

2016

# Drug Court Participant Handbook

South Dakota Drug/DUI Court  
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**SHOW UP**

**TRY**

**BE HONEST**

## **Table of Contents**

Mission Statements .....	4
Introduction.....	4
What is Drug Court.....	4
Eligibility Standards.....	4
Referral Process .....	5
Drug Court Proceedings .....	5
Confidentiality .....	5
Participant’s Rights .....	5
Drug Testing .....	6
Over the Counter Medications.....	6-7
Phases of Drug Court.....	7
Phase 1.....	7-8
Phase 2 .....	8
Phase 3 .....	8
Phase 4 .....	9
Phase 5 .....	9
Commencement .....	11
Commencement Requirements .....	11
Incentives .....	11
Types of Incentives .....	11
Violations and Sanctions .....	11-12
Types of Sanctions .....	12
Therapeutic Adjustments .....	12
Types of Therapeutic Adjustments .....	12
Termination .....	12-13
Process for Termination.....	13
Voluntary Removal .....	13
Fees .....	14
Court Related Fees .....	14
Program Related Fees .....	14
Drug Court Application .....	16
Consent for Disclosure of Confidential Substance Abuse Treatment Information .....	17
Drug Court Publicity Consent Form.....	18
Drug Court Treatment Program Basic Understandings, Waivers, and Agreements .....	19
Drug Court Participant Manual Receipt and Acknowledgement .....	20

## Mission Statement

The mission of the Brown County Drug Court is to provide public safety and reduce costs by providing a judicially supervised program of intensive treatment and accountability for substance dependent offenders with the goal of transforming the offenders into contributing members of our community.

### Program Goals

1. Increase public safety by integrating the criminal justice system with treatment systems and community resources
2. Increase individual length of involvement in treatment and other maintenance systems
3. Increase the number of offenders able to work, parent, and participate in the community as sober, productive citizens
4. Reduce incarceration time for non-violent offenders
5. Reduce recidivism

## Introduction

### What is Drug Court

Drug Court is defined as a judicially supervised alternative program to incarceration and includes drug, driving under the influence (DUI), and other specialty court dockets aimed at increasing public safety, increasing offender accountability, and decreasing recidivism. Drug Courts are a collaborative community effort.

### Program Outline

Drug Court is a voluntary program, which includes regular appearances before the Drug Court judge, frequent and random drug testing, substance abuse counseling in individual and group settings, mental health counseling, educational classes, a system of behavior modification based on incentives and sanctions, and intense community supervision by a Drug Court Team. Drug Court requires participants to participate in community support groups and to be employed. The program length is determined by each Team but is no less than one (1) year.

## Eligibility Standards

1. Over 18 years of age
2. Facing felony level drug- or alcohol-related offense
3. Voluntarily entering into Drug Court and willing to comply to all requirements
4. No current charges of distribution
5. Not required to register as a sex offender
6. No prior conviction of crimes of violence
7. Substantially impacted by abuse or dependence on drugs
8. Screened legally eligible for Drug Court
9. Willing to maintain residency within 30 miles of Brown County Courthouse
10. Offense must originate in Brown County
11. Have not previously participated in any specialty court, including but not limited to, Drug Court, DUI Court, or Veterans Court.

## Referral Process

1. States Attorney completes legal screen for Drug Court
2. You complete Drug Court application and meet with your defense attorney
3. You complete a drug and alcohol assessment and LSI-R risk/needs assessment
4. Defense attorney provides discovery and evaluation to Drug Court Team
5. Team discusses and either approves or denies your application
6. If accepted, Drug Court becomes sentencing option
7. You are sentenced to probation with Drug Court as a condition

\*Every reasonable effort will be made by the Drug Court team to ensure that the time between arrest and entry into the Drug Court Program is less than 50 days.

## Drug Court Proceedings

The Drug Court is a specialized court operating on a weekly basis dedicated to the assessment and supervision of participants. The Drug Court Team will meet prior to court. Drug Court is open for your family members or other members of your support network to attend. Children may attend court when appropriate. Law enforcement or a DUI Court Team member will be available to take PBT's and other drug tests before DUI Court begins. During the DUI Court session, the DUI Court Judge will discuss with you your progress in the program. Incentives and sanctions will be given as appropriate.

You are expected to maintain appropriate behavior at all times during court sessions and while in the courthouse. The Judge and Team members shall be addressed with respect. Unless prior approval is given, you will remain for the entire Drug Court proceedings. We do encourage you to show your support and encouragement to fellow participants by applause. Your behavior and demeanor while in the courthouse is a reflection on the entire Program. Maintaining appropriate behavior is a sign of the progress you and your fellow participants are making towards recovery.

## Confidentiality

Drug Court is open to the public, but Drug Court Team meetings are **not**. Special permission to attend Team meetings must have prior approval. It is important to protect the privacy interest of everyone involved in Drug Court. You are required to sign releases from the Drug Court Team and service providers for health, medical, mental health, criminal, employment and educational records. Since this is confidential information, it cannot and will not be shared with anyone outside of the Drug Court team. There is one exception to this rule pertaining to SDCL 26-8A-3 and 4, which requires reporting of any prior or current child neglect/ abuse.

## Participant's Rights

You understand that by agreeing to participate in a Drug Court Program, you are waiving your right to usual court proceedings, such as questioning or disputing the legality of a search, seizure, or traffic stop; a preliminary hearing; and a trial by jury or court. Admission into the Drug Court requires acceptance of this responsibility. You also understand that admission, participation, and possible termination from the Drug Court Program are entirely within the discretion of the Drug Court Team.

## Drug Testing

A critical component of successful Drug Court participation involves intensive supervision and random drug testing to determine compliance with the rules of the Drug Court Program. The frequency of the tests will be determined by the phase you are in and is subject to change based on violations and the recommendation of the Drug Court Team. Testing is conducted at treatment sessions and at Drug Court sessions by the Court Service Officer. All tests are observed, and any detectable level of alcohol or controlled substance will be considered as a positive test. Positive test results: If a participant admits that the urine will be positive for drugs or alcohol, a confirmation test is not necessary. However, if the participant denies using drugs or alcohol and the test results are positive, the sample will be submitted for confirmation. Payment for confirmation testing where the offender denies using will be the responsibility of the Drug Court participant. Sanctions will be imposed for positive tests, diluted samples, tampered samples and missing tests. Upon a positive test, you will lose all sobriety days in the phase and you may be taken into custody. This is done to protect public safety. On occasion, treatment providers may conduct tests for the purpose of therapeutic adjustments; results will be shared with the Team.

## Over-The-Counter Drugs and other Drug Policy

You have made a commitment to a life free of drug/alcohol addiction. It is important for you to understand the connection between over-the-counter medications and relapse.

Over-the-counter drug use (OTC) can become a serious problem for people recovering from drug and/or alcohol abuse. Improper use of over-the-counter medications can lead to relapse, health problems, and even death. A wide variety of the over-the-counter medications can be misused – from attempts to treat real illness, to self-medicate and, of course, for recreational purposes.

All over-the-counter medications have a legitimate medical purpose; however, when used improperly (taking higher-than-recommended doses, or using more frequently than directed), these drugs can produce a range of potentially damaging effects, including relapse. OTC medications containing alcohol and those that can be used for mind-altering purposes are prohibited.

The following are the most commonly abused over-the-counter medications:

- ❖ **Cold and cough medicines** — especially over-the-counter cold and cough medicines that
- ❖ contain large amounts of alcohol or the chemical dextromethorphan (DSM)
- ❖ **Pain relievers** — over-the-counter pain relievers that contain acetaminophen and ibuprofen can be toxic when taken too frequently or in larger-than-recommended doses
- ❖ **Diet pills** — various types of over-the-counter diet medications may be abused for their stimulating effects, as well as their ability to suppress appetite.
- ❖ **Homeopathic preparations, vitamins and other supplements** – you must receive approval for these products from the Drug Court Team.

You must be alert to ingredients in OTC drugs to ensure you are properly using the medication and to prevent potential relapse. The first – and best – rule is to talk to the pharmacist. A pharmacist who understands the participant’s addiction can guide people to medications that are safe and effective. If you have to sign anything at the pharmacy counter to get a product it is something you should not be taking.

You should **carefully** read medication labels to look for potential intoxicating ingredients.

Once you have determined an OTC drug that will work best for you will also need to get permission from your CSO to take the medication. All medications you are taking whether OTC or prescribed should be discussed with your CSO. You are responsible for the substances that you consume and how they affect a urine analysis.

**Always ask the pharmacist and your CSO** before buying and using OTC medications!

## Phases of Drug Court

The Brown County Drug Court Program generally consists of five (5) phases. Examples of each phase are explained in detail below. You are required to submit a written request to the Drug Court Team in order to advance to the next phase or graduate. Program length may vary but is no less than one year. You will be required to complete a Program assessment at **intake, completion of phase 2, and completion of Program**. Before graduating from the Program, you must complete a **Program Exit Survey**.

Alcohol monitoring through the 24/7 Program, SCRAM monitoring, or Ignition Interlock testing will be required in Phase 1. Participants will also be required to maintain an alcohol and drug-free residence throughout all phases.

### **Phase 1 (minimum of 60 days)**

- Attend court weekly
- 24/7 Program
- Report to supervision meetings as instructed
- Submit to random drug testing
- Follow all treatment and mental health recommendations
- Attend and document three (3) recovery meetings per week
- Abide by 9:00 P.M. curfew
- Obtain and maintain a daily/weekly planner
- Complete financial review for Financial Responsibility Plan
- Seek and obtain employment, attend school, or complete community service hours up to the teams discretion
- Obtain community support/sponsor (recommended)

*In order to advance to next phase:*

- Regular attendance at treatment, office visits, and honesty

- 25 days of continuous sobriety
- Make Written request to move to next phase

### **Phase 2 (minimum of 90 days)**

- Attend court bi-weekly unless specified by the Drug Court Team
- Report to supervision meetings as instructed
- Submit to random drug testing
- Follow all treatment and mental health recommendations
- Attend and document three (3) recovery meetings per week
- Abide by 10:00 P.M. curfew
- Maintain daily/weekly planner
- Set up and follow Financial Responsibility Plan
- Maintain employment, attend school, or complete community service up to the teams discretion
- Required to obtain community support/sponsor

*In order to advance to next phase:*

- Comply with treatment and supervision
- 30 days of continuous sobriety
- Written Request to move to next phase

### **Phase 3 (minimum 90 days)**

- Attend court every third week unless specified by the Drug Court Team
- Report to supervision meetings as instructed
- Submit to random drug testing
- Follow all mental health and treatment recommendations to include aftercare and N/A meetings
- Attend and document three (3) recovery meetings per week
- Abide by 11:00 P.M. curfew
- Maintain daily/weekly planner
- Follow Financial Responsibility Plan
- Seek and obtain employment, attend school, or complete community service up to the teams discretion
- Continue meetings with community support/sponsor

*In order to advance to next phase:*

- Comply with treatment and supervision
- Began sober network and pro-social activity
- 45 days of continuous sobriety
- Written Request to move to next phase

#### **Phase 4 (minimum of 90 days)**

- Attend court monthly unless specified by the Drug Court Team
- Report to supervision meetings as instructed
- Submit to random drug testing
- Follow all mental health treatment/aftercare recommendations
- Attend and document three (3) recovery meetings per week
- Abide by 11:00 P.M. curfew
- Maintain daily/weekly planner
- Follow Financial Responsibility Plan
- Maintain employment or education
- Continue with community support/sponsor
- Perform 40 hours of community service

*In order to advance to next phase:*

- Comply with treatment and supervision
- Maintain sober support network and pro-social activity
- Began/maintain other areas (employment, etc.)
- 45 days of continuous sobriety
- Written request to advance

#### **Phase 5**

- Attend court monthly unless specified by the Drug Court Team
- Report to supervision meetings as instructed
- Submit to random drug testing
- Follow all mental health and treatment/aftercare recommendations
- Maintain employment or education
- Attend and document three (3) recovery meetings per week
- Complete community service

*In order to commence:*

- Comply with treatment and supervision
- Maintain sober network and pro-social activity
- Maintain as need based upon assessment:
  - Job training
  - Parenting/family support
  - Vocational training
- 90 days of continuous sobriety
- Written request to graduate

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## Commencement

### Commencement Requirements

- Complete Phase 5
- Pay all fees on current file
- 90 days continuous sobriety
- Employed
- Program approved housing
- Participated in Program for at least twelve (12) months

Upon successfully completion of all five (5) phases, upon meeting graduations requirements, and upon recommendation of the Drug Court Team, you will graduate from Drug Court.

Graduation from Drug Court is recognized as a very important event. Your loved ones and friends will be invited to join you at a special ceremony as the Drug Court Team congratulates you for successfully completing all phases of the Drug Court Program and achieving all the goals to establish a healthy lifestyle.

## Incentives

While participating in the Drug Court Program, you may be given incentives to reinforce positive behaviors. An incentive, or reward, is an acknowledgement by the Drug Court Team that you have reached a milestone, accomplished a specific goal, or otherwise exhibited positive behavior or change.

### Types of Incentives

Incentives can include but are not limited to the following.

- Progression in the Program
- Fishbowl drawing (gift cards to local businesses, etc.)
- Decrease in fines
- Applause
- Acknowledgement from the bench
- Group incentives
- Paid minutes for cell phone
- Payment for GED testing
- School supplies
- Bus passes
- Reimburse medical expenses
- Reimburse vehicle repairs
- Decreased supervision
- Decreased court attendance
- Supervised day trips
- Ticket to theatrical productions
- Reduced drug testing
- Medal to mark milestones
- Opportunity to tell story to the court
- Commencement

## Violations and Sanctions

While participating in the Drug Court Program, you will be given sanctions for any violations. A violation is a behavior or action that conflicts with the Program rules, policies or recommendations. A sanction is a response to a violation. The seriousness of the violation determines the severity of the sanction imposed. The objective of sanctions is to encourage you to continue to work towards recovery and treatment goals.

Any violations of the Drug Court Program rules, policies, or recommendations will result in the **immediate** imposition of sanctions, as determined by the Drug Court Judge or Drug Court Team. The Drug Court Team will individualize sanctions as deemed appropriate.

## **Types of Sanctions**

Sanctions can include but are not limited to the following:

- Increased court appearances
- Increased reporting to Court Services
- Additional drug testing
- Temporary incarceration
- Delay in phase promotion
- **Temporary** phase demotion
- Written assignments for court
- Verbal reprimand
- Additional community services hours
- House arrest
- Imposition of electronic monitoring
- Residential placement
- Daily written schedule
- Stricter curfew
- In-court apology
- Honesty journal
- Loss of driving privileges
- Termination

## **Therapeutic Adjustments**

Therapeutic adjustments are treatment-oriented responses for substance use in the Drug Court Program. Modifications in treatment services are based on the recommendations of treatment providers.

## **Types of Therapeutic Adjustments**

Therapeutic adjustments can include but are not limited to the following:

- Increased self-help meetings
- Increased drug/alcohol testing
- Journaling
- Motivational interview exercises
- Evaluation of possible medication
- Increased court appearances
- Increased treatment intensity
- Additional assessments or evaluations
- Residential treatment

## **Termination**

Termination is evaluated on an individual basis. A decision to terminate participation will be made by the Drug Court Team. The decision to terminate may be made for any of the following reasons:

- Concern for public safety
- Threat to the integrity of the program

- Available treatment options have been exhausted, and the participant is no longer working towards recovery
- Violating rules of the Drug Court
- Commission of a crime
- Failure to attend Drug Court hearings
- Abandonment of treatment program
- Evidence that participant is involved with drug dealing or driving while under the influence
- Evidence that participant is involved in any threatening, abusive, or violent verbal or physical behavior towards anyone
- Tampering with drug/alcohol screening tests
- Inability to pass required drug/alcohol screening tests for any reason
- Failure to make satisfactory progress
- Any other grounds that the Drug Court Team finds sufficient for termination

## **Process for Termination**

1. A member of the Drug Court Team makes a motion for termination.
2. The Court Services Officer will provide you with a written notification.
3. You will be given the opportunity to choose whether or not you would like to have a lawyer represent you at the termination hearing.
4. You will address the Drug Court Team concerning the possibility of termination at the next regularly scheduled Court session.
5. The Drug Court Team will discuss termination with the Judge, who shall make the final decision.
6. If you are terminated, the Court shall advise you of your rights concerning potential probation revocation and appoint you an attorney.
7. You are required to participate in a termination interview and may be subject to a probation revocation proceeding.

## **Voluntary Removal**

You may request removal from the Drug Court Program; however, you are advised to meet with your defense attorney before making this request. If you have been deemed an absconder from court services supervision while in the Drug Court Program, you will be considered to have voluntarily removed yourself.

## **Fees**

### **Court Related Fees**

You are required to keep up with your payments for court related fees. Court related fees can include but are not limited to the following:

- Child support
- Restitution
- Crime Victim Fund
- Public Defender fees

You will be responsible to set up a payment plan with the Court Service Officer to present to the Team for approval.

### **Program Related Fees**

You may be required to pay for testing, monitoring, and treatment while in the Program. Failure to make timely payments could result in delayed completion of the Program. The fees can include but are not limited to the following:

- UA's
- 24/7 Program
- SCRAM
- Interlock
- Treatment
- Court fines

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## Drug Court Application



### Application Process

1. Read through the Participant Manual with defense attorney.
  2. Fill out and submit the following application and Consent for Disclosure of Confidential Substance Abuse Treatment Information to the Drug Court Office in the \_\_\_\_\_ Court House.
  3. **Once application is received** by the Drug Court, you will be required to keep two scheduled appointments. These appointments must be completed before the Team will further consider your application.
    - The Court Services Office will call you to schedule a LSI-R (Risk/Needs Assessment)
    - \_\_\_\_\_ will call you to schedule a Treatment Needs Assessment
- \*Your attorney will receive written notification of acceptance or denial into the program.
4. If you are accepted into the program, you must complete the following forms, which are included in the Participant Manual.
    - Drug Court Publicity Consent Form
    - Drug Court Treatment Program Basic Understanding, Waivers and Agreements
    - Drug Court Participant Manual Receipt and Acknowledgement



Unified Judicial System

Application to \_\_\_\_\_ Drug Court Program

\_\_\_\_\_ Judicial Circuit

Date of Application	Do you need disability accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state request:	Will an interpreter be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state language:
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Name	Alias
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Race	Sex	Date of Birth
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Current Address (Street)	Telephone Number	Cell Phone Number
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City	State	Zip	Other States Lived in:
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How Long at this Address?	Armed Forces Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Number
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Reliable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	State ID Number
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Do You Have Children? <input type="checkbox"/> Yes <input type="checkbox"/> No Do You Pay Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Dependents
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<b>Significant Other</b>		
NAME- Last, First, Middle (include Aliases)	DOB	Criminal Court Involvement-If so what?

<b>Other Members of Household</b>		
NAME- Last, First, Middle (include Aliases)	DOB	Criminal Court Involvement-If so what?

Next of Kin	Relationship	Telephone Number
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Current Employer	Monthly Income	Receive Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are You an Addict? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Drug of Choice
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Primary Care Provider/Physician
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Mental Health Diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Take Psychotropic Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List all Mental Health Diagnoses		List Medications	
Drug & Alcohol Evaluation Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		LSI-R Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Completing	Date	Score	Date
Highest Grade Completed		GED <input type="checkbox"/> Graduation <input type="checkbox"/>	
Skill or Trade		Certification or Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
On Probation Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No		Probation Officer	
Current Charges			Offense Date:
Do you have any matters pending in any other court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court		Charges	
Have you ever been sentenced to drug court before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court		Date:	
Have you ever been sentenced to the Penitentiary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	
Defense Attorney Name		Telephone Number	
<b>"The defendant consents to the disclosure of Drug/DUI Court application information, including a Risk/Needs Assessment and a Treatment Needs Assessment, prior to entry of a plea, for purposes of obtaining information useful for acceptance into the Drug/DUI Court Program."</b>			
_____ Defense Attorney Signature Date		_____ Applicant Signature Date	

## **CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE TREATMENT INFORMATION**

I, \_\_\_\_\_, having agreed to enroll and participate in the Adult Drug Court Program, hereby acknowledge that treatment information normally is confidential under federal law. I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient (or client) records, and Part 164 of Title 45 of the CFR, which governs the confidentiality of mental and physical health records generally. I also understand that it is unlawful to violate these confidentiality requirements, but that both requirements permit me to voluntarily consent to permit disclosure of my health and substance abuse treatment information.

Therefore, I, \_\_\_\_\_, consent to allow the release of employment, medical, psychiatric, treatment, educational, mental health, or other documents and records which are deemed necessary for Drug Court purposes concerning Case No(s). \_\_\_\_\_. I also consent to the disclosure of on-going communications about my diagnosis, prognosis and compliance status, which includes, but is not limited to, the following:

- Assessment results pertaining to Drug Court eligibility, treatment needs, and supervision needs;
- Attendance at scheduled appointments;
- Drug and alcohol test results, including efforts to defraud or invalidate drug or alcohol tests;
- Attainment of treatment plan goals, such as completion of a required counseling regimen;
- Evidence of symptom resolution, such as reductions in drug cravings or withdrawal symptoms;
- Evidence of treatment-related attitudinal improvements, such as increased insight or motivation for change;
- Attainment of Drug Court phase requirements, such as obtaining and maintaining employment or enrolling in an educational program;
- Compliance with electronic monitoring, home curfews, travel limitations, and geographic or association restrictions;
- Adherence to legally prescribed and authorized medically assisted treatments;
- Procurement of unauthorized prescriptions for addictive or intoxicating medications;
- Commission of or arrests for new offenses; and
- Menacing, threatening, or disruptive behavior with staff members, fellow Participants or other persons.

These communications may be disclosed among the following parties or agencies involved in the Drug Court Program: the Drug Court judge, the Drug Court team members, the employees engaged in the Drug Court operations and administration, court services officers in the Drug Court Program, treatment providers utilized by me during the Drug Court Program, the Drug Court defense attorney, and/or other referring or treating agencies involved in the direct delivery of services through the Adult Drug Court Program.

I understand that the purpose of and the need for this disclosure is to: inform the court and the other above-specified agencies of my eligibility and/or acceptability for substance abuse treatment services; to report on and adequately monitor my treatment, attendance, prognosis, and compliance with the terms and conditions of the program; to discuss and assess my status as a Participant in the Drug Court Program; and, to assess and comment on my progress in accordance with the Drug Court's reporting and monitoring criteria.

I agree to permit the disclosure of this confidential information only as necessary for, and pertinent to, hearings, and/or reports concerning the status of my participation and compliance with the conditions of my probation as defined by the Drug Court. I understand that information about my medical status, mental health and/or drug treatment status, my arrest history, my levels of compliance or non-compliance with the conditions of my Drug Court participation (including the results of urinalysis or other drug screening tools,) and other material information will be discussed and shared among members of the Drug Court team.

I further understand that as an essential component of the Drug Court Program summary information about my compliance or non-compliance will be discussed in an **open and public courtroom**, including but not limited to, whether I have attended all meetings, treatment sessions, the results of urinalysis or other drug testing as required, and the disclosure of my compliance or noncompliance with the terms and conditions of the Program as defined by the Court. It is entirely possible that third parties will attend these court sessions and will hear these discussions. This process will require the redisclosure of confidential treatment information to individuals who have not been individually and specifically authorized to receive such information. Therefore, **I hereby specifically consent to any potential redisclosure to third persons who may be in attendance at any of my Drug Court sessions.**

I further understand that if I re-disclose confidential information of any other Participant to another party, I expose myself to legal liability for unauthorized disclosure of confidential information.

Recipients of this confidential information may re-disclose it only in connection with their official duties. I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Drug Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Drug Court requirements, or upon sentencing for violating the terms of my Drug Court involvement.

\_\_\_\_\_ Date \_\_\_\_\_  
Drug Court Participant

\_\_\_\_\_ Date \_\_\_\_\_  
Witness



## Drug Court Publicity Consent Form

I hereby consent to and authorize the use, publication and reproduction of all media by the Drug Court or anyone it authorizes, for all photographs/video taken of me, with or without names as the case may be, for any editorial, promotional, advertising, educational or other purpose.

I understand that any photographs or videos may be used in any publication for promotion of Drug Courts. I realize that this coverage may place my picture, with or without further explanation, alone or accompanied by other pictures, in a story, on a website, or on a cover of any or all publicity materials for Drug Courts. I hereby release the Drug Court, its staff, and employees, or anyone it authorizes, from all claims relating to or arising from the uses consented above.

I am over eighteen years of age, have read this consent and release, or have had it read and explained to me, fully understand its contents, and enter into it voluntarily and without coercion.

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**DRUG COURT  
TREATMENT PROGRAM BASIC UNDERSTANDING,  
WAIVERS AND AGREEMENTS**

Defendant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number(s): \_\_\_\_\_

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**I UNDERSTAND THAT:**

Before I can be accepted into the Drug Court Treatment Program, I must give up certain statutory and/or constitutional rights. I hereby voluntarily agree and consent to give up the following statutory and/or constitutional rights upon my acceptance into the Drug Court Treatment Program enumerated below:

1. **LEGAL WAIVER:** I do hereby release and forever discharge the complaining witnesses, victim(s), the Drug Court Judge, the State's Attorney's Office, the Defense Attorney on the Drug Court Team, the Court Service Officer(s), the Drug Court Staff, and their respective heirs, successors, executors, administrators, and assigns from any and all claims of any kind or nature whatsoever, either in law or in equity, arising out of my arrest, participation in, or termination from, the Drug Court Program, and do expressly release and forever hold them harmless from any criminal or civil action which I may have a right to bring as a result of my arrest or participation in the Drug Court Program. (\_\_\_\_)
2. **RELEASE OF INFORMATION:** I agree to complete a diagnostic evaluation for the development of my Drug Treatment Program as ordered by the Court. I hereby authorize release of all treatment information by the provider to the Court, Court Services, and the Drug Court Team. The Team and Court may consider any such information in deciding whether I remain in the Drug Court Treatment Program. (\_\_\_\_)
3. **STATUS OF PROGRAM:** I have no legal right to participate in the Drug Court Treatment Program, and my acceptance and participation is a privilege. I may be excluded or terminated from the Program at any time. (\_\_\_\_)
4. **PROGRAM LENGTH:** The length of the Program varies, with the minimum time to complete all levels of programming being one (1) year. It may take up to three (3) years, depending on my needs, abilities, and motivation to achieve nine (9) months of sobriety and meet Program objectives. Upon successful completion of Drug Court, I may be ordered to complete the remainder of their probation period on standard probation. (\_\_\_\_)
5. **GENERAL REQUIREMENTS:** I must attend all Drug Court sessions well-groomed and professionally dressed. I must also attend treatment sessions, pass repeated drug screens, and address problems such as corrective thinking that contribute to my addiction. I must reduce risk factors, which may include improving my family situation, bettering my employment status, increasing my educational level, moving from known drug distribution areas, etc. I may be required to pay restitution, fees for participation in the Program, fines, my Court Appointed

Attorneys Fees, and any other related costs. I must make suitable progress towards controlling my addiction, and the Program will set individual requirements that I must meet. (\_\_\_\_)

6. **INDIVIDUALIZED TREATMENT PLANS:** The Clinician I am assigned to will set my individual treatment plan requirements, which will then be reviewed by the Drug Court Team. The final decisions regarding my progress, compliance with Program requirements, and continued participation are in the Judge's sole discretion. I have no right to appeal the Court's decisions. (\_\_\_\_)
7. **TERMINATION:** I can quit the Program at any time but I must meet with the Judge and discuss my reasons for this decision and he/she may delay my withdrawal from the Program for up to one (1) week to make sure my decision is firm. If I voluntarily quit the Program, abscond from the Program, or am involuntarily terminated, I understand that I will be subject to sanctions by my sentencing judge. (\_\_\_\_)
8. **FEES:** I will have to pay for some components of the Program, such as:
  - A. Drug Testing;
  - B. Ankle Bracelet Monitoring System;
  - C. Treatment/Counseling;
  - D. 24/7 Sobriety Program.

Money I pay into the Program is non-refundable. If I quit, am terminated from the Program, or if the Program ends for any reason, I will not get my money back. (\_\_\_\_)

9. **SANCTIONS:** If I do not fully comply with the Program, the Judge may impose sanctions at his/her sole discretion. Additionally, my Court Service Officer(s) (CSO) may impose administrative sanctions if I violate my curfew, have unauthorized visitors, or violate my weekly schedule. I will have to complete the sanctions to continue in the Program. The sanctions could include community service, a return to jail, or anything deemed appropriate by the Judge. Additionally, as a condition of my participation in the Drug Court Program, I do not have a right to an Evidentiary Hearing to contest the imposition of sanctions nor do I have the right to appeal the decision of the Drug Court Judge. The Judge may also terminate me from the Program. (\_\_\_\_)
10. **COMMISSION OF A CRIMINAL OFFENSE:** If I commit an additional criminal offense, excluding minor traffic offenses, I may be expelled from the Program. (\_\_\_\_)
11. **COURT PROCEEDINGS:** The Drug Court proceedings will be informal and performed in open Court. However, I am required to be well groomed and dressed in professional attire for all Court appearances. Clothing bearing drug or alcohol related themes, or promoting alcohol or drug use is not allowed. Violent or belligerent behavior will not be tolerated. (\_\_\_\_)
12. **SEARCHES:**
  - A. I will submit to random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol, or any paraphernalia at the request of the Court Service Officer(s) (CSO). I will comply with all other rules of the Intensive Supervision Program. I am aware that my Court Service Officer(s) (CSO) and/or law enforcement will be conducting random home visits as a part of my participation in the Program. (\_\_\_\_)

- B. I will submit to searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol, or any paraphernalia at the request of law enforcement with reasonable suspicion. (\_\_\_\_)
- C. I will be subject to random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol or any paraphernalia by treatment provider staff or their designee while participating in the treatment program or while on treatment provider property. Failure to comply with these requirements may result in sanctions. (\_\_\_\_)
13. DRUG TESTING: I will not use or possess any urine adulterant products. Possession or use of any such products will be deemed a violation of this agreement. I understand that results of my tests shall be admissible as evidence in the Drug Court. (\_\_\_\_)
14. ATTORNEY: I understand that I will not have an attorney to represent me while in the Drug Court Program. I also understand that Drug Court is a non-adversarial forum and, therefore, treatment and accountability is the primary concern. I also understand that the attorney who represented me in the criminal case does not represent me in Drug Court, and the defense attorney who participates in the Drug Court is not acting as my attorney (even if the same attorney who represented me is also the defense attorney who participates in Drug Court). If the attorney who represents me in the criminal case is the same attorney who participates in the Drug Court, I waive any claim of conflict that might otherwise arise if that attorney is required to later represent me in court proceedings (for example, if I am terminated from the Drug Court Program). (\_\_\_\_)
15. DISCUSSIONS IN MY ABSENCE. I understand and acknowledge that the members of the Drug Court Team, including the Defense Attorney and the Prosecuting Attorney, will be talking to the Drug Court Judge about me, my progress in the Program, and any problems that I might be having. The Team may also discuss with the Judge, at various times, sanctions or rewards, which I may receive because of my participation in the Program. I also understand and acknowledge that I will not be present for these discussions with the Judge. It has been explained to me these discussions with the Judge without me being present are necessary in order for me to receive the maximum benefit from the Program. I understand this and waive my presence at these meetings and discussions with the Drug Court Judge. (\_\_\_\_)
16. WAIVER OF PRIVACY: Program officials may require me to provide very personal information. This may include, but will not be limited to: my criminal record, financial and tax information, child support records, education and work history, family history, and medical and psychiatric information. I understand and agree that these things may be discussed in open Drug Court session, in treatment sessions, or in other settings related to participation in the Program. I agree to sign specific releases promptly to allow the gathering of this information. (\_\_\_\_)
17. DUTY TO NOTIFY: I must obtain permission from my Court Service Officer(s) (CSO) prior to making any change in my residence or mailing address, any change, or disconnection of my phone number, or any change in my employment. I must also notify my Court Service Officer(s) (CSO) immediately after any law enforcement contact. (\_\_\_\_)

18. REARRESTS: I must obey all laws, and notify my Court Service Officer(s) (CSO) of any criminal charges that are made against me, including any driving violations or minor offenses. My arrest or conviction on other charges, or my failure to report other charges, may result in termination from the Program. (\_\_\_\_)
19. TRUTHFUL DISCLOSURE: Acceptance in the Program is based partly on my criminal history. I have truthfully, disclosed any previous arrests and convictions. (\_\_\_\_)
20. NO ALCOHOL OR CONTROLLED SUBSTANCES: I understand that I cannot drink, possess, or otherwise ingest alcohol, nor may I associate with those who do, while I am a participant in the Drug Court Program. I also understand that I cannot use or possess marijuana, K2 or like substances, synthetic marijuana, scheduled controlled substances, over-the-counter drugs except as authorized herein, or any mind-altering substances, nor associate with those who do, while I am a participant in the Drug Court Program. (\_\_\_\_)
21. MEDICATIONS: I understand that I will be required to provide frequent and random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol, or any paraphernalia as a condition of my participation in the Drug Court Program. I agree that I will not take any medications, including cough, cold, and any other over-the-counter medications without prior approval from my treatment provider and my Court Service Officer(s) (CSO). I also agree to provide a complete list of my medications to my treatment provider and my Court Service Officer(s) (CSO). I also will not use or consume any food or beverage that contains poppy seeds while I am in the Drug Court Program. (\_\_\_\_)
22. MEDICAL NEEDS: I, unless authorized by the Drug Court Team, will have only one doctor meeting my primary health needs. All appointments must be scheduled with that doctor or medical professional with the knowledge and permission of the Drug Court Team or my CSO, including emergent needs. (\_\_\_\_)
23. ALCOHOL/DRUG TREATMENT AND COUNSELING: I will attend alcohol/drug treatment and participate in group, family, and/or individual counseling. (\_\_\_\_)
24. HOUSING: I understand that stable housing is necessary for my recovery and must be approved by the Drug Court Team. I agree to comply with their recommendations and restrictions. (\_\_\_\_)
25. EMPLOYMENT/EDUCATION/JOB TRAINING: I agree to maintain approved employment and/or attend any education or job training programs to which I am referred. I will maintain at least a 30-hour work-week. The 30-hour work-week does not include treatment unless it is day treatment. The 30-hour week only includes work, school, or community service hours unless it is otherwise approved by the Drug Court. (\_\_\_\_)
26. GAMBLING: I will not gamble nor enter any gambling establishments where the primary source of revenue is gaming funds without the written permission of my supervising officer. (\_\_\_\_)
27. INCARCERATION: I understand that I may be incarcerated as a sanction for violations of the participant agreement, and I agree to comply with the incarceration. (\_\_\_\_)

28. CURFEW: I agree to abide by a curfew as determined by the Drug Court Team. The curfew will have a beginning time when I am to be home and an ending time when I may leave. During my curfew, I may be on my property, as long as I am able to hear and get to the telephone. (\_\_\_\_)
29. SEXUAL HARASSMENT POLICY: All participants are entitled to an atmosphere that is free from any sexual harassment. Sexual harassment is any unwanted comments, gestures, writings, physical contact, and innuendo that are sexual in nature. If I sexually harass another participant or service provider, I will be subject to a disciplinary review and could face severe consequences, including termination from the Program. (\_\_\_\_)
30. FRATERNIZATION: I am not to engage in any sexual relationships with other Program participants. This type of fraternization is not conducive to a healthy treatment environment, and will not be tolerated by the Drug Court Program. (\_\_\_\_)
31. NO FINANCIAL DEALING: I am prohibited from having any financial dealings with other Drug Court participants while in the Program, except with the permission of the Drug Court Judge. The term “financial dealings” shall include, but not be limited to, lending or borrowing money or property, purchasing or selling real or personal property, or working for each other, or exchange of gifts. A violation will result in sanctions for all involved participants. (\_\_\_\_)
32. WAIVER OF RIGHT TO REMAIN SILENT: I give up my right to remain silent. I agree to fully and *HONESTLY* participate in all Drug Court meetings. (\_\_\_\_)
33. PHOTOGRAPH: I agree to have my photograph taken for Drug Court files. (\_\_\_\_)
34. FREE, VOLUNTARY, KNOWING AGREEMENT: My participation in the Program requires that I waive very important rights. I have fully discussed my rights with the Defense Attorney on the Drug Court Team before agreeing to enter into the Program. I am satisfied that I understand how the Program will affect my rights. At the time of executing this document, my thinking is clear and I am not under the influence of any substance. The decision to waive my rights and enter the Program is mine alone and made of my own free will. I expressly agree to accept and abide by all the terms and conditions of the Drug Court Treatment Program as established by the Court and the Treatment Provider. (\_\_\_\_)
35. NO REVOCATION OF ASSIGNMENT: I hereby consent to this case being assigned to the Drug Court Judge for all purposes, including sanctions. (\_\_\_\_)
36. The defendant consents to the disclosure of Drug/DUI Court application information, including a Risk/Needs Assessment and a Treatment Needs Assessment, prior to entry of a plea, for purposes of obtaining information useful for acceptance into the Drug/DUI Court Program. (\_\_\_\_)

\_\_\_\_\_  
SIGNATURE OF DEFENDANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE



## **Drug Court Participant Manual Receipt and Acknowledgement**

I, \_\_\_\_\_, acknowledge receipt of the Drug Court Participant Manual. I understand that it is my responsibility to read and comply with the policies contained in the handbook and any revisions made to it.

Participant's Printed Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Court Services Officer Signature: \_\_\_\_\_