I understand that it is my responsibility to maintain contact with my DCFS caseworker and my attorney
17. _____ I agree it is my responsibility to keep my caseworker informed of my employment status. I will report any change in my employment to my caseworker within 3 business days after I learn of the change.
18. _____ I hereby authorize and consent to the release of diagnostic and treatment information to my attorney, the Guardian ad Litem, the Office of the Attorney General, the Dependency Court Team, and the court, including drug test results. I agree to sign any necessary releases.
19. _____ I understand and agree that my participation in Family Dependency Court is part of my Juvenile Court case and the information can be used in future Juvenile or District Court proceedings.
20. _____ I understand and agree that after I graduate from IOP or inpatient treatment I will attend the Aftercare Treatment Group as recommended by the treatment team and approved self help meetings two separate days a week or otherwise ordered by the court or counselors.
21. _____ I agree to allow the Dependency Court Deputy Sheriff, to come to my home at any time of day or night to check on my sobriety and perform drug testing, including urine collection and/or portable breathalyzer tests. I understand the deputy sheriff will come into my home for the purpose of checking on my sobriety and on the safety of the home and its occupants.

22. _____ I understand that beginning in Phase 3, I am required to work, attend school, or do community service hours for a combined total of 20 hours a week, unless exempted by the court. I am required to complete a log of such hours each week, have it signed by my supervisor and turn it into the court each Monday by 4:00 p.m. (a log is included in the handbook). I understand I will receive 4 hours of work credit toward the required 20 hours for each day I spend in jail during the week.
23. _____ I understand community service hours are to be worked for APPROVED non-profit organizations, supervised by someone other than a relative. No more than 10 hours a week, and 20 hours a month can be worked at any one agency, unless approved by the court. Any hours not completed will be doubled and due the following Monday.
24. _____ I have reviewed this document and understand and know that I can review the agreement with my counsel before signing the document. I am voluntarily and knowingly signing this document.
25. _____ I understand that to enhance the effectiveness of the Dependency Court program, the court may add new terms and conditions or alter existing terms and conditions throughout the program.

Date: _____ Participant: _____

Signature

Participant: _____

Print Name

PHONE LIST

Division of Child and Family Services phone number:

Phone: 259-3720 Fax: 259-3739

You can reach any caseworker or supervisor by calling this number.

FAMILY DRUG COURT HOTLINE (testing): 1-800-699-6799

You should obtain the direct number of your caseworker and the supervisor so that you can call and leave messages during non-work hours if necessary. Write the numbers here for easy reference.

Other phone numbers to keep track of:

In Judge Manley's Court:

7th District Juvenile Court: (435) 259-1349

Coordinator: (435) 259-1351

Assistant Attorney General: (435) 259-7464

Guardian ad Litem: (435) 259-1188

Autumn Fitzgerald (Public Defender): (435) 259-0119

Four Corners Community Behavioral Health, Inc.: (435) 259-6131

Deputy (Grand County Sheriff's Office): (435) 260-6155

If you have a crisis after business hours, you may reach a mental health worker or on-call caseworker by calling the sheriff's dispatch number:
259-8115

FAMILY DEPENDENCY COURT DRUG TESTING INSTRUCTIONS

1. **Monday-Friday:** Call the Family Dependency Court Hot-line daily between 7:30 am and 9:00 am, unless the court specifically orders another call-in time. The number to call is **800-699-6799** and you will be asked to enter an identification number; this will be the last 4 digits of your social security number. You must test at Elwood between 8:00 am. to 9:30 am. unless the announcement states otherwise.
****If you are required to test you will be expected to produce a sample at the testing site before 9:30 am.**
2. **Weekends & Holidays:** Call Four Corners between 7:30 am and 8:00 am The number to call is **435-259-6131**, dial 433 when you hear the recording. If your name is called, you must test at Four Corners between 8:00 am and 8:30 am unless the announcement states otherwise.
****If you are required to test you will be expected to produce a sample at the testing site before 8:30 am.**
3. Listen to the recording carefully and follow the instructions. If there is a malfunction with the machine or the greeting hasn't changed, or there is any other problem with the hot-line, show up to test at the designated site.
4. You are expected to test whenever requested by the Family Dependency Court Team, a Four Corners counselor, and/or law enforcement officers assigned to dependency court.
5. A dilute test is one where the specimen provided has a creatinine level of below 20 mg/dl, and an abnormal Specific Gravity. If you have a dilute UA it will be considered tampering, and a sanction will be given.
6. Be aware recent advances in the science of alcohol detection in urine has greatly increased the ability to detect even trace amounts of alcohol consumption. Because these tests are sensitive, in rare circumstances, exposure to non-beverage alcohol sources can result in detectable levels of alcohol (or its breakdown products). Drug Court participants are required to read product labels and educate themselves. Any level above the cutoff level will be considered a positive test.
7. If you are providing a urine sample for the drug test and you fail to provide sufficient urine to test, it will be a "no test" and carry the same sanctions as a missed UA.
8. Testing site on Monday through Friday will be at Elwood Staffing . Holidays and weekends testing will be at Four Corners, unless otherwise ordered.

WORD OF CAUTION:

- It is YOUR responsibility to limit your exposure to the products and substances that contain ethyl alcohol or other substances which could cause your test result to be anything other than a valid negative test.
- It is your responsibility to consciously guard what you take into your system while in the program. It is your responsibility to read product labels, to know what is contained in products BEFORE you use or consume them.
- You should not take drinks, substances, liquids, powders, patches or medications, etc., from non-medically qualified persons as a response to physical or mental ailments.
- You should guard your drink and food at social outings. Do not use products containing alcohol or prohibited substances such as: Cough/cold syrup, hair tonic, perfume, medical alcohol, wood alcohol, after shave lotion, sterno, mouth wash, and extracts (lemon, vanilla, etc.), non-alcoholic beer or wine, hand sanitizer alcohol or other prohibited substance based homeopathic or herbal remedies, tinctures, poppy seeds or foods containing poppy seeds, Kratom or any products containing prohibited substances or test altering substances.
 - This is NOT AN EXHAUSTIVE list. When in doubt, do not use, consume or apply foreign products whether they are “natural” or not.

Protocol for Missing Treatment

If you are going to miss a treatment session, you need to follow the steps below. However, following the steps below **does not** guarantee that the court or the treatment provider will excuse your absence. If the court or the treatment provider does not excuse the absence and you choose to miss treatment anyway, you will be held accountable and will receive a sanction. Please remember that treatment is an essential part of the Dependency Court Program and absences are not excused very often. **It is important that you make every effort possible to never miss treatment.**

You need to call your treatment provider **BEFORE** you miss treatment and explain the reason why you are going to be absent.

- You must speak with your therapist directly, a receptionist cannot excuse you.
- If you fail to make verbal arrangements before the absence it will automatically be unexcused.
- Not attending treatment sessions due to non-payment is considered a missed meeting and sanctions will be given.

You need to follow any instructions your treatment provider gives you for missing treatment, for example, attending extra self help meetings, providing verification of doctor appointments, etc.

Keep in mind that your treatment provider will only excuse missing treatment in cases where there is a valid reason and when every possible effort was made to avoid the absence. It is your responsibility to arrange your schedule around treatment so that you won't have any absences.

You must follow all treatment recommendations made by your treatment provider. These may include one or a combination of the following: individual therapy, group therapy, self help meetings, or other recommendations

As with anything, if you have any questions regarding this policy, call your caseworker, treatment provider or make an inquiry to the court.

Medication Assisted Treatment

Medication Assisted Treatment (MAT) is an accepted best practice standard in Problem Solving Court. In order to qualify for MAT in Problem Solving Court, you must take the following steps:

1. Meet with your individual FCCBH treatment provider for evaluation and referral for MAT.
2. Meet with a qualified licensed physician (preferably one specifically trained in MAT), an addiction specialist or a psychiatrist as ordered for evaluation and prescription of MAT. You are required to inform the medical provider of your participation in Problem Solving Court via the medical disclosure form.
3. Submit a written motion to the court, along with all medical documentation and Release of Information, notifying the Court regarding your prescription/s and treatment plan for MAT.
4. Await a response regarding your motion from the court and comply with any additional instructions, clarifications, or requests for information that the court orders.
5. Upon your motion being ruled on by the court, follow prescribed usage of MAT and provide documentation of such to the court upon request.

Remember: ALL MAT IS SUBJECT TO APPROVAL BY A QUALIFIED LICENSED PHYSICIAN, ADDICTION SPECIALIST OR PSYCHIATRIST AS ORDERED AND NOTIFICATION VIA THE MEDICAL DISCLOSURE FORM OF THE COURT.

PROTOCOL FOR MEDICAL, DENTAL, AND MENTAL HEALTH VISITS

If you need to visit a dentist, medical or mental health provider you must follow the directions listed below. They are designed to assist you in continuing a successful recovery.

Please remember that failure to follow any of these instructions in the event of a visit to a medical, dental or mental health provider will result in sanctions.

You must inform the provider that you have a history of substance abuse.

You must ask the provider to complete the “Medical Disclosure” form, provided in the handbook, stating that you did, in fact, inform him/her of your substance abuse history and that the prescription is medically necessary **and** there are no alternative medications available to treat the problem that would not interfere with your rehabilitation.

If the provider chooses to prescribe medication, you must call your caseworker and inform him/her of the medication you will be taking including usage and dosage. You must also provide the court with the completed “Medical Disclosure” form and verification of the provider's prescription.

As with anything, if you have questions regarding this policy call your caseworker, file a motion, or ask the Judge at your next hearing.

IN THE CASE OF A MEDICAL EMERGENCY, FOLLOW YOUR MEDICAL PROVIDER’S INSTRUCTIONS REGARDING MEDICATIONS.

In non-emergencies, submit a written motion to the court, along with all medical documentation, notifying the Court regarding your prescription/s and treatment plan, including the duration of your use of medications.

Await a response regarding your motion from the court and comply with any additional instructions, clarifications, or requests for information that the court orders. The exception to this is antibiotics. **You may immediately begin taking prescribed antibiotics while awaiting a response on your motion.**

Upon your motion being ruled on by the court, follow prescribed usage of medications and provide documentation of such to the court upon request or as ordered.

Remember, ALL MEDICATION USE IS SUBJECT TO APPROVAL BY A QUALIFIED LICENSED MEDICAL/PSYCHIATRIC PROVIDER AND NOTIFICATION OF THE COURT VIA the MEDICAL DISCLOSURE FORM and MOTION/ORDER, UNLESS IT IS A MEDICAL EMERGENCY. IT IS YOUR RESPONSIBILITY TO NOTIFY ANY PHYSICIAN, DENTIST, PHARMACIST, OR OTHER PERSONS PRESCRIBING MEDICATIONS THAT YOU ARE A PARTICIPANT IN A PROBLEM SOLVING COURT.

YOU HAVE BEEN GIVEN A MEDICAL DISCLOSURE FORM (SEE APPENDIX C: FORMS) THAT YOU WILL TAKE TO ANY DOCTOR OR PHARMACIST. FAILURE TO DO SO MAY RESULT IN SANCTION. ANY TIME TOWARD ADVANCEMENT MAY BE TOLLED DEPENDING ON THE PRESCRIPTION MEDICATION.

FAMILY DEPENDENCY COURT

Incentives & Sanctions

INCENTIVES AND REWARDS

Incentives are an important part of recovery. The program is structured to reward you for your active and continued participation. Incentives and rewards will be equal in nature to other participants in the same phase with comparable conduct and will be administered throughout the program. See Appendix B for Incentives and Rewards.

SANCTIONS

Sanctions, including jail time, assignments, community service hours, etc., may be imposed for failure to comply with treatment or instructions given in the dependency court handbook.

The Dependency Court has a range of sanctions of varying degrees as a response to infractions in the program. Consequences will be equal in nature to other participants in the same phase with comparable conduct. Violations of goals that are relatively easy for a participant to accomplish, like truthfulness, or attending counseling/meetings may have higher sanctions than goals that are more difficult to accomplish. The sanctions for program goals that are more difficult to accomplish with increase in severity for continued violations.

The court has the final decision making power when it comes to sanctions. Keep in mind that any combination of sanctions may be used.

*****REMEMBER:** The sanctions listed in this handbook are only intended to give you some expectation of sanctions related to violations of dependency court rules. All sanctions are subject to the full discretion of the Dependency Court Judge.

At the end of this handbook, you will find a table of incentives and rewards as well as a table of sanctions. You will always have an opportunity to be heard concerning the imposition of incentives, sanctions, and therapy adjustments. The public defender will be available to assist you in addressing the court and/or team.
See Appendix B on page 26.

PHASE I
(minimum of 2 months)
In **Phase I** you are
expected to:

1. Complete a court introduction.
You will be introduced to the Family Dependency Court team members and participants.
2. Present Change Inventory at your second drug court hearing.
3. Attend an approved self help meeting **daily** until entering into a treatment program, and provide signed tracking sheets of such meetings to the court each Monday before 4:00 p.m.(If the clerk's office is closed on Monday for a Holiday, meetings and hours will be due by 12:00 pm on Tuesday)

One-on-one meetings can only take place if only two people unintentionally show for a scheduled meeting. Tracking sheets should be signed by the person who chairs the meeting.
4. Make an appointment and complete a substance abuse assessment. This will determine what kind of treatment you will need.
5. Participate in the recommended treatment program.
6. Attend every session of Family Dependency Court scheduled on Thursday morning, at 9:00 am.
7. Have weekly Face-to-Face contact with your DCFS caseworker.

If your caseworker is unavailable, you may meet with another caseworker or a DCFS supervisor. This must be in person.
8. Call in daily and complete UAs as required.
9. Have negative UAs for at least 30 consecutive days prior to moving to Phase II.
10. Allow the Dependency Court Deputy Sheriff to come into your home at any time of the day or night for the purpose of checking on your sobriety and the safety of the home and its occupants. Allow the Deputy to perform drug testing, including urine collection and portable breathalyzer tests.
11. Apply to present for advancement to Phase II and receive approval from treatment and the Family Dependency Court Team.
 - a. Make a copy of the Phase I Requirements Page (this page)
 - b. On the back of the page, describe why you are eligible for advancement.
 - c. Turn in your application with your weekly meetings to the clerk's office.
 - d. Your application will be staffed for approval before the next drug court hearing.
12. Present assignment in court after processing it in treatment. Bring a support person with you to court on this day.

PLEASE NOTE: If you want a copy of your tracking sheets for your own records, these need to be made PRIOR to turning them into the court. If you ask the court clerk to make a copy you will be charged .25 cents per page.

PHASE II

(minimum of 2 months)

In **Phase II** you are expected to:

1. Attend Family Dependency Court every two weeks.
2. Continue to participate **fully** in recommended treatment.
3. Attend at least 2 approved self help meetings weekly, on separate days, and turn signed tracking sheets into the clerk's office each Monday by 4 p.m. (If the clerk's office is closed on Monday for a Holiday, meetings and hours will be due by 12:00 pm on Tuesday)
Remember one-on-one meetings can only take place if only two people unintentionally show for a scheduled meeting. Tracking sheets should be signed by the person who chairs the meeting.
5. Call in daily and complete UAs as required.
6. Have negative UAs for a minimum of 4 consecutive months prior to moving to Phase III.
7. Have weekly Face to Face with your DCFS caseworker. If your caseworker is unavailable you can meet with another caseworker or a DCFS supervisor.
Now that you are in Phase II, you may do this with a telephone conversation, however leaving your caseworker a message does not count.
8. Continue to allow the Deputy into your home.
9. Apply to present for advancement to Phase III and receive approval from treatment and the Family Drug
 - a. Make a copy of the Phase II Requirements Page (this page)
 - b. On the back of the page, describe why you are eligible for advancement.
 - c. Turn in your application with your weekly meetings to the clerk's office.
 - d. Your application will be staffed for approval before the next drug court hearing.
10. Present assignment in court after processing in treatment. Bring a support person to court with you on this day.

PHASE III

(minimum of 4 months)

In **Phase III** you are expected to:

1. Attend Family Dependency Court every four weeks, or as scheduled.
2. Continue to participate **fully** in recommended treatment.
3. Attend at least 2 approved self help meetings weekly, on separate days, and turn signed tracking sheets into the clerk's office each Monday by 4 p.m. (If the clerk's office is closed on Monday for a Holiday, meetings and hours will be due by 12:00 pm on Tuesday)

Remember one-on-one meetings can only take place if only two people unintentionally show for a scheduled meeting. Tracking sheets should be signed by the person who chairs the meeting.

4. **Work, attend school, or do community service hours for a combined total of 20 hours a week.**
 - Week begins Monday at 4 p.m. and ends the following Monday at 4 p.m.
 - Complete a log of such hours, have it signed by a supervisor and turn it into the clerk's office each Monday by 4 p.m. (If the clerk's office is closed on Monday for a Holiday, meetings and hours will be due by 12:00 pm on Tuesday).
 - A log is available in the clerk's office. The first copy is complimentary, subsequent copies are \$0.25 per page.
 - You will receive credit for 4 work hours for each day you spend in jail.
 - Community service hours are to be worked for an approved non-profit organization, supervised by someone other than a relative.
 - Community service hours can be worked a maximum of 10 hours a week, 20 hours a month, at any one agency unless approved by the court.
5. Call in daily and complete UAs as required.
6. Have negative UAs for a minimum of 4 consecutive months prior to moving to Phase IV.
7. Have weekly Face to Face with your DCFS caseworker. If your caseworker is unavailable you can meet with another caseworker or a DCFS supervisor.

You may do this with a telephone conversation, however leaving your caseworker a message does not count.
8. Continue to allow the Deputy into your home.
9. Apply to present for advancement to Phase IV and receive approval from treatment and the Family Dependency Court Team.
 - a. Make a copy of the Phase III Requirements Page (this page)
 - b. On the back of the page, describe why you are eligible for advancement.
 - c. Turn in your application with your weekly meetings and hours to the clerk's office.
 - d. Your application will be staffed for approval before the next drug court hearing.
10. Present assignment in court after processing in treatment. Bring a support person to court with you on this day.
11. If you haven't already done so, begin to think about your community service project.

PHASE IV

(minimum of 4 months)

In **Phase IV** you are expected to:

1. Attend Family Dependency Court every four weeks, or as scheduled.
2. Continue to participate **fully** in recommended treatment.
3. Attend at least 2 approved self help meetings weekly, on separate days, and turn signed tracking sheets into the clerk's office each Monday by 4 p.m. (If the clerk's office is closed on Monday for a Holiday, meetings and hours will be due by 12:00 pm on Tuesday)
Remember one-on-one meetings can only take place if only two people unintentionally show for a scheduled meeting. Tracking sheets should be signed by the person who chairs the meeting.
4. Work, attend school, or do community service hours for a combined total of 20 hours a week.
 - Week begins Monday at 4 p.m. and ends the following Monday at 4 p.m.
 - Complete a log of such hours, have it signed by a supervisor and turn it into the clerk's office each Monday by 4 p.m. (If the clerk's office is closed on Monday for a Holiday, meetings and hours will be due by 12:00 pm on Tuesday).
 - A log is available in the clerk's office. The first copy is complimentary, subsequent copies are \$0.25 per page.
 - You will receive credit for 4 work hours for each day you spend in jail.
 - Community service hours are to be worked for an approved non-profit organization, supervised by someone other than a relative.
 - Community service hours can be worked a maximum of 10 hours a week, 20 hours a month, at any one agency unless approved by the court.
5. Call in daily and complete UAs as required.
6. Have negative UAs for a minimum of 4 consecutive months prior to moving to Phase IV.
7. Have weekly Face to Face with your DCFS caseworker. If your caseworker is unavailable you can meet with another caseworker or a DCFS supervisor.
You may do this with a telephone conversation, however leaving your caseworker a message does not count.
8. Continue to allow the Deputy into your home.
9. You must be able to provide financial stability for your family. Before completion you may need to obtain a GED, seek further educational development, or be gainfully employed.
10. You must maintain stable housing for a minimum of 4 consecutive months.
11. Apply to present for completion and receive approval from treatment and the Family Dependency Court Team.
 - a. Make a copy of the Phase IV Requirements Page (this page)
 - b. On the back of the page, describe why you are eligible for advancement.
 - c. Turn in your application with your weekly meetings and hours to the clerk's office.
 - d. Your application will be staffed for approval before the next drug court hearing.
12. Present assignment for completion. Bring at least one support person with you on this day.
13. Before you complete the program, you will need to complete your Community Service Project and give a presentation in court on your project.
14. Attend a Graduation Celebration in court, this will likely be at the same hearing where you present your final assignment and/or your community service project.

COMPLETION REQUIREMENTS

After successful completion of all four phases of drug court you will be required to:

1. Provide a pre-approved public service project for the Family Drug Court
2. Present a report in court on your community service project.
3. Complete and submit the "Exit Interview", if provided.

FAMILY DEPENDENCY COURT EXIT INTERVIEW

1. Describe how you felt about the Family Dependency Court program.
 - A. Why did you join, what did you personally need most from Family Dependency Court?
 - B. What problems did you have in your life which were a result from your drug use.
2. How useful was the Family Drug Court Handbook?
3. Were procedures, policies, and expectations fully explained to you? If not, what could be done differently?
4. Is there anything you would change in the Handbook that would improve participants understanding or make the requirements more clear?
5. Is there something you would like to see outlined in the Handbook which isn't included?
6. How useful were the Handbook assignments? Did you find the assignments appropriate? Is there anything you would change to improve the effectiveness of the assignments?
7. Were you appropriately recognized for compliance and accomplishing your goals? In what ways?
8. How did you feel about being contacted regularly by a tracker?
9. Describe two things you feel helped you the most while in Family Dependency Court.
10. Describe two things you feel did not help you while in Family Dependency Court.
11. Tell about someone who helped you improve yourself while in Family Dependency Court. In what ways did he/she help?
12. What was the most positive experience you had while participating in Family Dependency Court.
13. What was the least positive experience you had while participating in Family Dependency Court?
14. Do you think you were ever given a harsh or wrongful consequence? If so, how or when? What do you think would have been an appropriate consequence in this situation?
15. Give an example of one thing you learned while participating in Family Dependency Court that will help you be successful in your sobriety.
16. Did you find weekly contact with your DCFS caseworker helpful to you in reaching your goals?
 - A. Was the right amount of time allotted for each meeting?
 - B. Did you have an opportunity to share your feelings about important issues? If so, in what ways were you able to do so?
 - C. Do you feel your concerns were listened to openly and honestly?
 - D. Are there any changes you would make to help these contacts be more effective?
17. Describe your overall feelings of the effectiveness of your treatment program?
 - A. Are you more successful and happier?
 - B. Describe how you are more in charge of your life and your addiction.
 - C. Describe how you are now recognizing and owning your problems.
 - D. Describe how you are now making wiser decisions and accepting consequences of your choices.
18. What recommendations, if any, would you make to improve Family Dependency Court?

SERVICE PROJECT GUIDELINES

Before completion of the program you are required to complete a pre-approved public service project for Family Dependency Court. This document has been prepared to provide you guidance in choosing, planning, and completing your project.

1. Getting started: Sometimes getting started is the hardest part because you may be unsure what is expected; which can lead to delays and frustrations. You should try to choose a project idea which is valuable to the community and a challenge to you. You should spend at least 20 hours on your project. Ideally, your project should begin when you are advanced to Phase IV of the Dependency Court Program.
2. Plan ahead: Project ideas can be found in many places; in the newspaper, at your church, at school, or from community organizations. Let the word out that you are looking for project ideas and see what input you get. As you look around for ideas, write down several which interest you. You should not spend much time actually planning a project until you have talked the idea over with the court and the drug court team to insure it is a valid idea. The project may not be routine labor like cutting the grass at the church or picking up trash along the road.
3. Write up your plan. The project plan may be typed or may be hand written, but it must be neat. Make an outline with the following headings, then work your way through each area and discuss each topic as it relates to your project.
 - A. **PROJECT DESCRIPTION**: Briefly describe the project as though you are telling a friend what you are going to do.
 - B. **WHO WILL BENEFIT**: Name the group or organization that will benefit from your project and how your project will benefit them. Some possible benefits to consider are: improves safety, enhances appearance, helps needy people, provides essential services, provides entertainment to a needy group, or improves functionality of a facility.
 - C. **SCHEDULE**: A good schedule is a necessity for any successful plan. It shows when everything is done and in what order each step happens. You must make your best estimate of how long tasks will take and in what order they will be done. No project follows the planned schedule exactly but it helps make things happen logically.
4. Present your written plan to the Dependency Court Team for approval.
5. Get to work! Now the fun part begins. Discuss your coordination with the agency that is benefiting from your project. Keep appointments with the agency and discuss exactly what they agreed to provide to you and what you agreed to do for them. You should also obtain a letter from the agency authorizing you to conduct your project. Do not get into a position of saying, "I talked to some lady a few weeks ago—." Trying to complete a project can be frustrating if you do not ensure that all details are understood by both parties. Making assumptions is dangerous!
6. At your completion celebration you will be required to present a report on what you learned by doing your service project.

****PROJECT IDEAS****

Organize and help make camp quilts for a Girl Scout Troop.

Organize a fund-raising activity.

Paint the playground at the local elementary school.

Organize a social function for the local nursing home.

Re-roof and paint a gazebo at a local park.

Collect children's books and toys and set up a play area at a public hospital and/or neighborhood clinic.

Plant trees and place boulders in a local park to stop off-road vehicles from damaging grounds.

Conduct a bicycle safety program.

Paint and decorate a room at the local women's shelter.

APPENDIX A: MOTIONS

DCFS DEPENDENCY COURT MOTION

- To be excused, extend due dates, etc

EX PARTE MOTION TO SERVE JAIL TIME EARLY

- If you know you have a violation that will carry jail time, you may elect to serve the jail time BEFORE the next drug court hearing.
- Attend Dependency Court on the next court date following the violation.
- Additional consequences may be ordered at the hearing, depending on the circumstances.

PLEASE NOTE:

- If the CASE NUMBER is not on the motion then it will not be processed!
- If you do not SIGN the motion it will not be processed!
- Please remember that you must pick up your motions from the court. If you would like your order emailed to you, please write your email address on the motion form.
- **Be specific about your request, and please proof-read your motion before submitting.**

**SEVENTH DISTRICT JUVENILE COURT
COUNTY OF GRAND, STATE OF UTAH**

STATE OF UTAH,

Plaintiff

vs

_____ ,

Defendant

DCFS DEPENDENCY COURT MOTION

Case No. _____

INC # _____

I, _____, move the Court to make and enter an order

_____ because

Signature

Date _____

AAG'S COMMENTS

I recommend that this motion be _____ granted _____ denied.

Comments: _____

Signature

GAL'S COMMENTS

I recommend that this motion be _____ granted _____ denied.

Comments: _____

Signature

**SEVENTH DISTRICT JUVENILE OR DISTRICT COURT
COUNTY OF GRAND, STATE OF UTAH**

<p>STATE OF UTAH, vs _____ , Defendant</p> <p style="text-align: center;">Plaintiff</p>	<p style="text-align: center;">EX PARTE MOTION TO SERVE JAIL TIME EARLY</p> <p style="text-align: right;">Case No. _____ INC # _____</p>
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I, _____, move the Court to make and enter an order allowing me to serve _____ days in jail prior to my next hearing in as much as I have violated a drug court order and know I will have to serve the time. I would like to begin serving the time by _____, 20____, by _____ am / pm. I have violated the terms of drug court by

Dated this _____ day of _____, 20_____.

Defendant

ORDER

On the basis of the above motion and good cause appearing, therefore, it be and is hereby ordered that the above named defendant serve _____ days in the Grand County jail beginning _____, 20____, at _____ am / pm. Additional days may be ordered at the drug court hearing following this violation, depending on the circumstance.

Date _____

BY THE COURT:

Mary L. Manley, Judge

APPENDIX B: Sanctions and Incentives

The following is a list of *POSSIBLE* sanctions and incentives that may be used in Drug Court and is not to be considered all-inclusive or exclusive.

Sanctions	Incentives
Curfew	Bookmarks
more frequent probation appointments	Coffee Mugs
more frequent status hearings	Phone Cards
letter of apology	Birthday Cards
phase demotion	Planners/Calendars
UA greeter	school supplies
Book report	toiletries
ankle monitor	frames for certificates
re-do assignments from previous phase	picture albums
jail	T-shirts
Essay assignments	Inspirational sayings/quotes
community service	Later curfews
daily activity logs	Relaxed travel restrictions
fines/fees	Weekend pass out of county
journaling	Handshake from judge
jury box (for non-compliant participants)	Round of applause in court
termination	Copies of the "Big Book"
Daily living assignment	Event Tickets
Attend other court sessions and report	Gift certificates
team round-table	movie passes
reprimand by the judge	amusement park passes
suspension in travel privileges	Haircuts
increased meeting attendance	gym memberships
	grocery gift card
	work or school clothing
	Point system to earn points for items.
	Sobriety tokens
	Bowling passes
	gas cards
	Letter from the judge
	report cards from treatment or probation
	resume writing assistance
	job interview preparation
	meal preparation classes
	yoga or exercise classes
	fishbowl drawing
	\$10/hour credit on fines and cost for extra community services hours
	reduction in fee for completion of educational or job training programs
	Classes (MARC, etc.)

APPENDIX C:

FORMS

MEDICAL DISCLOSURE

- Take this form to any doctor or pharmacist. Failure to do so may result in a sanction.

APPROVED COMMUNITY SERVICE SITES

- Community service must be worked at an approved, non-profit organization, and may not be supervised by a family member.
- Can be worked a maximum of 10 hours a week, 20 hours a month, at any one agency unless approved by the court.

WORK/COMMUNITY SERVICE/EDUCATION TRACKING SHEET

- *Phases III and IV only.
- Must be signed by a supervisor.
- Please total each day, and also total the week.
- Turn in weekly to the clerk's office by 4:00 PM, every Monday.
 - If the clerk's office is closed on Monday for a Holiday, these are due by 12:00 PM on Tuesday.

SELF HELP GROUPS TRACKING SHEET

- To be signed by the person chairing the meeting.
- Only 1 meeting will be counted per day.
- Turn in weekly to the clerk's office by 4:00 PM, every Monday.
 - If the clerk's office is closed on Monday for a Holiday, these are due by 12:00 PM on Tuesday.

Please make copies of these forms for your use.
Additional copies may be purchased from the
clerk for \$0.25 per page.

**FAMILY DEPENDENCY COURT
GRAND COUNTY 7TH DISTRICT JUVENILE COURT
MEDICAL DISCLOSURE**

Participant/Patient Name

I am a participant in the Grand County Drug Court Program.

I have agreed to inform all treating physicians that I am a recovering addict, and I have agreed not to take narcotics, benzodiazepines, medications containing alcohol, or any prescribed medications that are potentially addictive unless medically necessary and there are no other suitable substitute medications.

I must disclose all medications of any sort that I have taken in the last 10 days on the drug testing forms.

Participants must submit this form and an original or copy of their prescription signed by their Doctor.

Treating Physician:

Please check the statements below indicating that you have read the above information.

I understand the guidelines for Drug Court participation.

The medications I have prescribed are deemed to be medically necessary and the least addictive option for the patient.

If you have any questions please contact DCFS at 259-3720 or the Juvenile Court at 259-1349

Treating Physician's Name (Printed)

Treating Physician's Signature and Date

DISTRICT COURT APPROVED COMMUNITY SERVICE WORK SITES

Hours may be limited and are not guaranteed

COMMUNITY REBUILDS

CONTACT: Rikki - 435-260-0501

GRAND COUNTY FOOD BANK

56 North 200 East
CONTACT: Drake Taylor
435-259-6456 (Call Tues or Thurs. 10-12)

GRAND COUNTY PUBLIC LIBRARY

257 East Center Street
CONTACT: Charlotte Hurley
435-259-5421 or 435-259-1111

HUMANE SOCIETY OF MOAB VALLEY

956 Sand Flats Road - PO Box 1188
CONTACT: Leigh Ryan - 435-259-4862

INTERACT CLUBHOUSE

125 E. Center Street
CONTACT: Sharon Relph, Tammy Chapman, or Robin Sorensen
435-259-7340
Must be at least 18 years of age

KZMU Community Radio

1734 Rocky Road
CONTACT: Serah Mead - 435-259-8824

MOAB ANIMAL SHELTER

956 Sand Flats Road
CONTACT: Janette - 435-259-0199

MOAB ARTS AND RECREATION CENTER (MARC)

111 East 100 North
CONTACT: Tif Miller or Patric Trim
435-250-2255

MOAB FIRE DEPARTMENT

49 South 100 East
CONTACT: Phil Mosher - 435-259-5557

MOAB CITY PUBLIC WORKS

470 Kane Creek Boulevard
CONTACT: Leigh Anne Reinhart - 435-259-7485

MOAB CITY RECREATION DEPARTMENT

217 E. Center Street
CONTACT: Tif Miller or Patric Trim
435-250-2255

MOAB REGIONAL HOSPITAL

540 West Williams Way
CONTACT: Nick Auxier - 435-719-3560

MOAB SOLUTIONS

PO Box 1549
CONTACT: Sara Melnicoff
435-401-4685 or 435-259-0910

MOAB VALLEY MULTICULTURAL CENTER

156 North 100 West
CONTACT: Haley Austin - 435-259-5444

SEEKHAVEN

81 North 300 East
CONTACT: Megan List - 435-259-2229
Must be 18 years of age

SOLID WASTE DISTRICT

Community Recycle Center
1000 Sand Flats Road
CONTACT: Deb Barton or Annette Myers - 435-259-3867

USARA (Utah Support Advocates for Recovery Awareness)

198 E. Center St.
CONTACT: Lanette Denton - 435-210-0952

VFW (Veterans of Foreign Wars)

CONTACT: Mark Luddington 435-210-0398
Or Brent Nielson 435-259-4628 (after 3 pm)

WABISABI

160 East 100 South
CONTACT: Liz Donkersloot - 435-259-2553

YOUTH GARDEN PROJECT

530 South 400 East
CONTACT: Kate - 435-259-2326

All addresses are in Moab, Ut 84532

Self Help Group Tracking Sheet

NAME: _____

Date	Official Signature/Initials
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____

Self Help Group Tracking Sheet

NAME: _____

Date	Official Signature/Initials
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____

Self Help Group Tracking Sheet

NAME: _____

Date	Official Signature/Initials
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____

Self Help Group Tracking Sheet

NAME: _____

Date	Official Signature/Initials
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____

Self Help Group Tracking Sheet

NAME: _____

Date	Official Signature/Initials
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____

Self Help Group Tracking Sheet

NAME: _____

Date	Official Signature/Initials
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____