

CONTRACT/WAIVER OF RIGHTS/RELEASE OF INFORMATION

Family with Service Needs (FWSN) BOARD

By signing below, I agree to participate in the diversion program recommended by the Montville FWSN Board and to perform the following: (List of recommended diversions):

These things **must be completed** by _____

If counseling is part of this diversion, I agree to give the Family with Service Needs Board the name of the person I choose to receive services through, so the FWSN Board can request a statement documenting the completion of the required counseling. Additionally, I authorize my counselor or therapist to release to any representative of the FWSN Board any information relevant to the completion of the FWSN Board Contract.

Furthermore, I understand that it is my responsibility to report back to the FWSN Board when I have completed the conditions set forth above or at any time that I am requested to do so by the Board, unless excused by the Board based upon completion of all tasks.

Finally, I understand that if I do not carry out my part of this agreement, that is if I do not complete the recommendations written above, the FWSN Board may return my case to the school, police, or parent, who will likely refer the matter to the Juvenile Court.

Child's/Youth's Signature

Date

I (We) agree and consent to the terms of the above Contract/Release of Information.

Parent/Guardian's Signature

Date