

19<sup>th</sup> Judicial District Court  
Recovery Court  
300 North Boulevard, Suite 2401  
Baton Rouge, LA 70801  
225-389-2550 225-389-2551 (fax)

**CLIENT AGREEMENT**

I HAVE CHOSEN TO COMPLETE TREATMENT IN THIS PROGRAM. TO ASSURE MY FULL PARTICIPATION IN THE RECOVERY PROGRAM, I AGREE TO THE FOLLOWING:

1. I understand that this is a four-phase program with a minimum required time of 16 months. This time frame is based on my personal progress of all four phases of the program.
2. I agree to sign the consent forms for the release of information in order to help the staff communicate with individuals or agencies that can assist me in my recovery.
3. I understand that I am required to submit to random drug testing as instructed by treatment team, a minimum of twice a week, Monday through Sunday.
4. I understand that I must attend all scheduled sessions and appointments made by staff. I am required to attend court weekly during the initial phase.
5. If I am found to be alcohol or using substances, at any time during treatment, I agree to follow through with referral to detox, inpatient, or any recommendation by the treatment staff.
6. I understand that it is my responsibility to provide a valid urine specimen, which is free from dilution, adulteration or substitution, and that analysis will be confirmed by a laboratory, if positive.
7. I understand that failure to submit a specimen on the same day my color is called is considered a positive screen and will result in a sanction by the Judge.
8. I understand that I am required to bring in to staff any over-the-counter medications or prescriptions I may be using and that they are to be non-addictive/narcotic and must not contain alcohol.
9. Dietary supplements for weight loss, muscle building or replenishment, and accelerated metabolism, etc. are prohibited.
10. I understand that any medication which may cause a false positive or may adversely impact my ability to obtain and maintain a firm pattern of sobriety in treatment is prohibited without appropriate approval and documentation.
11. I understand that I am required to attend additional outside support meetings.
12. I understand that as a condition of this program I am required to obtain full time employment. School may be substituted for employment.
13. I understand that there will be a \$30 per month Recovery Court participation fee, with the first monthly payment due on/or before 60 days after intake.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I AGREE TO FOLLOW THESE REGULATIONS.

Defendant: \_\_\_\_\_  
Defense Counsel: \_\_\_\_\_

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