

## **TREATMENT REQUIREMENTS FOR PARENTS OF YOUTH WITH SEXUAL BEHAVIOR PROBLEMS**

       1. I understand that the material covered in this treatment program may be explicit. I agree to address my concerns with the counselor in an appropriate and professional manner.

       2. I agree to attend and participate in the parent support group. I understand that I may be required to complete assignments as part of my child's treatment. I understand that failure to attend group and/or comply with my child's treatment program could result in a court hearing.

       3. I agree to notify the counselor and the probation officer if I am unable to attend a session. I understand that I must notify the counselor 24 hrs. in advance in order to avoid a "no-show" fee of \$45. I understand that I must notify the probation officer within 24 hrs. of a missed appointment.

       4. I understand that the probation department is not responsible for payment when the parent or child does not attend group. I agree to pay \$45 for each missed appointment (without 24 hrs. notice).

       5. I understand that the probation officer will receive monthly treatment reports from the counselors. I understand that the probation officers and counselors work as a team to address the treatment needs of my child. I understand that my participation and cooperation is necessary to my child's rehabilitation.

       6. I understand that polygraphs and assessments are a part of my child's treatment. I agree to allow my child to be polygraphed and/or assessed at the request of the counselor and/or probation officer.

       7. I understand my child and I will be in counseling until successful completion of treatment requirements.

       8. I understand that payment is due at the time services are rendered. I have been advised that a \$35 late fee will be charged for any outstanding balance at the end of each month. I also understand that failure to pay fees could result in discharge from the program.

       9. I have been advised that group counseling sessions will last no longer than 1.5 hours. If I need additional time, I understand that it is my responsibility to make and pay for an individual appointment to meet with the counselor.

       10. I understand it is my responsibility to keep the counselor and probation officer informed of any change in address and/or phone number.

I understand and agree to abide by requirements listed above.

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Parent

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Date

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Parent

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Date