



**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR BREVARD COUNTY, FLORIDA**

In the Interest of:

Dependency Division

Early Childhood Court

Minor Child(ren)

Case No: _____

**CONSENT TO PARTICIPATION AND TREATMENT
IN EARLY CHILDHOOD COURT**

Parent Name: _____ Date of Birth: _____

I hereby voluntarily consent to participate in the Early Childhood Court (ECC), a program expected to provide me with additional services to support me in the completion of my case plan. I understand that my case will be transferred to the docket for ECC. I will be expected to participate in special planning sessions, case plan conferences, and family team meetings as needed in order to ensure my child/ren and I benefit from all services provided.

I understand that as part of the ECC program, outpatient and/or home-based infant mental health services are required. I voluntarily consent, on my own behalf and on behalf of my child(ren), to participate in these services, which may include assessments and therapeutic treatment for me and my child(ren). I further understand that information regarding assessments and treatment will be shared by the ECC team for the purposes of determining progress in the program.

I understand that this consent form will be valid and remain in effect as long as I receive services as part of the Early Childhood Court program.

This "Consent to Participation and Treatment in Early Childhood Court" form has been explained to me, and I fully understand and agree to its contents.

Parent's Signature: _____ Date: _____

Parent's Phone Number: _____ Parent's Email: _____

Signature of witness (name and title) who explained the contents of this Consent form:

Witness Name, Title

Signature

cc: Community Coordinator; Mother/Mother's Attorney; Father/Father's Attorney

Revised 2/1/2022