

Perry Multi-County Juvenile Facility

1625 Commerce Drive

New Lexington, Ohio 43764

Phone: 740-342-9700 Fax: 740-342-9701

Webpage: pmcjf.com

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 any family therapy sessions, as deemed necessary by the clinical staff.
2. I understand that I am responsible to pay support as ordered by the Court, to be determined according to the Ohio Revised Code.
3. 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