

## **DESCHUTES COUNTY FAMILY DRUG COURT ELIGIBILITY CRITERIA:**

Deschutes County residents, 18 years of age or older, who meet the following criteria may be referred to the Deschutes County Family Drug Court (DCFDC) program:

1. Individual must have a child or be in a parenting relationship with the child and DHS has taken custody of the child or the child is at risk of being removed from the parent's care by DHS because of safety concerns related to the parent's drug use.
2. Individual must be willing to participate in the program. ***FDC is a voluntary program***
3. Individual must have either an active dependency petition or an active criminal case – **or both. *Priority is given to individuals with both an active dependency petition and an active criminal case***
4. Individual must have a significant current substance abuse problem demonstrated by one or more of the following:
  - drug related criminal charges
  - a dependency case generated as a result of drug related circumstances
  - A history of positive drug tests administered by DHS and/or probation
  - Probation violation proceedings resulting from drug related circumstances
5. Individual must be assessed as needing the equivalent of intensive outpatient drug and alcohol treatment or higher level of care (this is determined as part of the DCFDC screening process)

## **HOW TO MAKE A REFERRAL TO FAMILY DRUG COURT:**

If an individual meets the above criteria, complete a DCFDC REFERRAL FORM (included below) and submit to the Deschutes County District Attorney's Office. All referrals are reviewed by the District Attorney's Office prior to being considered by the FDC judge and treatment team.

## **SCREENING & DECISION PROCESS**

An eligible individual must be referred by the District Attorney's office and approved by the Family Drug Court (FDC) judge. Once the judge has approved the referral, an informational hearing is arranged with the FDC judge. Following this hearing, if the individual is interested in participating in the program, a screening is conducted by an alcohol and drug treatment service provider to determine appropriateness for alcohol and drug treatment. The DCFDC treatment team then reviews the referral and makes a recommendation to the FDC judge.

Factors that are considered during the screening and review process of eligible individuals:

- Safety, welfare and needs of children
- Criminal history of the parent
- Appropriateness for alcohol and drug treatment
- Motivation for change

After the screening process the FDC judge determines whether an individual is accepted into the program. If accepted, services begin immediately. If denied, cases are reset in the normal course of the justice system.

Deschutes County Family Drug Court is a voluntary program. There is no penalty for an individual who is referred but chooses not to participate in the program.

FOR ADDITIONAL INFORMATION PLEASE CONTACT THE DESCHUTES COUNTY FAMILY DRUG COURT COORDINATOR AT 541-388-5300

**DESCHUTES COUNTY FAMILY DRUG COURT  
REFERRAL FORM**

**REFERRING PARTY INFORMATION:**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

TITLE OR RELATIONSHIP TO INDIVIDUAL BEING REFERRED \_\_\_\_\_

AGENCY(IF APPLICABLE) \_\_\_\_\_

**REFERRAL INFORMATION:**

**NAME OF PERSON(S) BEING REFERRED**  
*(MUST BE A PARENT OR IN A PARENTING  
RELATIONSHIP WITH THE CHILD(REN))*

**NATURE OF THE RELATIONSHIP TO CHILD(REN)**  
*(MOTHER, FATHER, STEP MOTHER, STEPFATHER)*

1. \_\_\_\_\_

2. \_\_\_\_\_

**NAME(S) OF CHILD(REN)**

**DATE OF BIRTH &  
AGE OF CHILD(REN)**

**WITH WHOM DOES THE CHILD(REN)  
RESIDE (AT TIME OF REFERRAL)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**PENDING CASES - PLEASE INCLUDE ALL KNOWN PENDING DEPENDENCY AND CRIMINAL CASE #S:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**PLEASE DESCRIBE WHY YOU THINK THIS PERSON(S) IS A GOOD CANDIDATE FOR FAMILY DRUG COURT:**

**IS THIS PERSON ON PROBATION? YES NO**

**NAME OF PROBATION OFFICER:** \_\_\_\_\_

**IS THIS PERSON CURRENTLY INCARCERATED YES NO**

**IF THERE ARE CO-DEFENDANTS, LIST THEIR NAMES & CASE #S?**

**WHEN ARE THE NEXT COURT APPEARANCES SCHEDULED?**

\_\_\_\_\_  
**DATE, TIME, CASE #, HEARING TYPE**