

Adult Treatment Court
Participant Contract (rev. 2/16/10)

Participant Name/DOB: _____

Docket #(s): _____

I, _____, agree to enter the Adult Treatment Court (Mental Health Court or Adult Drug Court). I understand and agree that I will follow all orders given to me by the Judge, and directions from the Treatment Court Case Manager and Court Coordinator. I agree to the following:

1. I understand that my participation in Treatment Court is voluntary. _____
2. I agree to follow my treatment plan created by the Treatment Court. I understand the treatment plan may change in response to my progress or lack of progress. I agree to comply with all requirements of the Treatment Court including, but not limited to, following my treatment plan and attending court hearings. Failure to attend a scheduled court hearing, without permission from my case manager, may result in the issuance of an arrest warrant. Failure to complete Treatment Court, for any reason, will result in my case being returned to the regular criminal court process. If the case is returned to the criminal court process I will have a sentencing hearing and will be sentenced according to my "plea agreement" signed on __/__/____. _____
3. I will not possess and/or use alcohol, drugs, or other mood altering substances except those prescribed by a physician and I will discuss a plan for non-narcotic, alternative medication with my physician. _____
4. I will identify myself as a Treatment Court participant to *all* of my medical treatment provider(s). I will notify my Case Manager of any medications I am currently taking, or over the counter medications I am taking, and the name of prescribing physician. I will notify my Case Manager *prior to* taking an opiate, narcotic, or benzodiazepine that has been prescribed by my physician. I give permission for the Case Manager to verify my prescriptions and talk to my physician. _____
5. I will not possess or use firearms or other deadly weapons while I am in Treatment Court. I will dispose of any and all weapons in my possession, and if there are firearms belonging to another member of my household, I will immediately notify my Case Manager. _____
6. I will sign all necessary authorizations to release information. I understand that information about my treatment plan, compliance, progress, and results of drug tests may be communicated orally, in writing, and by electronic mail. I understand that releases will expire upon graduation, termination, or in one year, whichever occurs sooner. I will not revoke a current release or fail to execute a new release while participating in the Treatment Court. _____
7. I understand for purposes of study, review, or evaluation some otherwise confidential information may be disclosed to third parties. Under no circumstances will researchers disclose my name or other identifying information. _____
8. I agree to observed, scheduled and random drug testing as part of my treatment plan. _____

9. I will not use another person's urine, alter mine for my drug tests, or give another participant my urine. If I am caught engaging in this behavior, the test will be considered positive and may lead to discharge from the Treatment Court program. The test will also be considered positive if I am unable to produce a sample or fail to show up for my test. _____

10. I understand that the result of my drug test will not be used against me to bring new charges, but may be used to modify my treatment plan, and for the Treatment Court team to issue incentives and sanctions as a consequence of my behavior. _____

11. I understand that failure to follow any part of the treatment plan may result in a treatment response or sanctions. _____

12. I understand that incentives are built into the program; incentives may be given for meeting my treatment court goals. _____

13. I will notify the Treatment Court team *prior to, or as soon as possible*, of a change of address, phone, or other contact information. _____

14. I will access available health care insurance, state or private, to offset the cost of treatment services and drug testing. I will let my case manager know if my health insurance has lapsed, been terminated, or changed. _____

15. I will follow all of my conditions of release set forth by District Court. _____

16. I agree that I will not act as a confidential informant or otherwise act as an agent for law enforcement in criminal investigations while I am participating in Treatment Court. _____

17. I will follow all rules set out in the Treatment Court handbook. _____

Failure to follow any of the conditions set out above may result in discharge from the Treatment Court program.

I have read the above contract and I understand what I have read. I am willing to enter into this agreement with the Adult Treatment Court.

Participant Signature

Date

Attorney for Participant

Date

(Deputy) State's Attorney

Date

Treatment Court Judge

Date

Case Manager

Date