



Hedger & Walter, LLP

PARTICIPATION AGREEMENT

Instructions: You will need to fill out this agreement for each of your children.

Child's Name: _____

Parent's Name: _____

Family Wellness Court Case Number: _____

- (1) My attorney gave me the *Petition*, which describes what the social worker believes is going on with my children and family.
- (2) I understand that the *Petition* has been filed in the *Name of State Court* and a case has been opened.
- (3) I have discussed the *Petition* and my case with my attorney.
- (4) I understand that my case can be heard in the *Name of State Court*, the *Name of Tribal Court*, or in the *Joint-jurisdictional Court*.
- (5) My attorney has explained my rights in each of these courts.
- (6) I have discussed the *Joint-jurisdictional Court* with my attorney and I choose to participate in the *Joint-jurisdictional Court*.
- (7) By agreeing to participate in the *Joint-jurisdictional Court*, I understand that I will have two judges who will hear my case: a *Name of Tribal Court* judge and a *Name of State Court* judge, and that they will make orders together in my case.
- (8) By agreeing to participate in the *Joint-jurisdictional Court*, I understand that the *Name of State Court* is not transferring my case; that the *Joint-jurisdictional Court* will open a case for my family; that the judges will apply *Name of Tribal law*, *Name of State law*, and federal law in my case.
- (9) I understand that in the *Joint-jurisdictional Court*, I will have a family wellness team who will help me learn to meet the needs of my family and the steps I can take to heal myself and care for my child(ren).

- (10) I understand that in the *Joint-jurisdictional Court*, my family wellness team will help me with my family wellness plan, which will include services and supports for my recovery and the health and welfare of my child(ren).
- (11) I agree to attend all *Joint-jurisdictional Court* meetings with my family wellness team and follow through with the services and supports in my family wellness plan.
- (12) I understand that the *Joint-jurisdictional Court* will regularly and randomly test me for alcohol and drugs.
- (13) I agree to attend all *Joint-jurisdictional Court* hearings.
- (14) I understand that during *Joint-jurisdictional Court* team meetings and court hearings, the judges and team members will get information about my family.* (For example, how my children are doing and what my participation and progress has been in court-ordered treatment programs.)
- (15) I understand that I have the right to an attorney at every *Joint-jurisdictional Court* hearing, and I agree to give up this right at all hearings except:
 - (a) If the court considers taking my child(ren) from me (detention);
 - (b) When the court decides if the social worker statements in the petition are true (jurisdiction);
 - (c) When the court decides what I need to do to graduate from the *Joint-jurisdictional Court* (disposition); and
 - (d) At six-month review hearings (status reviews).
- (16) Except for detention, jurisdiction, disposition, and status review hearings, I understand that other *Joint-jurisdictional Court* participants who are not parties to my case may be in court with me.
- (17) I understand that I can cancel agreements 1 through 16 at any time.
- (18) I understand and agree that the *Joint-jurisdictional Court* has authority to hear my case; I cannot later change my mind and decide the *Joint-jurisdictional Court* had/has no authority to hear my case.

* I have given my permission to share this information in a separate form, titled *Authorization for Release of Information* (contained in Form 3b: *Release of Information*).