

IN THE CIRCUIT COURT FOR ST. MARY'S COUNTY

IN THE MATTER OF

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CASE NO.

DOB:

ADULT DRUG COURT PARTICIPANT CONTRACT

1) I understand that the validity of this contract is conditioned upon my eligibility for the ADC Program. If at any time after the execution of this agreement and in any phase of the ADC Program, if I am terminated from the program, a criminal sentence for violation of probation may be imposed.

2) I understand that participation in the ADC involves a minimum commitment of 12-18 months and possibly longer if circumstances warrant.

3) I understand that during the entire course of the ADC Program, I will be required to attend court sessions, treatment sessions, submit to random drug testing, remain clean, sober and law abiding and comply with all supervision requirements. I agree to abide by the rules and regulations within the policy and procedures manual as well as any imposed by the ADC team or Judge.

4) I understand that sanctions may include, but are not limited to; warnings and admonishments from the bench, extension of program phases, writing an essay, increased frequency of court appearances, increased frequency of drug testing, curfew restrictions, community service, increased community supervision, escalating periods of jail confinement and ultimately, termination from the ADC program.

5) I understand that I will be tested for the presence of alcohol and other drugs in my system on a random and scheduled basis according to procedures established by the ADC team and/or treatment provider, case manager, or DPP agent. I understand that I will be given a location and time to report for my drug tests. I understand that it is my responsibility to report to the assigned location at the time given for the test. I understand that if I am late for a test, miss a test or submit a diluted or adulterated test it will be considered **as a** positive and I may be sanctioned.

6) I understand that substituting, altering or trying in any way to change my body fluids for purposes of testing may be grounds for immediate termination from ADC.

7) I will not possess alcohol or illicit drugs or drug paraphernalia. I will not associate with people who use or possess drugs, nor will I be present while others use drugs or alcohol.

8) I agree to be drug/alcohol tested at any time by a police officer, probation officer, treatment provider, or at the request of the court by any agency designated by the court.

9) I may not participate in ADC if I am a gang member.

10) I agree that I will not leave any treatment program without prior approval of my treatment provider or case manager and the ADC team.

11) I understand that my individual course of treatment may include inpatient treatment, mental health treatment, education, vocational/employment training, self-help groups as directed, and/or self-improvement courses such as anger management, parenting, and/or relationship counseling.

12) I understand that within the time frame directed by the ADC team, I will seek employment, job training and/or further education as approved by the ADC team, and that failure to do so may result in sanctions or termination.

13) I understand that I must immediately report the use of any prescribed medications while in the program. Certain narcotic medications though prescribed by a doctor, may impact my drug court progression or be cause for drug court termination. I agree that in consultation with and concurrence of my doctor I will seek non- addictive medications and pain management therapy when available. I also understand that I am restricted from taking any over the counter medications that contain alcohol.

14) I agree to execute the Consent for Disclosure of Confidential Substance Abuse Information. I understand that any information obtained from this release will be kept apart from my Court file.

15) For the purposes of regular ADC review hearings and staffings, I permit the disclosure of my urine drug screen results and treatment compliance reports and understand this information may be discussed in open court proceedings.

16) I understand that my failure to successfully complete and graduate from the ADC program will result in continuation of criminal proceedings against me. I understand that my failure to complete Drug Court cannot be a basis for withdrawing my previously entered guilty plea.

17) I understand periods of incarceration may be used as a sanction while in the program.

18) I will sign consents to authorize my treatment provider and any physicians or mental health providers treating me while in the program to share relevant information for my care.

I understand this contract and all of my requirements to participate.

Name

Date

Printed Name