## IN THE SUPERIOR COURT FOR THE STATE OF ALASKA AT ANCHORAGE

| In the Matte  | er of:   | )<br>)<br>)<br>)   |  |  |
|---|--|--|--|--|
| Minor(s) und  | der 18 years of age.   | ) ) CASE NO(s). ) ) CINA THERAPEUTIC COURT - )PARTICIPANT ACKNOWLEDGMENT ) OF PROGRAM REQUIREMENTS |  |  |
| Participant(s   | s) Name(s):  |  |  |  |
| Please initial each statement to acknowledge that you understand and agree to the program requirements of CINA Therapeutic Court (CTC): |  |  |  |  |
| 1   | I will be honest with the court about all issues.  |  |  |  |
| 2   | I will abstain from alcohol, all illegal substances, and other intoxicants.  |  |  |  |
| 3   | I will attend, participate in, and complete treatment, therapy, educational programs, and court ordered services.  |  |  |  |
| 4   | I will appear on-time in court on all scheduled court dates. If I cannot come to court due to illness or another emergency, I will notify my attorney no later than the morning of the court date.   |  |  |  |
| 5   | I understand my case will be discussed by all members of the CTC team including the judge.   |  |  |  |
| 6   | I will hear confidential information during CTC sessions about other families. This information is not to be discussed with non-CTC members.   |  |  |  |
| 7   | I will be drug and/or alcohol tested on a frequent basis and submit to drug and/or alcohol testing including urine analysis (UA) and breath testing as directed by my treatment provider, OCS case worker or by the court. If I miss or tamper with the sample, I will be considered to test positive (dirty). |  |  |  |
| 8   | treatment provider, OCS, and the coprescription (if applicable). If I am   | directed to take any over-the counter will notify my treatment provider, OCS,                      |  |  |

| 9   | I understand that I can be sanctioned for non-compliance with my treatment plan, the court's requirements or any court order. |      |  |
|---|---|------|--|
| 10  |   |      |  |
| 11  |   |      |  |
|   | ead this document and have review<br>and and agree to abide by the above  |      |  |
| Participan                                    | t Signature   | Date |  |
| I certify that a copy of to AG OCS GAL OPA-AS | his document was emailed/hand-delivered PD Tribe OPA-AJR  | to:  |  |
| Clerk:  |   |      |  |