



SUPERIOR COURT OF CALIFORNIA
HUMBOLDT COUNTY



HOOPA VALLEY TRIBAL
COURT

FAMILY WELLNESS COURT

UNDER THE JOINT JURISDICTION OF
THE HOOPA VALLEY TRIBAL COURT AND
THE SUPERIOR COURT OF CALIFORNIA, COUNTY OF HUMBOLDT

PARTICIPATION AGREEMENT

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 Humboldt Superior 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 Humboldt Superior Court, the Hoopa Valley Tribal Court, or in the Family Wellness Court (FWC).
- (5) My attorney has explained my rights in each of these courts.
- (6) I have discussed the FWC with my attorney and I choose to participate in the FWC.
- (7) By agreeing to participate in the FWC, I understand that I will have two judges who will hear my case: a Hoopa Valley Tribal Court judge and a Humboldt Superior Court judge, and that they will make orders together in my case.

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- (8) By agreeing to participate in the FWC, I understand that the Humboldt Superior Court is not transferring my case; that the FWC will open a case for my family; that the judges will apply Hoopa law, California law, and Federal law in my case.
- (9) I understand that in the FWC, 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 FWC, 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 FWC meetings with my family wellness team and follow through with the services and supports in my family wellness plan.
- (12) I understand that the FWC will regularly and randomly test me for alcohol and drugs.
- (13) I agree to attend all FWC court hearings.
- (14) I understand that during FWC team meetings and court hearings, the judges and team members will get information about my family.¹ (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 FWC 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 FWC (disposition); and
 - d) At six-month review hearings (status reviews).
- (16) Except for detention, jurisdiction, disposition, and status review hearings, I understand that other FWC participants, who are not parties to my case, may be in court with me.
- (17) I understand that I can cancel agreements number 1-16 at any time.

¹ I have given my permission to share this information in a separate form, *Releases*.

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(18) I understand and agree that the FWC has authority to hear my case; I cannot later change my mind and decide the FWC had/has no authority to hear my case.

PARENT'S STATEMENT

I have read this *Participation Agreement* or someone has read it to me. I have discussed each statement with my attorney. After consulting with my attorney about the Family Wellness Court, I understand and agree with each statement and wish to participate in Family Wellness Court.

PARENT'S SIGNATURE

DATE

ATTORNEY'S STATEMENT

I am the attorney of record for the parent. I have reviewed this form with my client. I have explained each of the items in the *Participation Agreement*, and have explained to the parent all his or her constitutional and statutory rights and answered all his or her questions regarding those rights and this agreement to participate in the Family Wellness Court. I have also discussed with the parent the facts of his or her case, the possible defenses to the pending allegations pursuant to Welfare and Institutions Code section 300, and the possible consequences of participation in the Family Wellness Court.

I concur in my client's decision to accept the joint jurisdiction of the Family Wellness Court and to enter into this Agreement to participate in the Family Wellness Court.

ATTORNEY'S SIGNATURE

DATE
