Name: _____ Date: _____

Welcome to Family Treatment Court!

Now that you are in Family Treatment Court, the team would like to get to know you and your family a little better and what we can do to help support reunification. Please bring this sheet filled out and ready to read out loud at least three answers of your choice to the judge and team in court during your first month of the program.

1. **Please introduce yourself and the names and ages of all of your children.** Please include more personalized information about your child(ren) like what they like or what you like to do together.

2. **Describe what made you decide to join Family Treatment Court.**

3. **What are a few of your greatest skills, talents and/or strengths as a person and/or parent?**

4. **What areas in your life did drugs/alcohol affect the most and your ability to parent?** (i.e. relationships, health, family/friends, employment, school, legal issues, attitude/goals, etc.)

5. **What do you need from us to achieve your goals / get your children back?**

6. **Please share a little more about "your story" that will help this team assist you in your reunification goals.**

Please use back of sheet if you need more room.