



PERRY MULTI-COUNTY JUVENILE FACILITY

PERRY – COSHOCTON – DELAWARE – FAIRFIELD – KNOX – LICKING – MORGAN – MUSKINGUM

1625 COMMERCE DR. - NEW LEXINGTON, OH 43764 - PH: (740) 342-9700 - FAX: (740) 342-9701

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**Parent Contract of Participation**

I, \_\_\_\_\_, parent/guardian of  
\_\_\_\_\_, understand that if my child is placed in the

Perry Multi-County Juvenile Facility, I will do the following:

1. I understand that I must participate in monthly parent support group sessions, on the third Sunday of every month at the Perry Multi-County Juvenile Facility.
2. I understand that I must participate in any family therapy sessions, as deemed necessary by the clinical staff.
3. I understand that I am responsible to pay support as ordered by the Court, to be determined according to the Ohio Revised Code.
4. I understand that I may be responsible for any medical, dental, and clothing expenses incurred by my child while in the custody of the Perry Multi-County Juvenile Facility.

I understand that by signing this agreement, it then becomes an order of the Court. I understand that if I fail to comply with any of the above stipulations, that I can be held in contempt of Court which may result in a fine or incarceration.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date