SAMPLE
YOUTH CONSENT FOR SUBSTANCE ABUSE TREATMENT

I, ________________________________ hereby consent to substance abuse
(Name of Youth)
treatment provided in the Department of Juvenile Justice (DJJ) facility or program
at ________________________________
( DJJ facility/program name and address)

I understand that my substance abuse treatment will include, but not be limited to, substance abuse
assessments, drug education, individual and group counseling, relapse prevention, and life skills training.

I understand that my substance abuse treatment will be confidential, with the exception that my
substance abuse assessment results and treatment progress shall be made available to my juvenile
probation officer, the court system and DJJ personnel or agents involved in providing, coordinating or
monitoring my treatment.

I understand that I can revoke this consent at any time, and further understand that revocation of my
consent shall result in termination of my substance abuse treatment or return to court.

This consent will automatically expire the date on which my substance abuse treatment is complete.

______________________________________________ _________________
(Signature of Youth) (Date)

______________________________________________ _________________
(Signature of Designated Staff Member) (Date)

______________________________________________ _________________
(Witness Signature) (Date)