**IN THE CIRCUIT COURT OF [INSERT COUNTY], WEST VIRGINIA**

**IN RE THE INTEREST OF:**

**[Child's Name]** **DOB: xx/xx/xxxx** **CASE NO. 20-JA-____**

**ADULT RESPONDENTS:** **xxx, biological mother**
**xxx, biological father**

**AGREED ORDER DIRECTING ADULT RESPONDENTS TO PARTICIPATE IN HAIR FOLLICLE TESTING**

The Court has been informed that the M.D.T. agrees that it is in the best interest of the minor child for the Adult Respondents to submit to a 5-panel extended opiates hair follicle test at [insert provider]. Pursuant to the parties' agreement, the Court ORDERS as follows:

1. The [insert party] shall pre-pay for the hair follicle test at [insert provider]. The [insert party] shall provide an invoice to the Department, and the Department shall reimburse the [insert party] within thirty (30) days of receipt of the invoice.

2. After [insert provider] receives a copy of this *Agreed Order* and payment has been made, the Adult Respondents shall appear for a 5-panel extended opiates hair follicle test during the regular business hours of [insert provider, address, and business hours].

3. The Adult Respondents shall not dye, shave, or otherwise alter his or her hair prior to the testing.

4. The [insert provider] is directed to provide the results from the Adult Respondents' hair follicle test to the Department of Health and Human Resources, [insert address].

The Clerk of the Court is hereby ORDERED to provide a certified copy of this order to all counsel of record and the [insert provider and address].

ENTER: _____

_____
CIRCUIT COURT JUDGE

**IN THE CIRCUIT COURT OF [INSERT COUNTY], WEST VIRGINIA**

**IN RE THE INTEREST OF:**

**[Child's Name]** **DOB: xx/xx/xxxx** **Case No. 20-JA-____**

**ADULT RESPONDENTS:** **xxx, biological mother**
**xxx, biological father**

**RESPONDENT MOTHER'S MOTION TO REQUEST PAYMENT BY THE DEPARTMENT OF HEALTH AND HUMAN RESOURCES TO MORGANTOWN SOBER LIVING**

NOW COMES the Adult Respondent, xxx (hereinafter "Respondent Mother"), by counsel, Kristen Antolini, and respectfully presents to the Court a *Motion to Request Payment by the Department of Health and Human Resources to Morgantown Sober Living*. In support of same, the Respondent Mother states as follows:

The Respondent Mother recently relapsed after approximately three (3) months of sobriety. The Respondent Mother is dedicated to reunification with her minor child, and accordingly, upon the advice of her counsel and the Department, the Respondent Mother applied and has been accepted to Morgantown Sober Living. The Respondent Mother will move into Morgantown Sober Living on May 1, 2020. The Respondent Mother will also be receiving out-patient treatment at Chestnut Ridge Hospital.

The Respondent Mother is indigent at this time and she would benefit from the assistance of the Department in paying the required deposit and program fee at Morgantown Sober Living. The Respondent Mother respectfully requests that the Court order the Department to pay the deposit and the first two months of the program fee, and at the expiration of those two months, the M.D.T. will evaluate the Respondent Mother's progress. The Respondent Mother notes that the Department requires an Order from this Court for payment to be made on behalf of the Respondent Mother.

WHEREFORE, the Respondent Mother respectfully requests the relief requested herein, as same is in the best interest of the minor child, and any other relief the Court deems appropriate.

**RESPECTFULLY SUBMITTED:**

_____

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Morgantown, West Virginia 26505
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kantolini@lyonsphillips.com

**IN THE CIRCUIT COURT OF [INSERT COUNTY], WEST VIRGINIA**

**IN RE THE INTEREST OF:**

**[Child's Name]** **DOB: xx/xx/xxxx** **Case No. 20-JA-____**

**ADULT RESPONDENTS:** **xxx, biological mother**
**xxx, biological father**

**ORDER DIRECTING DEPARTMENT OF HEALTH AND HUMAN RESOURCES TO MAKE PAYMENT TO MORGANTOWN SOBER LIVING ON BEHALF OF RESPONDENT MOTHER**

On a prior day, the Respondent Mother presented a *Motion to Request Payment by the Department of Health and Human Resources to Morgantown Sober Living*.

The Court FINDS said motion to be for good cause, and hereby ORDERS that the Department of Health and Human Resources make payment for the deposit of $500.00 (Five Hundred Dollars) and the program fee ($550.00 per month) for May and June 2020 to Morgantown Sober Living, 206 Spruce Street, Morgantown, West Virginia 26505.

The Circuit Court shall provide a certified copy of this order to all counsel of record; the Department of Health and Human Resources [insert address]; and Morgantown Sober Living, 206 Spruce Street, Morgantown, West Virginia 26505.

ENTER: _____ _____
CIRCUIT COURT JUDGE

SESAME STREET in Communities

# The 7 Cs

You didn't **Cause** the problem.
You can't **Control** it.
You can't **Cure** it.

***But...***

You can help take **Care** of yourself.
You can **Communicate** your feelings.
You can make healthy **Choices**.
You can **Celebrate** yourself!

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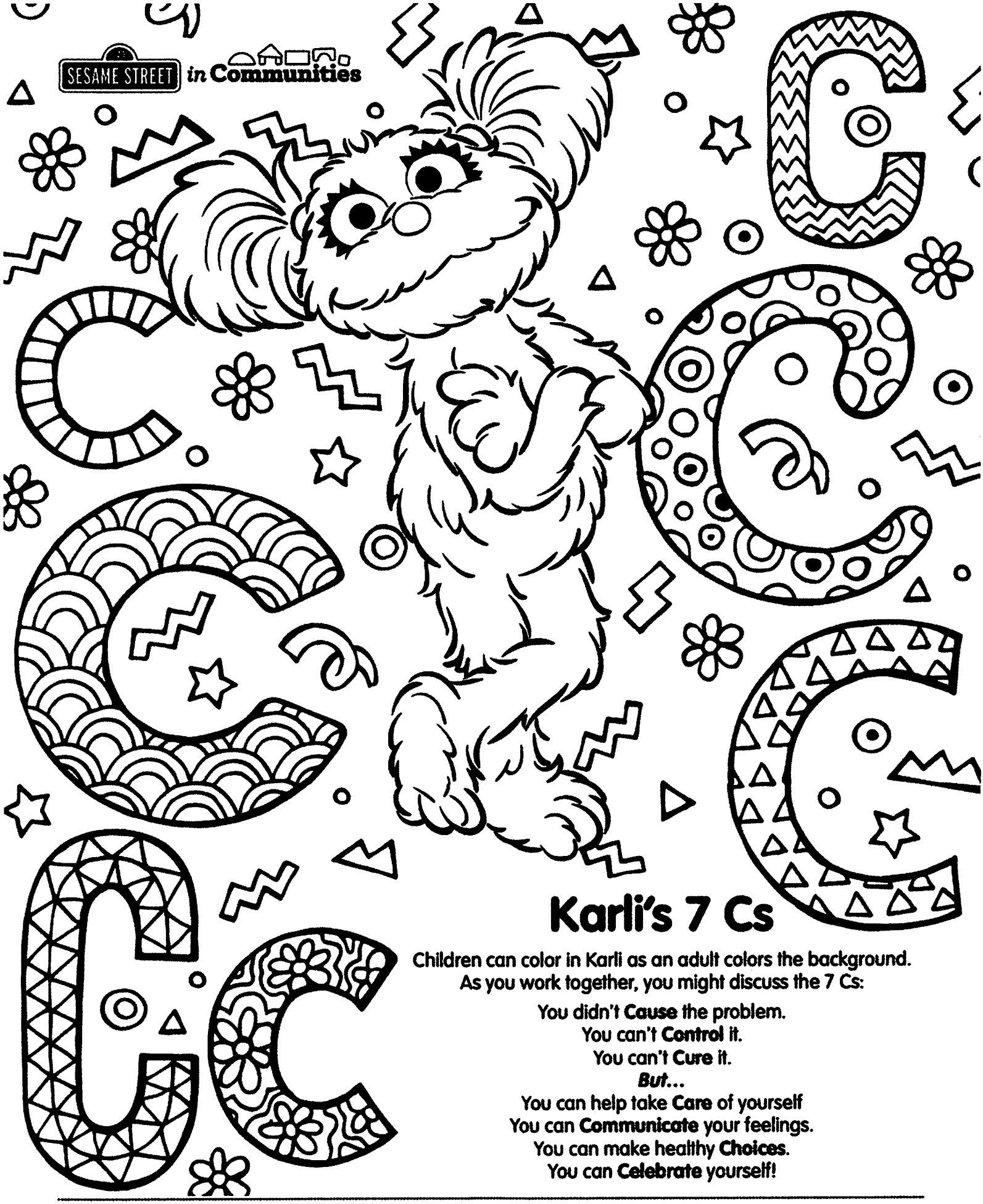


# Karli's 7 Cs

Children can color in Karli as an adult colors the background.
As you work together, you might discuss the 7 Cs:

You didn't **Cause** the problem.
You can't **Control** it.
You can't **Cure** it.
***But...***
You can help take **Care** of yourself
You can **Communicate** your feelings.
You can make healthy **Choices**.
You can **Celebrate** yourself!

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For more resources, go to **SesameStreetInCommunities.org**

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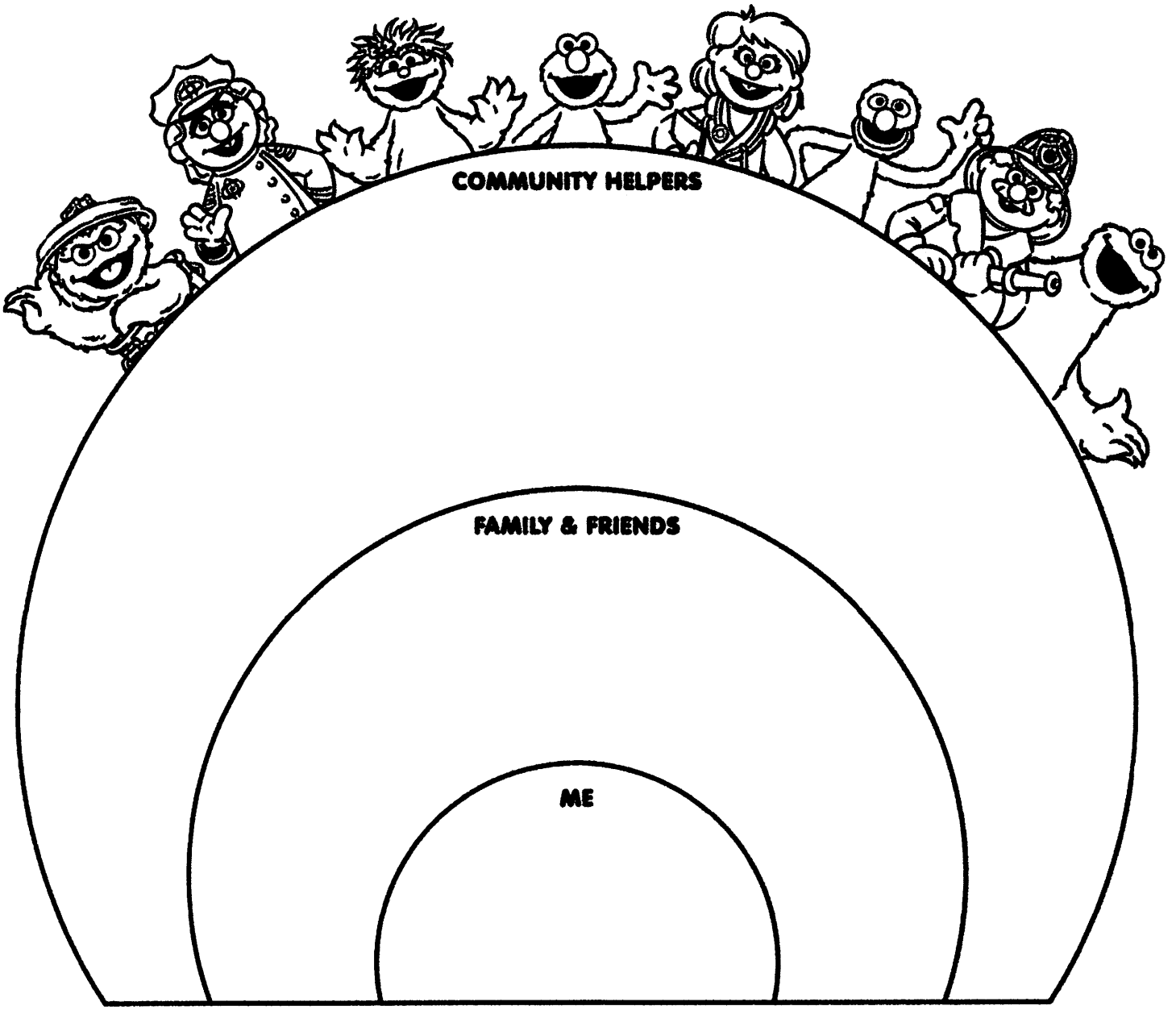
SESAME STREET

# Family Activity: Our Circle of Care

There are so many people who care about you and are working hard to keep your family safe. Start by writing or drawing in a picture of yourself, then your family members and friends, then the helpers in your community. Tape this picture up to remind you of all the people you can reach out to for care and support.



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