

CLIENT AGREEMENT
19th Judicial District Drug Court Treatment Program

I HAVE CHOSEN TO COMPLETE TREATMENT IN THIS PROGRAM. TO ASSURE MY FULL PARTICIPATION IN THIS DRUG AND ALCOHOL FREE PROGRAM, I AGREE TO THE FOLLOWING:

1. I understand that this is a five-phase program with a minimum required time of 15 months. This time frame is based on my personal progress of all five phases of the program. I understand that I am required to attend court for status hearings; based on the scheduled time of the specific phase of the program I am currently attending.
2. I understand I am to cooperate with the treatment staff in formulating my treatment plan. 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 staff, the Drug Court Treatment Judge, or my case manager. I also understand that I may be required to have hair analysis performed, at my expense, as ordered by the Court.
4. I understand that I must attend all scheduled sessions and appointments made by staff. If it is necessary for me to miss any session, I will notify my counselor prior to my absence. If I am absent, I am responsible for bringing in appropriate documentation for verification and approval. If I fail to call and bring verification to my next scheduled session, it will be considered an unexcused absence. Each absence, whether excused or not, will be included in the status report presented to the judge. For all unexcused absences there will be a sanction recommended.
5. I understand that I will be tested for the presence of drugs in my system and will be required to submit a minimum of two supervised random drug screens a week. If I fail to produce a urine specimen or if it is not of sufficient quantity, it will be considered a missed screen on my part and it will be treated as positive drug test result. If I am found to be using at any time during treatment, I agree to follow through with referral to detox, inpatient or any therapeutic recommendation by the staff. I understand that while I am waiting for admission into a detox or inpatient facility, should it be recommended, I am to continue to maintain all scheduled clinic sessions and appointments. I agree that upon completion of any detox or inpatient treatment I must report to my assigned counselor within 24 hours to reassess my level of participation in the program.

I also understand that treatment staff or the Judge may change the above-mentioned drug-testing regimen at any time.

6. I understand that I may be required to submit to breathe tests to verify I am alcohol free. If I am found to be drinking at any time during treatment, I agree to follow through with referral to detox, inpatient, or any recommendation by the treatment staff.
7. I understand that it is my responsibility to provide a valid urine specimen, which is free from dilution, adulteration or substitution, and that analysis of urine specimens includes testing for dilution, adulteration or substitution. I understand that if laboratory results include the finding of a urine creatinine level lower than 20.0, that the specimen will be presumed diluted, adulterated, or substituted. I also understand that a specimen that is presumed to be diluted, adulterated, or substituted will be considered a positive screen and will result in a sanction by the Judge.
8. I understand that on each day my color is called for drug testing, that it is my responsibility to submit a urine specimen on the same calendar day during regularly scheduled drug screening hours at the designated drug screening location. 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.

9. I understand and agree that in addition to random urine drug testing, I may also be required to submit to instant urine drug screens, oral fluid tests, or to wear a sweat patch.
10. 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. I am also responsible for informing medical personnel or pharmacists that medications prescribed or recommended are to be non-addictive/narcotic and must not contain alcohol.

I may not take over-the-counter medications containing ephedrine, pseudoephedrine, or phenylpropanolamine. (Examples of these medications are Sudafed, Nyquil, Contac, Sine-Off, and Allerest. This is not a complete list -- read the package labels or ask your physician or pharmacist for a medication that does not contain these substances.)

I may not take medications that contain alcohol, for example, Nyquil. (Again, read the label or your physician or pharmacist for a non-alcohol medicine.)

Dietary supplements for weight loss, muscle building or replenishment, and accelerated metabolism, etc. are prohibited unless medically necessary and appropriately documented by the physician's completion of the Drug Court Treatment Program Medical Necessity Form. I will be held responsible for any drug positives that result from the taking of any such medication or supplement without appropriate approval and documentation.

11. 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.
12. I understand that part of my program includes attendance of at least three 12-step or other support meetings each week. I agree to bring verification of attendance to my case manager or counselor at scheduled times.
13. I understand that as a condition of this program I am required to complete my high school education/GED and obtain full time employment. Also, in order to graduate I must obtain a minimum of six months of sobriety, be gainfully employed, have all fees paid in full, and have completed all required community service hours.
14. I understand that if I am found to be under the influence of drugs or alcohol when I arrive for a session or appointment, I will not be allowed to stay and participate. I will agree to surrender my keys to the staff for my safety as well as others. I will call someone who is not under the influence to drive me home. I understand if I insist on driving, the staff will be obligated to notify law enforcement of an impaired driver on the road and a description of the vehicle will be given.
15. I understand I may be sanctioned for a positive urinalysis or hair analysis, presumptive positive urinalysis, or failure to comply with any of the rules and regulations of the program. I understand if I am continuously getting sanctioned for violation of the rules and regulations of the program, that I may be discharged from the program.
16. I understand that there will be a \$50 per month Drug Court participation fee, with the first monthly payment due on or before 60 days after intake. I also understand that there will be a \$60 per month supervision fee due to the Probation and Parole Office, as well as a \$150.00 fine and court costs. In addition, I will not be considered eligible for phase promotion unless my fee balance is current, and I will not be considered eligible for graduation unless all program fees are paid in full a minimum of thirty (30) days prior to my scheduled date of graduation.
17. I understand that I will be subject to random and/or unannounced home visits while participating in the program.
18. I understand that I am responsible for attending all appointments for employment, medical treatment, educational opportunities, etc., and that unexcused absences will be sanctioned.

19. I understand that the treatment team will confiscate all contraband brought to the treatment facility. Contraband includes, but is not limited to: mood altering chemicals (alcohol, illegal drugs, drug paraphernalia and prescription medication), weapons, and any other materials.
20. I understand that I must be appropriately dressed for both treatment groups and court appearances. Appropriate attire includes, clothing that is not tight or revealing. Shorts or skirts must be no more than 2" above the knees. Clothing with obscenities, nudity, drug paraphernalia, and any other offensive depictions, including violent or aggressive actions will not be allowed. Should I report to the facility in attire that is not appropriate I will be given an individual assignment at the facility and will not be allowed to attend group therapy. This missed group session will then make me eligible for a sanction for non-attendance.
21. I understand that as a condition of my presence in the Drug Court Treatment program at Drug Court Treatment Center offices I WILL NOT disclose to anyone any information related to people I see, conversations I hear, or any other information connected to any program at Drug Court Treatment Center while in the course of attending program activities or taking drug screens. Failure to comply with this agreement will result in sanction(s) to be imposed by the Judge.

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

Defendant: _____

Date: _____

Defense Counsel: _____

Date: _____