

Family Support Team Meeting (FSTM) For Dependency Wellness Court (DWC)

Date: _____

Case Name: _____ Case Number: _____ Facilitator: _____

- Father
- Mother

Child(ren)'s First and Last Name(s): _____

Service: _____

Action Steps: _____

Issues

- Domestic Violence
- Counseling/Parent(s)
- Services for Children
- Parent Orientation
- Parent Education
- Substance Abuse
- Visitation
- Other: _____

Notes: _____

Service: _____

Action Steps: _____

Notes: _____

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