

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

In the Interest of:	Dependency Division
DOB:	Early Childhood Court
Minor Child	Case No: 05-2023-DP-00
	TICIPATION AND TREATMENT Y CHILDHOOD COURT
Parent Name:	Date of Birth:
expected to provide me with additional set I understand that my case will be transfer participate in special planning sessions, oneeded in order to ensure my child/ren at Early Childhood Court, I understand that Childhood Court except for good cause a unable to be successfully reunified, the CI understand that as part of the ECC prog services are required. I voluntarily conserparticipate in these services, which may it and my child(ren). I further understand the	e in the Early Childhood Court (ECC), a program ervices to support me in the completion of my case plan. The to the docket for ECC. I will be expected to ease plan conferences, and family team meetings as and I benefit from all services provided. Once I enter into the Judge does not discharge parents from Early as determined by the Judge and that for parents who are court will proceed with another permanency goal. The gram, outpatient and/or home-based infant mental health and, on my own behalf and on behalf of my child(ren), to include assessments and therapeutic treatment for me mat information regarding assessments and treatment urposes of determining progress in the program.
I understand that this consent form will be as part of the Early Childhood Court program.	be valid and remain in effect as long as I receive services gram.
This "Consent to Participation and Treats explained to me, and I fully understand a	ment in Early Childhood Court" form has been nd agree to its contents.
Parent's Signature:	Date:
Parent's Phone Number:	Parent's Email:
Signature of witness (name and title) w	who explained the contents of this Consent form:
Witness Name, Title	Signature
cc: Community Coordinator; Mother	/Mother's Attorney; Father/Father's Attorney