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4 **IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR JACKSON COUNTY**

5 State of Oregon

6 vs.

7 Click here to enter text.,  
8

**CASE NUMBER:** Click here to enter text.

**PETITION FOR  
COMMUNITY FAMILY COURT**

9  
10 I, \_\_\_\_\_, respectfully petition the Court for  
11 acceptance into Community Family Court (CFC). I understand the Community Family Court  
12 Program is designed to coordinate services and interventions intended to rehabilitate court-  
13 involved families and individuals. CFC is not available to everyone due to limited resources  
14 and eligibility criteria. If this petition is accepted by the Court, I agree to give up the  
15 following rights and to carry out the agreements set forth below:

- 16
- 17 1. I freely, voluntarily and knowingly waive the following rights; my right to written  
18 notice, to an adversarial hearing, to confront any witnesses against me, to  
19 subpoena witnesses, my right to a speedy trial and my right to remain silent. I  
20 have discussed these waivers with my attorney and fully understand their  
21 significance. If I have signed this waiver without the assistance of an attorney, I  
22 acknowledge that I am aware I have the right to have an attorney, and if I cannot  
23 afford an attorney, the Court would appoint an attorney to assist me.
  - 24 2. I understand that multiple case types may be bundled into the CFC program and  
25 that specific legal considerations will depend upon my specific case type(s) and/or  
26 charges. If entering the program through a DHS Child-welfare case I understand if I  
successfully complete CFC I may receive favorable consideration from the Court. I  
acknowledge that participation in CFC does not automatically guarantee  
reunification or any other particular outcome. If entering CFC on an Adult Criminal  
Case. I understand if I successfully complete CFC I may receive a reduction or  
dismissal of criminal charges. If dismissed with prejudice the District Attorney may  
not prosecute this charge in the future. If this is a probation violation, the  
probation will be terminated as successful. Regardless of the type(s), I understand  
that the assigned CFC Judge will view my relevant Jackson County Circuit Court  
cases collectively.
  3. If a portion of my CFC agreement included an adult criminal case, I agree if I am  
terminated from CFC my criminal case will proceed directly to sentencing. If I  
received a suspended sentence, that sentence will be imposed without further delay  
and may include jail or penitentiary time. The State may request my termination  
from CFC for non-compliance at any time. The ultimate decision to terminate will  
be made by the Court.

- 1 4. I agree that any violations of the terms of this agreement commission of a new  
2 crime or any failure in the treatment program may result in modification or  
3 termination from CFC. I agree the Court can impose immediate consequences,  
4 including but not limited to up to eight days in detention/jail, if the Court  
5 determines that I have not complied with Orders of the Court or the requirements of  
6 the program. I agree the court may impose other sanctions including, but not  
7 limited to, community service, work crew, court days and jail, rather than  
8 terminating my participation in CFC. Participants who are sanctioned to jail on  
9 dependency cases will be charged with misdemeanor contempt of court.
- 10 5. If entering CFC on criminal charges and the District Attorney files additional charges  
11 arising from the original incident on which my plea is based, I agree not to assert  
12 my former jeopardy rights. I further agree not to file any motions, including  
13 motions to suppress evidence obtained by search and/or seizure.
- 14 6. I agree to satisfactorily complete a diagnostic assessment for the development of  
15 my drug/alcohol treatment program at a state certified treatment provider as  
16 ordered by the Court. I authorize the release of all treatment information by the  
17 treatment provider to the Court.
- 18 7. I agree to complete a treatment program at my expense and to attend a minimum  
19 of two support groups (NA/AA) per week unless otherwise ordered. I will follow and  
20 comply with all requirements of the treatment program.
- 21 8. I agree to comply with request for any drug testing. Drug testing will be required  
22 on a frequent and random basis. Any refusal or failure to give a drug test will be  
23 considered a positive or a dirty test. A positive or a dirty drug test will not  
24 necessarily terminate me from CFC, but may lead to a sanction or recommendation  
25 by the treatment provider.
- 26 9. I understand I will be tested for all controlled substances. Any results out of range  
may be considered a positive test. The test will also screen for possible adulteration.  
If I submit a urine sample that appears to have been diluted or adulterated, I will be  
required to wait at the testing facility until a legitimate sample can be obtained.
10. I agree to provide information on all prescriptions from my health-care provider(s)  
that I am taking while in CFC. If I do not provide these prescriptions, any test  
showing the presence of un-prescribed drugs will be considered positive or a dirty.  
Participants are encouraged to explore non-narcotic prescriptions alternatives to  
narcotic medications and are required to inform medical personnel of their  
addiction(s) prior to receiving narcotic medications. I understand I am not allowed  
to take prescription medication that has not been prescribed to me by my health-  
care provider(s), nor am I allowed to abuse or misuse prescribed medications.
11. I understand that I may also be asked to take a polygraph as a condition of my  
participation in CFC.
12. I shall refrain from knowingly associating with persons who use or possess  
controlled substances illegally or from frequenting places where such substances  
are kept or sold.

- 1 13. I agree to submit current private and/or government funded medical insurance  
2 information upon admission into treatment. I understand I will be required to show  
3 proof of income and apply for the Oregon Health Plan if I am eligible. I authorize  
4 release of all information necessary to appropriately invoice third party insurance  
5 plans for treatment services provided to me under this program.
- 6 14. I will immediately report all contact with law enforcement to a member of the CFC  
7 Team. I agree not to make controlled buys on behalf of law enforcement and to  
8 report any requests to do so to the CFC Team.
- 9 15. I agree the Court may require me to seek and maintain employment, participate in  
10 mental health or other counseling assessment and treatment, educational programs  
11 and other interventions deemed appropriate.
- 12 16. I will appear in court on scheduled dates. I agree the Court may require me to  
13 appear at any time regardless of my compliance and success in the treatment  
14 program. I will provide written documentation verifying absences as directed.
- 15 17. I agree to keep the CFC staff, my treatment provider, probation officer and my case  
16 worker apprised of my current address and phone number and to notify them of  
17 changes within 24 hours.
- 18 18. I agree the CFC Judge may communicate with others about my participation in CFC  
19 without my attorney or me present. I agree to sign any releases or other  
20 documents necessary so that the CFC team can discuss my progress in all my  
21 programs including, but not limited to, drug/alcohol treatment and mental health  
22 counseling. I further waive any rights of state or federal confidentiality I may have  
23 regarding discussions about my case and/or treatment between *only* those persons  
24 who are directly involved with CFC. I DO NOT WAIVE any rights of privacy or  
25 confidentiality regarding any aspect of my case or treatment concerning  
26 communications with any person or agency that is not affiliated with CFC except as  
mandated by law. The waiver shall apply only while I am a participant in CFC.
- 19 19. If I have ANY doubt, confusion or misgiving about what CFC, DHS, my probation  
officer or any treatment provider expect of me I will communicate with them for  
clarification. I understand that ignorance will not be a sufficient defense for my  
actions.
- 20 20. I understand the CFC treatment provider will be informed of my criminal history. I  
will be required to disclose any supervision or treatment I am involved in, have  
successfully completed or been terminated from. Upon the request of the CFC  
treatment provider or the Court, I will sign a release of information agreement and  
authorize such program to provide supervision and treatment information to the  
CFC Program. The Court in its discretion may release information to the treatment  
provider.
- 21 21. If placed on probation or other supervision status I will comply with all terms and  
conditions.



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CERTIFICATE OF COUNSEL

The undersigned, as attorney for the above-named Defendant, certifies as follows:

1. I have read the foregoing Petition and have discussed with the Defendant each section contained therein;
2. I have fully explained to the Defendant each statement in the Petition and believe the Defendant comprehends the program.
3. To the best of my knowledge and belief, the statements and representations and declarations made by the Defendant in the foregoing Petition are in all respects accurate and true.

\_\_\_\_\_
Date

\_\_\_\_\_
Attorney for Defendant, OSB# \_\_\_\_\_

CERTIFICATE OF PETITIONER IF UNREPRESENTED BY COUNSEL

The undersigned certifies as follows:

1. I have been advised that I have the right to have an attorney represent me in this matter and explain this document to me
2. I understand that if I cannot afford an attorney the Court would appoint an attorney to represent me.
3. I hereby waive my right to an attorney and agree that I am signing this document knowingly, voluntarily and that I understand its contents.

\_\_\_\_\_
Date

\_\_\_\_\_
Petitioner