

Bringing Peace to Relationships (DV MRT) hosted by Bothell Probation Services

Bothell Municipal Court 10116 NE 183rd Street, Bothell, WA 98011

Participant Enrollment Agreement

Participant _____ Court/Case # _____

Welcome to **Bringing Peace to Relationships, Domestic Violence Moral Reconciliation Therapy!** Your course facilitator is excited to work with you for the next 16 weeks as you complete coursework and participate in facilitated group sessions. To complete registration, you must agree to the following:

Class Requirements and Expectations

1. I have paid the fee for this course in full or have made payment arrangements. (*\$100 for Bothell Municipal Court clients, \$125 for outside agencies.*)
2. I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any confidential information I may obtain in the course of my attendance in class.
3. I understand that my course facilitator will report drug use, criminal or planned criminal activity, and all violations of supervised conditions to my probation officer.
4. I agree to report on time for class and be free of distraction (no electronic devices are permitted.)
5. I understand that I must bring my workbook to each class and that replacements cost \$25.00 each.
6. I agree to always show respect for the course facilitator, court staff, students, and myself.
7. I understand that I have three opportunities to complete each course module and failure to complete any module may result in notification to the court.
8. I understand that unexcused absences are not permitted and may be reported to my probation officer.
9. I understand that any violation of the above listed conditions of enrollment may result in my discharge from DV MRT and a non-compliance report to the court.

Release of Information

This release of information facilitates the exchange of progress/status reports with the referring court/counsel and authorizes Bothell Municipal Court and Bothell Probation Services staff to communicate with named agencies both orally and in writing. This release will expire one year from your discharge from the program.

I authorize **Bothell Probation Services** to exchange treatment information, including status reports, with _____.

I successfully enrolled in DV MRT on _____ (date).

Class begins on _____ (date) from 1:30 – 3:30p.m. each Friday at Bothell Municipal Court.

Participant Signature

Date

Facilitator Signature

Date