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**Superior Court of Washington**

## County of Kitsap

**Safe Baby Court**

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| --- | --- |
| In Re the Welfare of:    Minor Child(ren). | Case No.  **SAFE BABY COURT**  **PETITION, WAIVER, AND AGREEMENT** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to have my child’s case heard on the Safe Baby Court Docket. By having my case heard on the Safe Baby Court Docket, I understand the following:

1. I have entered an Agreed Order of Dependency **OR**
2. I have not yet agreed to enter an Order of Dependency, but I understand that I can be provisionally admitted to Safe Baby Court when my case is in “shelter care status” and I stipulate to complete the following within 30-days:
   * I will participate in services recommended by DCYF, **AND**
   * I will enter an agreed Order of Dependency, or voluntarily end my

participation in Safe Baby Court.

1. I abide by the terms and conditions of this agreement and
2. My case will be reviewed by the Judge on a more frequent basis then if I was not in Safe Baby Court (approximately every 4 weeks).
3. My case will be reviewed at a Safe Baby Court Family Team Meeting (approximately every 4 weeks). I agree to participate in the Safe Baby Court team meeting and consent to share case information with the team. Please note the information shared during Family Team Meetings is considered confidential. Safe Baby Court families may receive consultation by the Active Community Team that offers recommendations surrounding services and available community resources.
4. Safe Baby Court enters case information into a database operated by Zero to Three\*. You will be asked to sign an Informed Consent to allow your information to be entered. Zero to Three will not have access to any identifying information (i.e. your name) about you in the database.
5. The goal of the Safe Baby Court is earlier case resolution, with reunification always the preferred goal of the program.

8. I understand and waive any right I may otherwise have under the contempt statutes of this State should the Court make a finding of non-compliance. I waive all rights to a separate evidentiary hearing on the issue of my non-compliance and further waive any right to a jury trial or any other protection to which I may otherwise be entitled under the laws of the State of Washington.

9. I agree that should the Court or I terminate the Safe Baby Court after the first status hearing, I will be considered out of compliance with the Dispositional Order and will still be required to undergo all services as specified in the Dispositional Order. Both the Department of Children, Youth, and Families and I agree that until the first status hearing, I may withdraw from the Safe Baby Court and have all my rights restored. I must appear at my first status hearing to exercise my right to opt out of the program. I understand that the Department of Children, Youth, and Families, at any time, and for good cause, may request my termination from the Safe Baby Court for non-compliance. The termination decision is made by the Court.

I agree to participate in Kitsap County Juvenile Court’s Safe Baby Court Team and understand the above program expectations.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Father

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mother’s Attorney Father’s Attorney

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     , WSBA # DCYF Social Worker

Assistant Attorney General

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SBCT Community Coordinator Guardian ad Litem

Tribal Representative

APPROVED:

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judge