

PARTICIPANT HANDBOOK

WINDSOR COUNTY DUI TREATMENT DOCKET

WINDSOR COUNTY, VT



THIS BOOK BELONGS TO: _____

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WELCOME

This handbook is designed to provide you with the necessary tools and information you need to be successful in the program. As you begin your journey toward sobriety, you need to be motivated to work toward changing your lifestyle and becoming free of alcohol and chemical addiction. Please read carefully as you will be required to follow the instructions and rules outlined in this handbook. **Provisions of this handbook are subject to change. Participants will be notified and expected to comply with those changes.**

First, **CONGRATULATIONS!**

Entering the DUI Treatment Docket Program (“Program”) is a monumental first step in recognizing you have an addiction and you are ready for a change.

You are no longer powerless. Many addicts are undermined because they believe they are powerless to change the situation. This is not true! You do have the power to make change. It may be very slow and painful at times. It may result in periods when you fall backward but you have the power to regain control of your life.



Use your power to take one minute at a time, one hour at a time, and one day at a time. As you move forward use your power to look one week into the future, one month into the future.

The biggest hurdle to fighting addiction is to make a decision that it is time to make a life change. That life change will reflect your desire to end your addiction. Your life change will require one or many changes to accomplish your goals.

The Program will provide you with the following tools to help you be successful. As you progress through treatment, you will become more familiar with these tools and how to use them to your advantage. The following tools will help you move toward a sober, alcohol-free and drug free lifestyle.

- Incentives and sanctions
- Accountability through Court reviews
- Assignments and/or essays
- Alcohol/drug monitoring
- Your daily planner/journal
- Meetings with your treatment provider
- Daily sober living activities and/or support groups



Placing value in these activities will help combat addiction.

(obtained from: http://www.peele.net/7tools/7tools_chapter1.html)



- **ACHIEVEMENT** —accomplishing constructive and socially valued goals, such as participating in athletics, being involved in your community, getting an education, succeeding at work, or providing for your family.
- **CONSCIOUSNESS** —being alert, awake, and aware of your surroundings; using your mind to make sense out of your life and experience.
- **ACTIVITY** —being energetic in daily life and engaged in the world around you.
- **HEALTH** —eating well, exercising, getting health care and choosing overall healthy lifestyle.
- **RESPONSIBILITY** —fulfilling your commitments as well as doing what the law obliges you to do.

• **SELF-RESPECT** —caring for and about yourself and, by extension, all people.

• **COMMUNITY** —being involved in the communities of which you are part (your town, school, work organization, religious group, neighborhood, political party) and contributing to the welfare of these groups—and the larger world.

THE PROGRAM TEAM

The Program Team consists of the presiding Judge, Docket Coordinator, State's Attorney, Defense Attorney, Case Manager, Probation Officer, Treatment Provider, Law Enforcement Officer and court administrative staff.

Following is a description of each of the members of the Program Team:

Presiding Judge

The presiding Judge offers leadership for the Program and direction in Program policy development and presides over the treatment court judicial matters.

DUI Docket Coordinator

The Coordinator oversees all daily operations of the Program and coordinates with all members of the Program Team. This person also oversees record keeping, statistical reporting, program material development, operational program development, grant writing and grant management. The Coordinator serves as an operational troubleshooter, interacting with all necessary Court and partner staff. The Coordinator along with the Case Manager is responsible for building and maintaining the broad network of treatment and social services providers utilized by the Court and serves as a full member of the decision-making team.

Case Manager

The Case Manager provides case management services and referrals for all participants. The Case Manager is responsible for monitoring the progress of each participant through collaboration with service providers. He/She is also responsible for monitoring a participant's compliance with the treatment plan, and Court mandated monitoring appointments and referrals. The Case Manager facilitates referrals to support treatment goals. This person facilitates communication with the individual, family, treatment providers, Probation Officer and the Program Team regarding the progress of the participant. He/She participates in Program/Team meetings and appears in Court. The Case Manager maintains accurate records and works closely on all Program matters with the Docket Coordinator. The Case Manager prepares a report summarizing the progress of all participants which is provided to all members of the Program Team.

State's Attorney

The State's Attorney represents the state in the Program/Treatment Court. The State's Attorney files all necessary legal documents, participates in a coordinated strategy for responding to positive alcohol and/or drug tests and other instances of non-compliance. The State's Attorney make decisions regarding the participant's continued enrollment in the Program based on performance in treatment rather than on legal aspects of the case.

Defense Attorney

The defense attorney represents the Program participant. The defense attorney is independent and does not represent any outside interest. The defense attorney's primary functions are to articulate and advocate the participant's position and to protect the participant's legal interest.

Court Staff/Clerk

The court staff/clerk maintains a current court calendar and a record of the court proceedings. The Clerk is responsible for supervising the Docket Coordinator.

Probation Officer

The Probation Officer will supervise and monitor the participant while engaged in the program. The Probation Officer's supervision will include home and work visits, random alcohol or drug testing, and verifying the participant's compliance with all conditions of probation. The Probation Officer will report on the participant's progress to the rest of the Program Team during the Team meeting.

Treatment Provider

As part of the program, the participant will undergo periodic clinical assessments to determine the right treatment plan for each participant. Referrals will be made to Treatment Providers in the community in accordance with those assessments. The Treatment Provider will provide information to the Probation Officer and Case Manager of the participant's progress and compliance with the treatment plan. The Treatment Provider will make periodic reports to the Probation Officer which are shared with the Case Manager. The Case Manager will advise the Program Team of compliance with treatment.

Law Enforcement Officer

The Law Enforcement Officer on the Team may help supervise and monitor a participant while engaged in the program. Done with probation oversight, the Law Enforcement Officer's supervision and monitoring may include home and work visits, random alcohol or drug testing, and verifying the participant's compliance with program requirements. The Law Enforcement Officer will report on participant progress and compliance to the Program Team. The Law Enforcement Officer also serves as a liaison to local law enforcement agencies and helps build community awareness and support of the program.

Team Decision-Making Process

The Program Team uses a consensus model of decision making whenever possible. If consensus cannot be reached, the Judge has the final decision making power.

CONFIDENTIALITY

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. Parts 160 & 164 require that your identity and privacy be protected. In response to these regulations, the program has developed policies and procedures to guard your privacy. You will be asked to sign a Release of Information for the sole purpose of court hearings, Program Team meetings, and reports concerning your specific case between your Case Manager, Treatment Provider, Probation Officer and Docket Coordinator. See Release attached which is labeled “Attachment 1.”

PROGRAM RULES

As a participant, you will be required to follow the rules outlined in the Participant Contract, including but not limited to the following:

1. You must abstain from the use of all alcohol, illegal, legal and prescription drugs that are not prescribed to you by your physician(s).
2. You must inform your treating physician(s) you are in recovery and participating in this program. You will notify your Probation Officer, Treatment Provider and Case Manager of any medications you are currently taking and the name of the prescribing physician. You will notify them of any over the counter medications you are taking, and such notification must be given by you **before** you take any over the counter medications.
3. You must also notify your Probation Officer, Treatment Provider and Case Manager **prior to** taking any opiate, narcotic, or benzodiazepine that was prescribed to you by your physician. You will give permission for any of these Program Team members to verify any of your prescriptions and to talk to your physician and/or your pharmacist.
4. You must complete an assessment and comply with all recommended treatment.
5. You must attend all Court hearings and treatment sessions as scheduled and on time. Personal appointments must be scheduled around the program requirements, which include but are not limited to Court hearings, treatment, probation appointments and alcohol/drug testing.
6. You are responsible for your own transportation to/from all Court hearings, counseling sessions, community support meetings, UA’s, etc.
7. You must submit to random alcohol and drug testing which may be observed. Any missed or dilute tests will be considered positive for the presence of alcohol and drugs.

8. You must have medical health insurance. If you do not have medical health insurance, you will be required to obtain medical health insurance before being accepted into the program beyond the Orientation Phase.
9. You must keep the Program Team informed of your current address and phone number at all times. You must remain a resident of Windsor County or area's supervised by Hartford or Springfield Probation offices.
10. You must dress appropriately for Court hearings and treatment sessions.
11. Cell phones must be turned OFF before entering the Courtroom or treatment session. (No silent ring, no vibrate mode). Be respectful of others. Any disruption may be cause for sanction.
12. If you fail to comply with any of the phase requirements, you may revert back to an earlier phase or be terminated from the program.
13. Abide by all other rules and regulations imposed by the Program.
14. You must remain honest with all members of the Program Team and all your Treatment Providers.
15. You must not engage in personal relationships with any other participants in the WCDTD Program.

HOW IT ALL WORKS

This program is not an easy one. It demands rigorous honesty and self-discipline. The success of your treatment is based on your willingness to be honest with the team and yourself.

Upon entering the Program, you will meet with your Probation Officer and Case Manager to develop a case plan that sets attainable, short-term and long-term goals with clearly defined action steps.

Contact with your Probation Officer, Treatment Provider and Case Manager is based on initial assessments, your personal treatment plan, and phase level guidelines. Each treatment phase has its own treatment goals and expectations which you will be responsible for achieving. You will progress through one phase to the next phase based on the recommendations of your Probation Officer, your Treatment Provider and Case Manager.

PHASE REQUIREMENTS

PHASE	DURATION	ALCOHOL/ DRUG TESTING	COURT APPEARANCES	PROBATION MEETINGS	TREATMENT CONTACTS
ORIENT.	4 weeks	Random and Frequent	TBD with Case Manager	TBD	Assessment/ Intake/ Treatment Planning
1	12 weeks	Per Treatment Plan	Min 2x month	Min 1x week	Per Treatment Plan
2	36 weeks	Per Treatment Plan	Min 2x month	Min 2x month	Per Treatment Plan
3	12 weeks	Per Treatment Plan	Min 1x month	Min 2x month	Per Treatment Plan
4	12 weeks	Per Treatment Plan	Min 1x month	Min 2x month	Per Treatment Plan

ORIENTATION

Duration – Maximum 4 weeks

Orientation is the starting point of your involvement with the Program. It is during this period you will make initial contact with your Case Manager.

You will be required to:

- Read, or have read to you, this Participant Handbook and acknowledge that you understand its requirements by signing on page 21;
- Provide medical health insurance information to your Case Manager, or get insurance if you do not have insurance;
- Sign all necessary releases;
- Develop an individual treatment plan;
- Attend all scheduled Court appearances;
- Attend all alcohol evaluation and substance abuse screenings and assessments, and all other intake and treatment appointments as directed by the Case Manager;
- Submit to continuous electronic alcohol monitoring (SCRAM), if deemed clinically indicated by the screenings and/or assessments;
- Decide if you want to participate in the Program which will require that you are sentenced based on a plea agreement reached with the State's Attorney where you will be placed on probation and you will agree to all probation conditions and Program conditions; and
- Sign the Participant Contract.

To advance to Phase 1, you will have completed the following (check off when completed):

- I have signed this Participant Handbook, the Participant Contract, and all releases.
- I have signed a plea agreement with the State's Attorney and been sentenced based on that agreement.
- I have given my medical health insurance information to my Case Manager.
- I have been informed by my Case Manager that I am clinically appropriate to enter into this Program and to enter Phase I, and I want to enter into the Program.
- I have developed a personal treatment plan.

PHASE 1 – STABILITY

Duration – Minimum 12 weeks

You have proven to yourself and the Program Team that you can be successful in the choices you make. Now, you must stabilize your life! Have you struggled with maintaining a job, caring for yourself and/or your children? During Phase 1, you must have a safe place to live with other sober individuals, and develop a regular schedule.

You will be required to:

- Attend all scheduled Court appearances;
- Attend all scheduled probation meetings;
- Be compliant with sobriety - show up at all alcohol and drug screenings as directed (UA, BA, patch, swab, alco sensor, etc.);
- Attend all treatment appointments identified in your treatment plan and actively engage in therapy and/or Relapse Prevention;
- Find and obtain safe and sober housing;
- Use your daily planner/journal;
- Attend Community Recovery Supports two times a week or as directed by your Treatment Provider or Case Manager;
- Attend a smoking cessation class if directed to do so by your Case Manager;
- Participate in sober living activities;
- Maintain constructive use of time by actively seeking or maintaining stable work, school, or vocational training, or volunteering on a regular basis; and
- Have a minimum of 30 days of continuous sobriety, excluding any days utilizing a SCRAM unit, immediately preceding entry into Phase 2.

To advance to Phase 2, you will have completed the following (check off when completed):

- I am making positive progress in my treatment as indicated by my Treatment Provider and Probation Officer;
- I completed the smoking cessation class (if applicable);
- I have maintained 30 days of continuous sobriety;
- I am living in safe and sober housing;
- I am constructively using my time by seeking or maintaining work, school, or vocational training, or I am volunteering regularly;
- I have written a “goodbye to alcohol” letter as a request for my phase advancement. In this letter I talk about my experience before sobriety and give specific reasons why I am ready to say goodbye to alcohol and why my request to advance should be granted.

PHASE 2 – SOBER LIVING SKILLS

Duration – Minimum 36 weeks

Graduation to Phase 2 is an accomplishment and triumph. The commitment and self control you have proven has earned you this great accomplishment. Next, demonstrated sober living skills will empower you in recovery by teaching healthy life skills that can support your ongoing progress.

You will be required to:

- Attend all scheduled Court appearances;
- Attend all scheduled probation meetings;
- Be compliant with sobriety - show up at all alcohol and drug screenings as directed (UA, BA, patch, swab, alco-sensor, etc.);
- Attend Community Recovery Supports two times a week or as directed by your Treatment Provider or Case Manager;
- Attend all treatment appointments identified in your treatment plan and actively engage in therapy and/or Relapse Prevention;
- Maintain a sober and stable living environment;
- Participate in sober living activities;
- Use your daily planner/journal;
- Maintain stable employment, be in school or a vocational program, or volunteer regularly;
- Make a financial plan to begin to pay court costs, treatment costs and/or restitution.
- Have a minimum of 90 days of continuous sobriety, excluding any days utilizing a SCRAM unit, immediately preceding entry into Phase 3.

To advance to Phase 3, you will have completed the following (check off when completed):

- I have maintained 90 days of continuous sobriety;
- I am making progress in my treatment as indicated by my Treatment Provider, Case Manager and Probation Officer;
- I am maintaining safe and sober housing;
- I am becoming financially responsible: I created a personal budget and discussed a payment plan with my Probation Officer and Case Manager that includes treatment costs, court fines and any restitution;
- I am employed, in school or a vocational program, or volunteering regularly;
- I have written an essay requesting advancement into the next phase detailing the tools I now have to maintain sobriety and the reasons why I feel my request should be granted.

PHASE 3 – RELAPSE PREVENTION

Duration – Minimum 12 weeks

The road to recovery is usually long and hard and one travels it one day at a time. Take a minute and look at the progress you have made so far. **Way to go!** In this phase, you will learn how to apply the recovery skills which you have learned and apply those skills for your continuing recovery.

You will be required to:

- Attend all scheduled Court appearances;
- Attend all scheduled probation meetings;
- Be compliant with sobriety - show up at all alcohol and drug screenings as directed (UA, BA, patch, swab, alco-sensor etc.);
- Attend Community Recovery Supports two times a week or as directed by your Treatment Provider or Case Manager;
- Attend all treatment appointments identified in your treatment plan and actively engage in therapy and/or Relapse Prevention;
- Maintain a sober and stable living environment;
- Participate in sober living activities;
- Maintain stable employment, be in school or a vocational program, or volunteer regularly;
- Maintain financial responsibility by following your personal budget;
- Use your daily planner or journal;
- Write a change plan for treatment with your Case Manager; and
- Discuss community service projects with your Case Manager and choose one;
- Have a minimum of 90 days of continuous sobriety, excluding any days utilizing a SCRAM unit, immediately preceding entry into Phase 4.

To advance to Phase 4, you will have completed the following (check off when completed):

- I have maintained 90 days of continuous sobriety;
- I am financially responsible and following my approved budget;
- I have a stable job, am going to school, am in a vocational program, or am volunteering regularly;
- I am maintaining safe and sober housing;
- I completed my written change plan for treatment;
- I am a positive role model for new participants entering the program;
- I started planning my community service project with my Case Manager, which I will complete as a graduation requirement; and
- I have written a proposal for my community service project as my request for advancement into the next phase and gave specific reasons why I feel my proposal should be accepted by the Team and my request to advance should be granted.

PHASE 4 – MAINTENANCE

Duration – Minimum 12 weeks, with 180 days of continuous sobriety

CONGRATULATIONS! You have completed the goals of the first three phases of the Program. You should be proud of your accomplishments. *Now, other participants will look to you for leadership and support.* Upon completion of this phase, you will be eligible for graduation.

You will be required to:

- Attend all scheduled Court appearances;
- Attend all scheduled probation meetings;
- Be compliant with sobriety – show up at all alcohol and drug screenings as directed (UA, BA, patch, swab, alco-sensor, etc.);
- Attend Community Recovery Supports two times a week or as directed by your Treatment Provider or Case Manager;
- Participate in sober living activities;
- Maintain a sober, safe and stable living environment;
- Maintain stable employment, enrollment in school or a vocational program, or continue regular volunteer work;
- Maintain financial stability by following your approved budget;
- Use your daily planner or journal;
- Model an appropriate and sober lifestyle;
- Write a long-term sobriety plan to be presented to the Court in form of an essay that addresses triggers you may encounter after the program, and includes a plan to avoid relapse or seek help should a relapse occur;
- Complete your community service project; and
- Maintain continuous sobriety for six months immediately preceding graduation.

To be eligible for graduation, you will have completed all the requirements on page 19.

ALCOHOL AND DRUG SCREENS

Since achieving and maintaining sobriety is one of the main goals of the program, you will be tested randomly throughout the entire Program.

REMEMBER:

- Testing will be done on a random basis. The number of tests per week may vary and depend on the phase you are in.
- You will be observed to ensure freedom from errors.
- Methods of testing are determined by the Program Team and are not negotiable.
- **If you miss a test or submit a dilute test, it will count as a positive test.**
- Any detectable level of alcohol, drug or other mood altering substance is considered a positive test.
- If you have a positive test in any program phase, you will receive a sanction. This could include time in jail to help you stop your alcohol/drug-using behavior. However, the presiding Judge in consultation with the Team will consider your honesty about your use in determining the appropriate sanction.

SANCTIONS & INCENTIVES

Incentives are rewards for positive  behavior.

 **Sanctions** are the imposition of a consequence for negative behavior.

Using Incentives in Treatment Program

Frequent Court reviews afford the treatment team the opportunity to respond quickly to your behaviors, whether positive or negative. When you demonstrate compliance and progress in treatment, the Program Judge will award incentives.

Incentives used by the Court may include:

- ★ Praise by the Judge and the Team members
- ★ Gift certificates and gift cards
- ★ Promotion to the next phase
- ★ Reduction of expenses

Using Sanctions in Treatment Program

If you continue to use alcohol or mind-altering substances or violate program rules, you will be subject to sanctions. Sanctions will be imposed every time non-compliant behavior occurs. The sanctions imposed will increase in severity for serious violations as well as repeated violations. Sanctions can be imposed by the Program Judge during any phase of the program.

Sanctions used by the Court may include:

- ✘ Jury box
- ✘ Community Service hours
- ✘ Essay/homework assignments
- ✘ Increased Supervision
- ✘ Time in custody

The use of incentives and sanctions will be determined by the Program Team and the Program Judge based on your progress in treatment and your progress in the Program. The WCDTD's Policy regarding jail sanctions is also attached as Attachment # 2. The Team Defense Attorney represents your interests and will advocate for you for the type of incentive or sanction to be imposed based on your progress in treatment and participation in the Program.

DRESS CODE

All participants shall dress appropriately at all times to maintain the dignity, integrity, decorum, and professional atmosphere of the Court and the justice system. All participants shall follow the same guidelines when attending any program related activities.

Examples of inappropriate wear:

- Tank tops, cami tops or halter tops
- Clothing depicting or glorifying alcohol and/or drugs
- Hats, caps, bandanas, sunglasses, etc.
- Obscene or profane language or illustrations on clothing, or gang/drug related clothing.
- Revealing clothing (clothing must cover all undergarments for both men and women)

Examples of appropriate wear:

- Neat, clean, well maintained clothing
- Shoes must be worn at all times
- Display proper hygiene
- Wear the same type of clothes you would wear to an important job interview

TERMINATION FROM THE PROGRAM

Termination from the program is at the discretion of the Presiding Judge in consultation with the Program Team. Upon termination, you will no longer be in the Program and your probation officer may file any requests for violation or revocation which he/she believes is appropriate. Dismissal from the program may occur for various reasons including, but not limited to:

-  You engaged in conduct that is a public safety risk.
-  You disappear from Probation supervision and fail to contact your probation officer.
-  Any unexcused absence for 30 days or more will be considered automatic termination from the Program not subject to a termination hearing.
-  You move away from an area in which qualified service providers can provide treatment.
-  You are arrested on new criminal charges whether the conduct forming the basis for the new charge occurred before or after you began participation in the Program.
-  You are determined to have a condition that would prevent you from participating in or achieving benefits from the program which condition arose after you began participation in the Program.
-  You fail to move through each of the Phases of treatment as required by your Probation Officer, Treatment Provider and Case Manager.
-  You had unexcused absences from Court appearances.
-  You make threats or engage in acts of violence toward Treatment Providers, other Participants or the Program Team while in the Program.
-  You decide to withdraw from the program.
-  You fail to comply with the terms of the Program contract.

TERMINATION HEARING PROTOCOL

Before you may be terminated from the program, you have certain due process protections. These protections include having written notice of the reasons for termination, the appointment of an attorney, and the opportunity to have a hearing. These due process protections are written in a Protocol which is attached as Attachment #3.



GRADUATION

Graduation from the program is recognized as a very important event. Your loved ones will be invited to join you at a special ceremony as the Program Team congratulates you for successfully completing all the phases of the program and achieving your goal to reclaim a sober life.

In order to be eligible for graduation, the following criteria must be met:

- I have completed all required treatment and progressed through the phases;
- I have completed all of the terms and conditions of probation;
- I have maintained a minimum of six months continuous sobriety immediately preceding graduation;
- I am able to support and maintain myself financially through legal means;
- I have maintained a stable living situation that is supportive of my sobriety and I have developed a healthy support system that can help me;
- I have developed a long-term sobriety plan that addresses triggers I may encounter after I am out of the program. It also includes a plan to avoid relapse or seek help should a relapse occur. This plan has been presented to the Court in the form of an essay and has been approved by the Program Team;
- I have completed my community service project to the satisfaction of the Program Team; and
- I have complied with all the terms and conditions of the Program contract.

CONTINUING CARE

In order to provide you with a continuing support system and to assist you in maintaining sobriety, you may participate in a Continuing Care phase after graduation. The Continuing Care phase may involve checking in with your case manager once a month, following your Relapse Prevention/Maintenance Plan, and following all conditions of probation if required. If you are willing, it also may include mentoring participants who are just beginning the WCDTD program.

CONCLUSION

The goal of the Windsor County DUI Treatment Docket is to help you begin a life free from dependence on alcohol and drugs. The Program Team is here to guide and assist you, but the final responsibility is yours. You must be motivated to make a commitment to an alcohol and drug-free life. **The Program Team welcomes you to this journey and is committed to your success!**

Handbook Acknowledgment & Agreement

I have read, or had read to me, this Windsor County DUI Treatment Docket handbook. I understand the rules outlined in this handbook, and agree to follow those rules.

Participant

Date

Participant's Attorney

State's Attorney

Presiding Judge

Case Manager

WINDSOR COUNTY DUI Treatment DOCKET
Participant Contract - COPY

Participant Name/DOB:

Docket #(s):

I, _____, agree to enter the Windsor County DUI Treatment Docket (WCDDT). I understand and agree that I will follow all the rules in this contract and in the Participant Handbook and my Probation Conditions. I also agree that I will follow orders given to me by the Judge and my Probation Officer as well as directions from the Treatment Court Case Manager and Treatment Docket Coordinator. I also agree to the following:

1. I understand that my participation in WCDDT is voluntary. I wish to participate in the program; I am not required to join. _____
2. I understand that participation in the Program involves a minimum time commitment of eighteen (18) months. _____
3. I understand that my participation in the program requires me to be a resident of Windsor County or area's supervised by Hartford or Springfield Probation Offices, as part of the terms of my probation. _____
4. I agree to follow my treatment plan created by the Treatment Team. 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 WCDDT including, but not limited to, following my treatment plan and attending all 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 the WCDDT, for any reason, will result in my case being scheduled for a termination hearing and/or a VOP if I am still on probation. _____
5. I understand that my individual course of treatment may include residential treatment, education, and/or self-improvement courses such as anger management, parenting or relationship counseling. _____
6. I will meet with my Probation Officer on a regular basis and will follow all of my conditions of probation which are a condition of my participation in the WCDDT. _____
7. I will not possess and/or use alcohol, illegal drugs, or regulated drugs unless prescribed by a physician. I will discuss a plan for non-narcotic, alternative medication with my physician. _____
8. I will tell **all** of my medical treatment provider(s) that I am a participant in the WCDDT. I will notify my Case Manager of any medications I am currently taking and the name of the prescribing physician. I will also notify my Case Manager of any over the counter medications I am taking, and the name of the 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(s).

9. I understand that participating in this Program requires me to abstain at all times from alcohol, illegal and legal and prescription drugs that are not prescribed to me by my Treatment Provider and pre-approved by the Treatment Team. I will not possess synthetic, illegal or non-prescription drugs or alcohol, or illegal drug or alcohol paraphernalia. _____
10. I will not associate with people who use or possess synthetic, illegal or non-prescription drugs, nor will I be present while drugs, synthetic or traditional, or alcohol are being used by others that I am associating with. _____
11. I will sign all necessary authorizations to release information. I understand that information about my treatment plan, compliance, progress, and results of alcohol and drug tests may be communicated orally, in writing, and by electronic mail. I understand that releases will expire upon graduation or termination whichever occurs sooner. I will not revoke a current release or fail to execute a new release while participating in the WCDDT. I understand that if I revoke a release or fail to sign a release this may be a ground for termination from the WCDDT. _____
12. I agree that if a competency or mental health evaluation has been conducted by the court, the Treatment Team may review the evaluations for the purpose of determining a treatment plan. _____
13. 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. _____
14. I agree to allow my name and contact information to be given by the Program Team to the Crime Research Group, the evaluator of the WCDDT, who may contact me and ask for my volunteer participation in the Program evaluation. _____
15. I agree to observed, scheduled and random alcohol and drug testing as part of my treatment plan. I agree that the results of alcohol and drug testing are considered accurate and I waive my right to challenge the test results except in a VOP hearing. _____
16. I agree to the use of electronic monitoring to determine if I have consumed any alcohol and to monitor my whereabouts. _____
17. I will not use another person's urine, alter mine for my alcohol/drug tests, use a synthetic or artificial urine, 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 WCDDT. The test will also be considered positive if I am unable to produce a sample, fail to show up for my test, or if the test shows that the sample is diluted. I also understand that I may not use any device which would substitute another person's urine for my urine. _____
18. I understand that the result of any drug tests will not be used against me to bring new criminal charges, but may be used to modify my treatment plan, or for the Treatment Team to issue incentives and sanctions as a response to my behavior. _____
19.
 - a). I understand that the result of any alcohol or drug tests can be used against me if the use of alcohol is also involved with other behavior which could be charged as a criminal offense. _____
 - b). I understand that the result of any alcohol or drug tests can be used against me by my probation officer who may file a VOP for my consumption of alcohol. _____
20. I understand that failure to follow any part of the treatment plan may result in a treatment response or sanctions. Examples of possible sanctions are attached to the Participant Handbook. _____
21. I understand that incentives are built into the WCDDT program; incentives may be given for meeting my treatment plan goals. _____

- 22. I will notify the Treatment Team prior to, or as soon as possible, of a change of address, phone number, or other contact information if the change was not planned. _____
- 23. I will access available health care insurance, state or private, to offset the cost of treatment services and drug testing. I will immediately let my Case Manager know if my health insurance has lapsed, been terminated, or changed. _____
- 24. 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 the WCDDTD. _____

Failure to follow any of the conditions set out above may result in discharge from the WCDDTD program as described in the “Discharge from Treatment Court Protocol” and/or the filing of a VOP.

I have read the above contract or had it read to me, and I understand all of its provisions. I am willing to enter into this agreement with the Windsor County DUI Treatment Docket, and do so by signing below:

_____	_____
Participant Signature	Date
_____	_____
Attorney for Participant	Date
_____	_____
(Deputy) State’s Attorney	Date
_____	_____
Treatment Court Judge	Date
_____	_____
Case Manager	Date
_____	_____
Docket Coordinator	Date

APPROVED: _____ **Date:** _____
Presiding Judge, Criminal Docket

