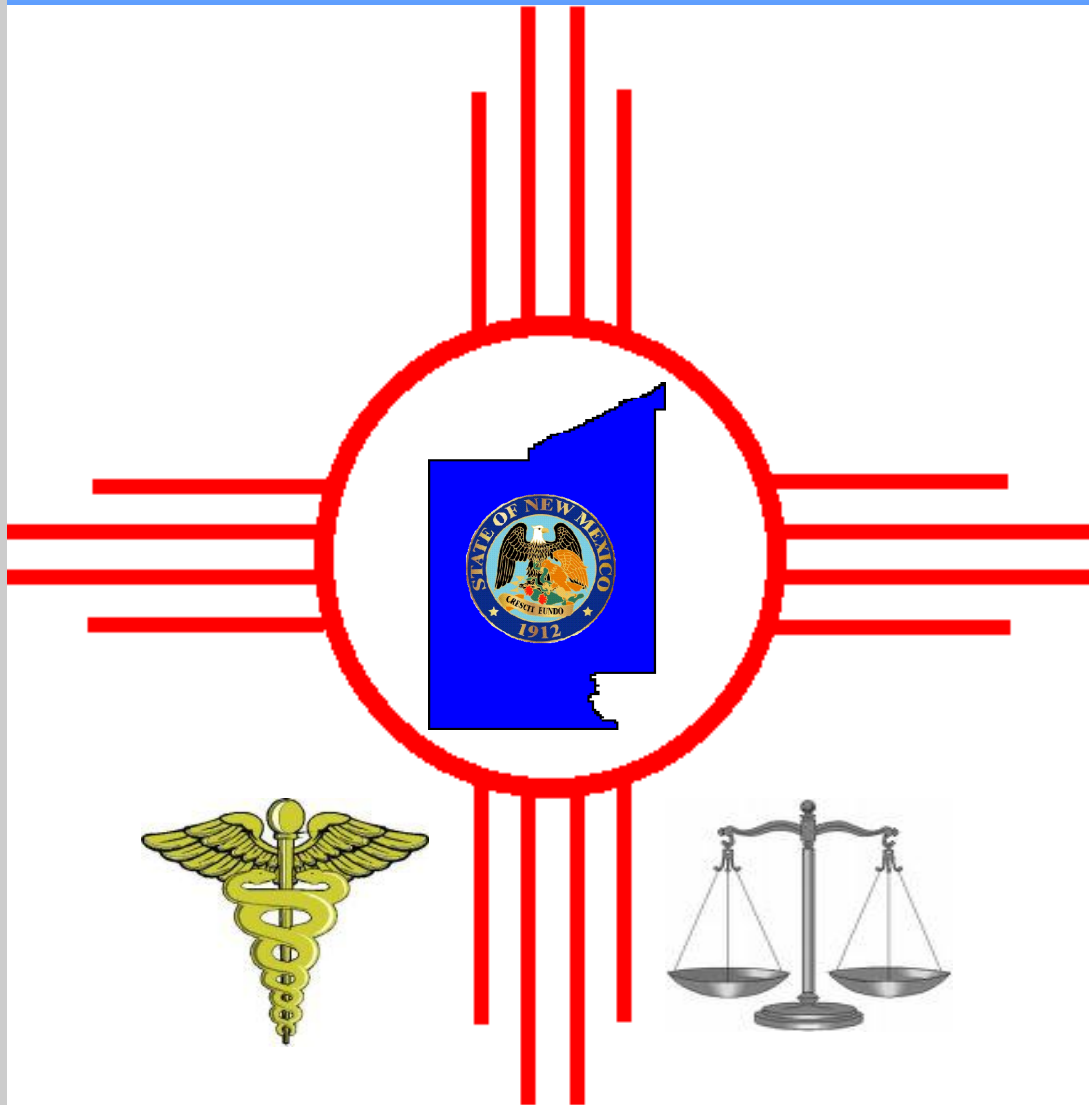


THIRD JUDICIAL DISTRICT COURT



FAMILY REUNIFICATION COURT PROGRAM ORIENTATION HANDBOOK

This handbook is designed to:

- ◆ Answer questions
- ◆ Address concerns
- ◆ Provide an overview of the Family Reunification Court Program

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INTRODUCTION

Welcome to the Family Reunification Court Program!

Congratulations on taking this very important first step in becoming part of this intensive program. The common goal of the FRCP is to reunify families in a safe, permanent home. During the process, most of your time and energy will focus on your recovery and learning to effectively care for and parent your children. The elements of the program are designed to assist you while providing support to help you in these goals.

The tests of life are not meant to break you, but to make you.

Norman Vincent Peale

The FRCP Team

The FRCP Team is made up of a panel of individuals who are contributing their time, many voluntarily, to assist in the decisions concerning both your CYFD civil case and your progress in this program. These members include:

- ◆ FRC Program, District Court Judge
- ◆ FRC Program, Program Manager
- ◆ FRC Program Surveillance Officer
- ◆ The Guardian ad Litem (attorney representing the best interests of the children).
- ◆ The youth attorney
- ◆ The respondent's attorneys
- ◆ CASA Executive Director
- ◆ Representative of the Citizen's Review Board & Jail Diversion Program
- ◆ NAVA Counseling Services Staff
- ◆ Time Limited Reunification Program (TLR)/ FYI representative
- ◆ CYFD Staff help monitor your progress in this program.



What is the Family Reunification Court Program?

The Family Reunification Court Program is one of the three court supervised programs at the Third Judicial District Court for adults and juveniles. The FRC Program is for men and women who lost custody of their children based, in part, due to drug and/or alcohol abuse issues. The program includes regular court appearances before the District Court Judge at least once a month.

While you are in this intensive treatment program, the Judge, your case worker and the Court's own surveillance officers will monitor your progress as far as compliance with the rules of the program. Your counselors will also assist in monitoring your progress regarding your compliance in your treatment plan.

What do I have to do in the program?

You are required to sign a contract and fully participate in the treatment plan that will be set up for you at treatment and with your CYFD Case. You are required to stay in contact with your case worker, surveillance, treatment and, for those that may have criminal cases, your Adult Probation Officer or Pre-Prosecution Diversion Officer.

How long will I be involved in the drug court program?

The Family Reunification Court Program has four (4) phases. Your participation in the program lasts 9 months to one year. The amount of time you spend in the program is determined by your individual progress. Some participants complete the program in one year and others have taken as long as longer to finish this program.



Change your thoughts and you change your world.

Norman Vincent Peale

A NEW BEGINNING

Everyone on the Family Reunification Court Program Team wants you to succeed. If you take advantage of the assistance offered you in this program, you will discover many ways to make a better life for yourself and your family.

The skills you can learn in the program can be used throughout your life. The choice to be alcohol and/or drug free is entirely up to you.

INDIVIDUALITY AND RIGHTS

The Family Reunification Court Program recognizes that everyone is unique. You have individual needs and you have differences. The Family Reunification Court Program is based on "community" and team work. This means that everyone works together, accepts one another for who they are, and helps each other within the program. This is the foundation for friendship, hope and long term success.

Family Reunification Court Program participants have the right to courteous, dignified and reliable delivery of services.

In turn, the Family Reunification Court Program Judge, team members, and program staff have the right to be extended courtesy and dignity by you.



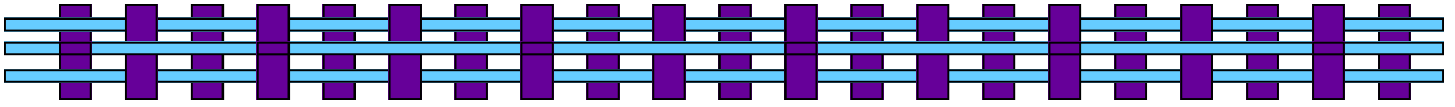
CONFIDENTIALITY

The FRC Program is a confidential treatment program. State licensing and state and federal laws requires that your identity and privacy be protected. You will be asked to sign a statement authorizing release of appropriate information to the Judge and the Drug Court Team. By law, (N.M.S.A. 16.22.2.12) & (CFR Title 42 Part 2), we are prohibited from releasing written or verbal information without your written signed consent. We still require a Court Order to release information, even if you sign a written consent.

There may be an emergency or legal circumstance that may require a release of information without your consent. Such circumstances are as follows:

Disclosure can occur if allowed by a Court order; the disclosure is made to medical personnel in a medical emergency; or to qualified personnel for audit or program evaluation; or disclosure is made if you commit or threaten to commit a crime, either at the program premises or against a member of the community, against a court staff person or another client; and/or disclosure will be made if you, the client, are suspected of child abuse, if you threaten homicide and/or if you are in the danger of committing suicide.

The Drug Court staff will disclose to the proper authorities if the above cited emergency or legal circumstances are present.



WHAT'S IN IT FOR ME?

INCENTIVES AND REWARDS

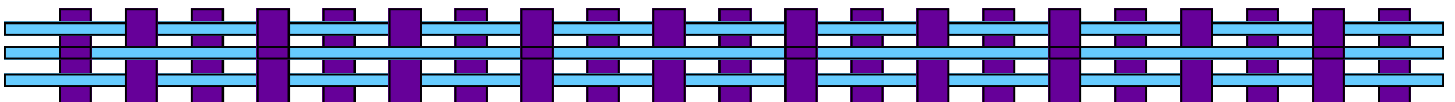
The program acknowledges compliance in the following ways:

- Phase advancement certificate and other incentives
- Encouragement and praise from the Judge
- Possible early dismissal from court review sessions
- And Graduation

FRC Program gives you the Opportunity to:

- Rebuild your family and community ties
- Live a drug and crime free life
- Obtain coping skills to last a lifetime
- Gives you the opportunity to interact with other people who live a “clean” lifestyle.
- Be a success and move forward

The dogmas of the quiet past are inadequate to the stormy present. The occasion is piled high with difficulty, and we must rise with the occasion. As our case is new, so we must think anew and act anew. Abraham Lincoln



TREATMENT IN FRC PROGRAM

The treatment component for you in Drug Court is comprehensive. There are four treatment phases. As you progress in your treatment, you will move or advance through phases. Each phase has its responsibilities and requirements, of which your counselor will inform you. As you successfully complete your treatment phases and maintain compliance with program requirements, you eventually will graduate from the program. It is the sincere desire of the Judge, the Court staff and the FRC Program team members that you successfully complete this program. The skills you learn while in treatment can serve you well throughout your entire life.

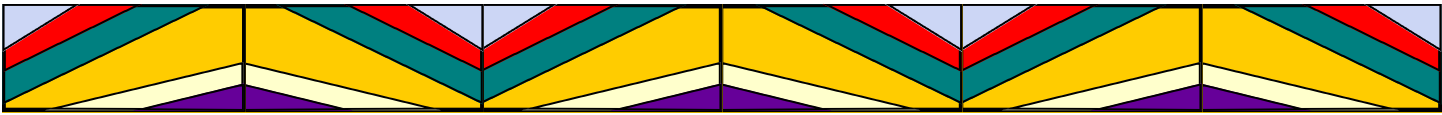
To fully comply with treatment, you will need to attend all counseling sessions as instructed by your counselor. If you miss any meetings, you must notify your counselor as to the situation and make arrangements to make up the missed meetings as soon as possible. Failure to do so could result in a sanction being issued by the Judge.

You are required to submit to random drug testing while in treatment. Testing can be conducted at the treatment provider as well as by the Court's surveillance officers, during home visits or at the District Court and even at the detention center if you are required to serve any jail time as a drug court sanction. The Judge expects your full cooperation in this matter.

Treatment is designed to develop self-awareness, realize self-worth, and practice self-discipline. The individual and group sessions will include problem identification and alternative solutions. Your attendance and participation at counseling sessions will be reported to the Judge as part of your monthly progress reports. Advancement from each phase, and any graduation, is determined by the Drug Court Judge with input from the FRC Program team.

Be who you are and say what you feel because those who mind don't matter and those who matter don't mind."

Dr. Suess

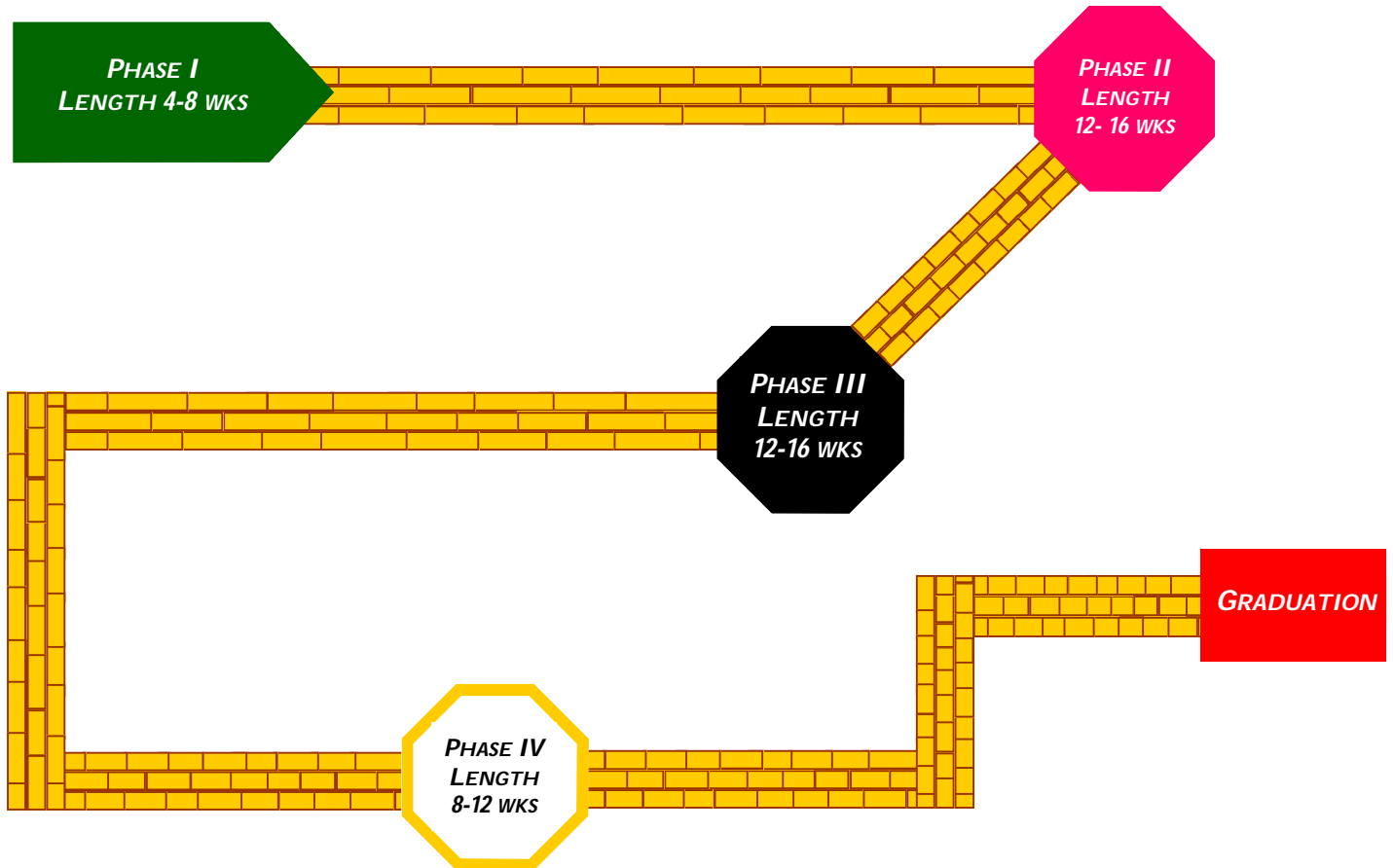


FRCP PHASES

Program Length

The Family Reunification Court Program is composed of four separate phases that are worked through on an individual basis resulting in an expected completion in a minimum of nine months and could last up to one year.

Your advancement in phases depends on your overall progress in the program. To advance you will have to attend all treatment appointments, court appearances, visitation and treatment meetings with your children, complying with your CYFD treatment plan, totally abstaining from drugs or alcohol and complying with your imposed curfew. **IT IS POSSIBLE TO BE DEMOTED TO A LOWER PHASE** if you are non-compliant and not committed to the program. Your progress is based on *your* behavior and commitment.



Phases I - IV

Phase I – Curfew: 9:00 PM

- Phase I lasts at least 4 weeks to 8 weeks
- Drug testing done at least 3 times per week at the designated treatment provider and randomly by FRCP Surveillance
- You appear at FRCP Drug Court when directed to do so
- You attend group and individual treatment at the designated treatment provider as directed by your treatment plan the groups are MRT, Parenting, Living in Balance, Coping Skills, and Substance Abuse
- You will begin Moral Recognition Therapy (MRT) and complete Step 1 in the MRT Workbook
- You will begin calling in to FRCP Surveillance at least one half hour before curfew
- You will attend all required visits and meetings with your CYFD case worker

Phase II – Curfew: As Directed by FRC Team

- Phase II lasts at least 12 to 16 weeks
- Drug testing at least 2 times per week at the designated treatment provider and randomly by FRCP Surveillance
- Appear at FRCP Drug Court when directed to do so
- Continue to attend group and individual treatment at NAVA as directed by your treatment plan
- Continue Moral Recognition Therapy (MRT)
- Continue calling in to FRCP Surveillance by your curfew
- Continue attendance to all required visits and meetings with your CYFD social worker

Phase III – Curfew: As Directed by FRC Team

- Drug testing at least 1 - 2 times per week at the designated treatment provider and randomly by FRCP Surveillance
- Continue to appear at FRCP Drug Court when directed to do so
- Continue to attend group and individual treatment at NAVA as directed by your treatment plan
- You should be completed or near completion of MRT
- Continue calling in to FRCP Surveillance by your curfew
- Continue attendance to all required visits and meetings with your CYFD social worker

By the end of Phase III you should be able to demonstrate the ability to provide safe/stable housing and financial support for your children.

Phase IV – Curfew: As Directed by FRC Team

- Drug testing at least 1 clean drug tests per week at NAVA and randomly by FRCP Surveillance
- Utilize your sponsor
- Attend all treatment/parenting groups twice per week
- Continue to appear at FRCP Drug Court when directed to do so
- Continue calling in to FRCP Surveillance by your curfew
- Continue attendance to all required visits and meetings with your CYFD social worker

You should be able to demonstrate the ability to access necessary resources you need on your own and monitor your own relapse prevention plan.

As the family goes, so goes the nation and so goes the world in which we live.

John Paul II

GRADUATION AND AFTERCARE

Graduation

Graduation from the FRC Program requires that you successfully complete all the requirements of the FRC Program, which includes completing the Phase requirements and program compliance. Once you graduate from the program you will no longer be required to call in to FRCP Surveillance and your curfew will no longer be in effect.



Then, without realizing it, you try to improve yourself at the start of each new day; of course, you achieve quite a lot in the course of time. Anyone can do this, it costs nothing and is certainly very helpful. Whoever doesn't know it must learn and find by experience that a quiet conscience makes one strong.

Anne Frank

Aftercare – 3 Months

Aftercare will be voluntary and be part of the Alumni group that is held at designated treatment provider.



PROGRAM RULES

Program Rules

It is very important that you take full responsibility and accountability for your behaviors, actions, and attitude *without* placing blame on others or certain situations. It is equally important to keep in mind that you will be held fully accountable by the FRCP Team and you will receive an appropriate sanction for failure to comply with the rules of the program and/or directives of the judge. The Family Reunification Court Program is highly structured and intense, but as you progress its demands will lessen.

1. Call FRCP Surveillance by curfew time each evening 30 minutes before your assigned curfew time.
2. Notify your therapist *prior to* missing your appointment/session if you are unable to attend treatment, give a UA, or if you will be tardy. An incident report will be filed if you fail to attend programs as required and prior notice is not given. *Excusable absences with documentation from you are acceptable in the event of a family emergency, serious illness, or court appearance. Missed sessions should be made up within the same review period.*
3. Failure to produce a drug test will lead to an incident report being made and you will be considered to be “dirty” (positive) on the test. However, if you do provide a drug sample which *does* come back positive, a confirmation will be done on that sample. All confirmed drug and alcohol testing is documented and reported to the Drug Court Judge and to the FRCP Team in your reviews before court.
4. Once in the program, it will be required you report to FRCP Surveillance your prescribed and over the counter medications. This is important because some prescription medications that you may be taking can cause you to produce a positive UA result.
5. Keep your CYFD case worker, attorney, and FRCP Surveillance Officers and treatment provider notified of any change of address, phone number, and living situation including those in the residence. Also, if you are arrested, detained in jail, or have a court hearing in any jurisdiction, be sure to notify these members of the FRCP Team as soon as possible as well as your Probation Officer (if you have one). Also, make sure these individuals know if you or your children become seriously ill or are hospitalized.

PROGRAM RULES CONT.

6. For *any* court appearance, dress appropriately (see attached dress code), cover all tattoos, take out any eye, lip, nose, or eyebrow rings/studs. Also, *do not* get any new piercings or tattoos while in the FRCP.
7. Remove your hat and/or sunglasses and dispose of your chewing gum before entering the courtroom. Upon entering, make sure to take a seat in the jury box. Do not converse with others during the court session and do not leave until everyone has finished presenting unless you are excused by the judge.
8. Always address the judge as Your Honor.
9. In the best interest of yourself and your children, the judge may direct you to not associate with or have any contact with a friend or person that conflicts with your efforts in recovery or safety or in the return of your children to the household. If you are found to be in contact or association with this person, it will constitute a violation of the program rules and you may face a sanction.
10. Be honest about any relapses or drug use during your recovery. This will better facilitate the FRCP Team's efforts to provide you with the necessary treatment. Drug testing results obtained while in the FRCP cannot be used against you in criminal charges. Also, the FRCP is not an adversarial court where you are found to be *guilty* of formal charges.



Change is the law of life. And those who look only to the past or present are certain to miss the future.

John F. Kennedy



ACCEPTABLE OVER THE COUNTER MEDICATIONS

BASIC RULE OF THUMB – IF YOU HAVE TO ASK FOR IT BEHIND THE COUNTER---YOU CAN'T TAKE IT WITHOUT A LEGITIMATE PRESCRIPTION. IF THE PRODUCT YOU ARE THINKING OF TAKING IS NOT ON THE LIST BELOW CONTACT SURVEILLANCE AT (575) 636-7023 FOR APPROVAL AND/OR ANY QUESTIONS.

ANTI-INFLAMMATORY PAIN RELIEVERS

- ASPIRIN** - (Bayer, Anacin, as well as any generic)
- IBUPROFEN** - (Motrin/Advil, any generic, and PM)
- ACETAMINOPHEN** - (Tylenol, generic form, and PM)
- NAPROXEN** - (Aleve or any generic)
- EXCEDRIN** -, any generic, including PM

VITAMINS

All vitamins individual or multi-vitamin are ok. Some vitamins may give a false positive so if you decide to start taking vitamins let surveillance know that you are taking vitamins.

ANTACIDS/ANTI DIARRHEAL

- MAALOX** - and all generic forms
- ROLAIDS** - and all generic forms
- TAGAMET** - and all generic forms
- ALKA SELTZER** - and all generic forms
- PEPTO BISMOL** - and all generic forms
- PECID AC** - and all generic forms
- MILK OF MAGNESIA** - and all generic forms
- IMODIUM**- and all generic forms
- KAOPECTATE**- and all generic forms

COLD/FLU & ALLERGY

- THERA-FLU** - as well as generic forms
- DAYQUIL** - as well as generic forms -- **STAY AWAY** from **NIGHTQUIL** because it has alcohol
- DIMETAPP**- as well as generic forms
- COUGH DROPS** -allowed any brand including generic
- ZYCAM** - as well as generic forms
- AMOXICILLIN/PENICILLIN/ZITHROMAX**- Antibiotics W/ Prescription
- SUDAFED PE** - and all brands (severe, sinus etc) including generic forms. **STAY AWAY FROM REGULAR SUDAFED AND ANY GENERIC FORMS-** contain Pseudoephedrine
- ZYRTEC** - and any generic forms; **STAY AWAY FROM ZYRTEC D** contains Pseudoephedrine
- CHLORASEPTIC SPRAY** - and any generic forms
- BENADRYL** - and any generic form
- CLARITIN 24 and REDI TAB 24** - and all generic forms **STAY AWAY FROM CLARITIN D** contains Pseudoephedrine all generic forms of this particular medicine
- TYLENOL ALLERGY/SINUS** - and all generic forms



MOUThWASH

CEPECOL OR CREST with no alcohol

NASAL SPRAYS

- NA SAL** - and any generic form
- SUDAFED OM** - and any generic form



PROGRAM

SANCTIONS

Program sanctions for failure to comply with the rules of the FRCP include but are not limited to:

- Community service
- Reduction in your curfew time
- Writing or speaking assignments
- Repeating MRT steps
- Placement on house arrest
- Incarceration at the county jail or termination



PROGRAM

INCENTIVES

Compliance with the rules of the program can lead to incentives for doing well in the program they can include but are not limited to:

- Phase advancement
- Certificates
- Judicial recognition
- Gift cards
- Graduation from the program



Things do not change, we change. Henry David Thoreau

FRCP ETIQUETTE AND DRESS CODE

- When you speak to the Judge, say “Your Honor,” “Yes Sir/Ma’am,” “No Sir/Ma’am.”
- Be on time—contact surveillance BEFORE session, if you may be late
- No food, drinks, gum or candy of any kind are allowed in the court room.
- Pagers and cell phones need to be turned off before you go into the courtroom and may be confiscated if they go off during the drug court session
- Be courteous to all staff members
- Respect and be courteous of the opinions and feelings of other participants
- No violence, threats, intimidation, or inappropriate behavior
- No dishonesty, lying, stretching the truth, or half truths
- Intimate relationships between participants is strongly discouraged due to the therapeutic nature of the program, unless legally married
- Maintain an appropriate level of dress and hygiene at all times
- Inappropriate clothing will not be tolerated!
 - Hats, caps, bandanas, or any other headwear
 - Sunglasses
 - Visible Body piercings
 - Gang attire
 - Shorts/Dresses/Skirts above knee level
 - Tank tops, muscle shirts, crop tops
 - Items with drug, alcohol, sexual, obscene and/or racist themes, words, or pictures
 - Sexually provocative clothing (Tube Tops, Halter Tops, Spaghetti Straps, Shorts of any kind, etc.)
 - Sagging Pants

IF YOU HAVE TO ASK IF IT IS APPROPRIATE TO WEAR IT IS PROBABLY NOT APPROPRIATE FOR COURT.

TIPS ON HOW TO SUCCEED

- ◆ Keep all appointments and make all court appearances. Keeping appointments is as important as appearing in Court.
- ◆ If you have problems remembering your appointments and court dates, use a calendar. Write the dates and times down!
- ◆ Plan your schedule (work, school, treatment) in advance.
- ◆ If you have a problem making early morning appointments and court appearances, go to bed early and buy an alarm clock!
- ◆ Know your treatment schedule.
- ◆ If you absolutely cannot make an appointment or court appearance, CALL BEFORE, not after.
- ◆ Plan ahead. If transportation is a problem, have a back-up plan to get to where you have to be. Failure to have adequate transportation is not an excuse—WALK!!!
- ◆ Keep all paperwork. Do not throw anything away.
- ◆ Be honest. Honesty is essential to recovery. Honesty/Self-Disclosure will be considered if the need for sanctions arises.
- ◆ Carry a photo ID with you at all times.
- ◆ Triggers and cravings are not excuses to use, they are reasons to go to a meeting or contact your counselor or sponsor for support. Relapse triggers to avoid:
 - > Hanging around with people who are drinking and drugging
 - > Going to places where you used drugs or alcohol in the past
 - > Thinking about the parties and forgetting about the problems the parties/using created
 - > Fights with loved ones
 - > Disappointments, bad luck
 - > Idle time
 - > Anniversaries of sad events
 - > Celebration events, holidays, good fortune
 - > Medication that can affect how you feel



IMPORTANT NUMBERS

FRCP:

Robert JW Adam, Surveillance Officer – 636-7023

CYFD:

Main Line – (575) 373-6400

Cecilia Rosales (Supervisor) – 373-6452

Jolene Torrez (Social Worker) – 373-6451

NAVA Counseling:

MAIN LINE –524-2505

COLOR LINE - 202-8123

VERY IMPORTANT NUMBER TO CALL EVERY DAY MONDAY THROUGH FRIDAY AS LONG AS YOU ARE IN THE PROGRAM.

VINE:

*VINE (Victim Information and Notification Everyday), the National Victim Notification Network. This service allows crime victims to obtain timely and reliable information about criminal cases and the custody status of offenders 24 hours a day.

(866) 314-3662

Appendices

Appendix A

Participant's Copy of Contact

Appendix B

Community Service Sheet

Appendix C

Participant's Work Schedule



Appendix A

**Third Judicial District Court
Family Reunification Court Program
Participant Agreement**

In support of admission to the Third Judicial District Court's Family Reunification Court Program (FRCP), the below named participant agrees to the following terms, conditions, and waivers upon acceptance by the Court for participation in this Program:

Name: _____

Address: _____

Tel. No.: _____

CYFD Case Worker: _____

1. _____ I understand that my participation in the Family Reunification Court Program involves myself, the Court, and the FRC Program Team. I further understand that the FRC Program Team consists of: The FRC Judge, FRC staff, staff from the designated treatment provider and/or designated treatment provider's sub-contractor(s), Children, Youth and Families Department (CYFD) staff, the Court Appointed Special Advocate (CASA) Executive Director and/or designee, respondents' attorneys, the Guardians Ad Litem/Youth Attorneys and any other parties that work in conjunction with the FRC Program.

2. _____ I understand that I, _____ am entering into the Family Reunification Court Program. I understand that I am required to attend drug court sessions with the FRC Judge. I will attend drug treatment with the designated treatment provider and / or it sub-contractors. I will submit to random drug testing from both the treatment provider and/or FRC Surveillance. I will remain clean and sober and obey the laws of the State of New Mexico. I will abide by the rules and regulations of the FRC program and CYFD. I understand that if I do not follow the rules of the program, I may be sanctioned which could include up to and including incarceration and or terminated from the program.

3. _____ I agree to cooperate in an assessment / evaluation for planning an individualized drug treatment program adequate to my needs. I understand my treatment plan can be modified by the treatment provider or the FRC Program as circumstances arise, and I agree to comply with the requirements of any such modifications.
4. _____ I understand that I must attend all scheduled treatment sessions and appointments required by staff. If it is necessary to miss any session I will get approval in advance if possible. In case of an emergency I will call FRC staff or treatment staff to let them know of the emergency and supply proof of the event to staff when the emergency has passed. If there is not any attempt to get prior approval for the appointment it will be considered unexcused.
5. _____ I understand that I have signed a waiver to release all pertinent treatment information during the period of time that I, _____ am in the FRC Program for the purpose of gauging my progress in treatment and reunification.
6. _____ I understand that I can revoke my consent for disclosure of confidential treatment information at any time; however, such revocation would not allow my further participation in the Family Reunification Court Program.
7. _____ I understand that I will be tested for the presence of drugs in my system on a random basis according to procedures established by the FRC Program and/or designated treatment provider. I understand that I will be given a location and time to report for my drug test. I understand that it is my responsibility to report to the assigned location at the time given for the test. I understand that if I am late for a test, or miss a test, it will be considered a failure to provide a drug screen and I may face a possible sanction. If I miss a drug screen at treatment it is my responsibility to call FRC Surveillance to see if they can give a drug screen in the field.
8. _____ I understand that I will submit to screening, assessment and random drug testing either of which may be In Vitro Immunoassay Drug Screens or Laboratory Testing using GC/MS testing for the presence of alcohol and other drugs of abuse including prescription drugs and over the counter drugs. I will be tested at the designated treatment provider and by FRC Surveillance in field as part of the field visits.

9. _____ I understand that I am responsible for transportation and I will appear ON TIME for all drug court sessions, counseling sessions and meetings as required.

10. _____ I understand that I must be in compliance with my treatment plan as ordered by the Court. Examples of non-compliance would be testing positive on either a drug screen or a portable breath test (PBT) or both, missed or diluted drug screens, failure to provide a drug screen and /or PBT, missed individual or group treatment sessions, or any other form of non-compliance involving the participant's treatment plan. Non-compliance will be dealt with at the drug court session and could involve sanctions ranging from community service to termination from the program.

11. _____ I understand that I may not possess any weapons while I am in FRC Program. I will remove any and all weapons in my possession or in my home whether the weapon is owned by me or someone else in my home. Failure to remove and/or disclose may result in termination from FRC Program.

12. _____ I understand I will not participate in any gang affiliated activity. If I engage in gang activity I may be discharged from the FRC Program.

13. _____ I understand that I may be hearing confidential treatment information regarding other participants during group treatment sessions and this information is not to be re-disclosed or discussed with any other individuals outside the FRC Program Team or its participants.

14. _____ I understand that my treatment plan will be a minimum of nine months and could last up to 15 months. I also understand that my treatment plan will consist of four phases and also include aftercare if the FRC Program Team requires it.

15. _____ I will inform all treating physicians that I may not take narcotic or addictive medications or drugs. If a treating physician wishes to treat me with narcotic or addictive medications or drugs, I must disclose this to my treatment provider and obtain written verification for the use of said drug / substance.

16. _____ I understand before taking medication of any kind, I will check with the pharmacist to ensure that it is non-narcotic, non-addictive and contains no alcohol. I will pre-register any and all medications, prescribed or over-the-counter, with my treatment provider and with the FRC Program. I agree not to take any substance in order to affect the results of drug test.

17. _____ I understand that my individual course of treatment may include drug treatment education, and/or self-improvement courses such as anger management, parenting or relationship counseling.

18. _____ I understand that within the time directed by the FRC Program Team, I will seek employment, job training and/or further education as approved by the FRC Program Team, and that failure to do so may result in sanctions or termination.

19. _____ I understand that I must keep an open line of communications with staff from the following agencies: CYFD, FRC Program staff, and designated treatment provider as to my current address and phone number at all times during my participation in the Family Reunification Court Program. I will not relocate outside the jurisdiction of the Third Judicial District Court while I am in the FRC Program.

20. _____ I understand that FRC Surveillance can perform home visits, drug screens and portable breath tests at any time.

I have read and acknowledged the requirements of this contract and I understand the terms and conditions and have been given a copy of this contract.

Executed in Doña Ana County, New Mexico on this _____ day of _____, 20_____

Participant's Signature

Participant's Printed Name

FRC Staff

Date

CYFD Case Worker

Date

FRCP Judge

Date

CONSENT FOR THE RELEASE OF CONFIDENTIAL ALCOHOL OR DRUG TREATMENT INFORMATION TO THE FRC PROGRAM

I, _____, authorize the disclosure of any treatment
(Name of the patient)

records created during my time in the FRC Program to be disclosed to the FRC Program team which consists of the following agencies:

- FRC Program Judge
- FRC Program Staff
- Children, Youth, and Families Dept. Staff (CYFD)
- Court Appointed Special Advocate (CASA) Executive Director and/or Designee
- FRC Program Designated Treatment Provider and/or their sub-contractor(s)
- Respondents' Attorneys
- Guardian Ad Litem / Youth Attorneys

And any other parties that work in conjunction with the FRC Program

The purpose of the disclosure is to track my treatment progress in the FRC Program. The information will be used to monitor whether the participant is on schedule with their treatment plan and their plan to reunify with their children.

This consent will begin today's date: _____. This consent will continue until I graduate or I am terminated from the FRC program. I also understand that I may revoke this consent at any time at which time the participant will be discharged from the FRC Program.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

Signature of participant

Date

Printed Name of Participant

PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



Third Judicial District Court
Family Reunification Court Program
Community Service Form

Name of the Agency:	Address of Agency:	Telephone Number:

I _____ certify that the participant completed the following community service.

Client's Last Name:	Client's First Name:

Date of Community Service Hours	Time Community Service Hours Began	Time Community Service Hours Ended	Total Hours Worked

For Office Use ONLY:

Date community service was issued: _____

Number of hours issued: _____

Officer issuing the community service: _____

Date community service should be returned back to the Court: _____

Reason for community service: _____

Date community service was returned back to the Court: _____



Third Judicial District Court
Family Reunification Court Program
Participant Work Schedule

Participant's Last Name:	Participant's First Name:

Employer's Name:	Address of Employer:	Telephone Number:

Schedule for the Week of:	
----------------------------------	--

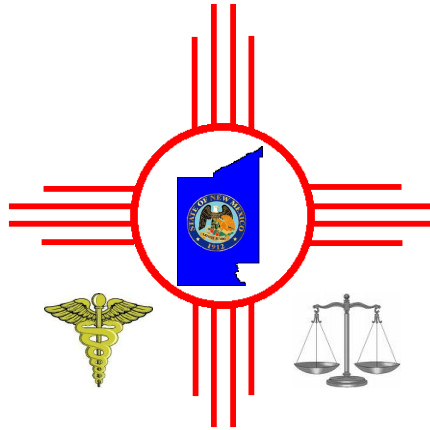
Day	Time In	Time Out
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Orientation Sheets

For

Date of Orientation

THIRD JUDICIAL DISTRICT COURT



FAMILY REUNIFICATION COURT PROGRAM

ORIENTATION FORM

Case Information:

Last Name: _____ First Name: _____

CYFD Case #: _____ CYFD Case Judge: _____

Criminal Case # (if applicable): CR _____

Criminal Case Assigned Judge: _____

Probation Until: _____ Assigned APPO: _____

Orientation date: _____

Interviewer's name: _____

Contact Information:

Mailing Address:		Mailing City:	State:	Zip:
Physical Address:		City:	State:	Zip:
Phone Number:		Addition Phone:		

How many months has the participant been at this address? ____

Have you moved in the past 6 months? _____ If so how many time? _____

Types of Housing: Own Rent Public Homeless

Participant Demographics:

Current Age: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Do you have a valid driver's license? Yes No

ID card or Driver's License Number: _____

What is the participant's current family composition?

- Live with spouse/partner and children
- Live with children alone
- Live with spouse/partner and other/friends
- Live alone
- Unknown

Family Members in Household (List Name and Age)

Marital Status: Single Married Divorced Separated Widowed Unknown

How many dependents does the participant have? _____

How many children are in the participant's family? _____

Does the participant have stable housing? Yes No Unknown

Is the participant eligible for housing assistance? Yes No Unknown

If yes how long have you received housing assistance? _____

Is the participant currently enrolled in Medicaid? Yes No Unknown

If no, is the participant eligible for Medicaid? Yes No Unknown

Is the participant currently receiving TANF funds? Yes No Unknown

If no, is the participant eligible for TANF funds? Yes No Unknown

Is the participant receiving other forms of public assistance? Yes No Unknown

If yes, please list types of assistance: _____

Education Information:

How many years of education has the participant completed?

Eighth Grade or Less

Some College

Freshman in High School

Associates Degree or Vocational Training

Sophomore in High School

Bachelor's Degree

Junior in High School

Master's Degree

High School Grad

Doctorate

GED

Unknown

Is the participant currently attending school? Yes No Unknown

Is the participant literate? Yes No Unknown

Does the participant have a learning disability? Yes No Unknown

Employment Information:

Is the participant currently employed? Yes No Unknown

If yes, what is the participant's occupation? _____

Who is the participant's employer? _____

What type of profession? _____

Address where participant is employed? _____

How many months has the participant been employed in current job? _____

How many jobs has the participant had in the last 24 months? _____

What is the participant's current weekly income? _____

Health Status:

What would you consider as your health status: Excellent Good Fair Poor Unknown

Have you ever received substance abuse in-patient treatment? Yes No Unknown

If so where and when: _____

Have you received substance abuse out-patient treatment? Yes No Unknown

If so where and when: _____

Have you received substance abuse residential treatment? Yes No Unknown

If so where and when: _____

Have you joined a 12-step or other support program? Yes No Unknown

If so where and when: _____

Have you received mental health treatment? Yes No Unknown

If so where and when: _____

Have you been a victim of domestic violence? Yes No Unknown

If so where and when: _____

Do you presently have a domestic violence order in effect? Yes No Unknown

If yes when: _____

Have you ever been a victim of sexual abuse? Yes No Unknown

Have you taken any of the following drugs in the past?

- | | |
|---|--|
| <input type="checkbox"/> Cannabinoids (Cannabis) | <input type="checkbox"/> Opiates (Heroin) |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Opiates (Prescription) |
| <input type="checkbox"/> Methamphetamines | <input type="checkbox"/> LSD |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> PCP |
| <input type="checkbox"/> MDMA (Ecstasy) | <input type="checkbox"/> Other Hallucinogens |
| <input type="checkbox"/> Inhalants | <input type="checkbox"/> ETOH |
| <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Barbiturates |
| <input type="checkbox"/> Other | |

Is the participant currently on medication? Yes No Unknown

Medications (specific dosage): _____

If the participant is receiving other treatment or supports, please list: _____

Is the participant pregnant? Yes No Unknown

Notes: _____

CYFD Information

(COMPLETE THIS SECTION ONLY IF THERE IS AN ADJUDICATED OR STIPULATED ABUSE AND/OR NEGLECT CASE)

Who is the CYFD caseworker's name? _____

How many children are in CYFD custody? _____

How many prior referrals has the participant had with CYFD at program entry? _____

Please list the children's ages and type of placement:

Living arrangement placement types:

- ▶ Foster Care
- ▶ Treatment Foster Care
- ▶ Residential Treatment Center
- ▶ Inpatient Psychiatric Care
- ▶ Group Home
- ▶ Independent Living
- ▶ Trial Home Visit
- ▶ Maintain at Home
- ▶ Living with Relative
- ▶ Other

	Age:	Name: of Child:	Type of placement:	If other, please specify:
1st Child				
2nd Child				
3rd Child				
4th Child				
5th Child				
6th Child				
7th Child				
8th Child				

What brought your child or children into CYFD Custody? _____

If this child is still in placement, what is the type of placement?

- Foster Care
- Trial Home Visit
- Treatment Foster Care
- Maintain at Home
- Residential Psychiatric Care
- Living with Relative
- In-patient Psychiatric Care
- Independent Living
- Group Home
- Unknown
- Other

If other, please specify: _____

If still in placement, how often do visitation sessions occur?

- Weekly
- Biweekly
- Monthly
- Unknown
- Other
- N/A

If other, please specify: _____

Comments: _____

Have you been part or a gang or gang activity presently or in the past? Yes No Unknown

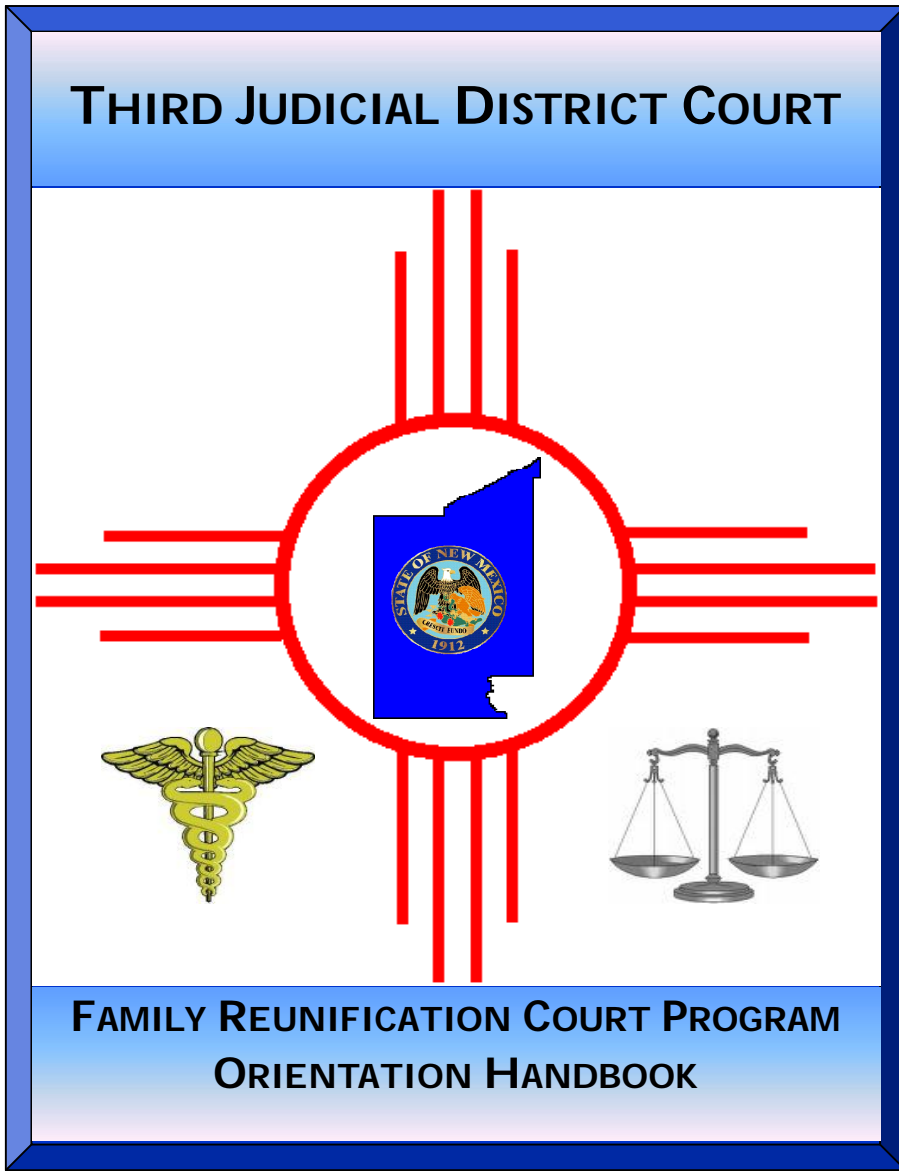
Vehicles (List year/make/color):

Emergency Contacts (List Name/Phone Numbers/Relation)

1) _____
2) _____
3) _____

Topics Discussed:

- Orientation pack given to participant
- Issue surveillance business cards to participant
- Discuss curfew with participant
- Discuss sanctions and incentives
- Discuss about use of over the counter and prescription medications with participants
- Discuss travel during the participant's time in the program
- Discuss communication with surveillance, case worker and APO if applicable
- Discuss change of address and phone numbers
- Discuss missed drug screens at the treatment provider that the participant needs to contact surveillance as soon as
- Discuss the importance of attendance with treatment and the need to reschedule if they miss a group or individual
- Advise the participant that the FRC Drug Court sessions are open to the public
- Discuss work schedules with the participant
- Ask if there is or has been any gang affiliation
- Ask about drugs of choice
- Ask if participant if they have any pets and advise them they must control and secure animals
- Advise the participant of establishments that they are not allowed to enter while they are in the program
- Advise participant of how the program affects all the members of the household. Advise the participant that all the
- Advise the participant that any criminal behavior will be reported to local law enforcement and any suspected child
- Advise clients that alcohol and/or drugs are not allowed on their property or in their presence. Tell them not put
- Remind the participant to talk with their family and friends to respect the rules of the program since this may have a



I, _____ acknowledge that I have received a copy of this booklet on the following date ____ of _____ 20____. I acknowledge that I will read this booklet at my convenience and if I have any questions I will direct them to FRC staff.

Participant's Signature

Participant's Printed Name

FRC Staff



Date