

Eau Claire County Treatment Court Participant Agreement

AIM Court Drug Court Mental Health Court Veterans Court

I understand and voluntarily agree to the following:

A. Conduct

- _____ 1. I understand honesty and truthfulness are essential to my recovery and success. I understand being dishonest with any member of the Court Team or with a service provider is subject to sanctions, including termination.
- _____ 2. I knowingly acknowledge I am responsible for any substance I place in my body.
- _____ 3. I will not purchase, possess or consume alcohol, including non-alcoholic imitations, or any controlled substance, including prescription medication not prescribed for me, while participating in this treatment court.
- _____ 4. I will not use legal imitations, stimulants, herbal treatments or mood altering substances.
- _____ 5. I will not use prescription or over the counter medications without the Court Team's approval. I will take only prescription and/or psychotropic medication that has been prescribed for me by a physician and that has been approved by the Court Team.
- _____ 6. I will participate in medication management services as required by the Court Team and will notify the Court Team of all medical treatment I receive, including prescribed medications.
- _____ 7. Except in the case of a medical emergency, I will only use one physician, one pharmacy and one hospital while participating in this treatment court. I will not take any narcotic or addictive medication or drug without specific permission from the Court Team.
- _____ 8. I will advise any health care professionals with whom I have contact that I have a history of addiction and/or mental illness.
- _____ 9. I will disclose to any medical professional with whom I have contact that I am a participant in this treatment court. I will notify the Court Team of any contact I have with any medical professional.
- _____ 10. I will disclose to any law enforcement agent with whom I have contact that I am a participant in this treatment court. I will notify the Court Team of any contact I have with any law enforcement agent.
- _____ 11. I will not work as a confidential informant with any law enforcement agency while participating in this treatment court. I understand I will not be encouraged to work as a confidential informant while participating in this treatment court.
- _____ 12. I will refrain from any acts, attempts or threats to harm others or myself.
- _____ 13. I will not possess any weapons while participating in this treatment court. I will dispose of all weapons in my possession and will disclose to the Court Team the presence of weapons possessed by anyone in my household.
- _____ 14. I will not take actions to negatively impact the sobriety of another participant by providing or encouraging the use or abuse of alcohol or other controlled substances.

- _____ 15. I will not associate with people who use or possess drugs, nor will I be present at any private residence where others are using drugs or alcohol. I will not enter any establishment (bar, tavern, etc.) where the primary source of income is the sale of alcohol.
- _____ 16. I am, and will remain, unaffiliated with a gang.

B. Consent/Disclosure

- _____ 1. I will abide by the rules and regulations imposed by the Court Team.
- _____ 2. I will keep the Court Team and treatment providers informed of my address, telephone number(s) and employment. I understand my place of residence is subject to the Court Team's approval. I will seek permission before changing my address, telephone number or employment.
- _____ 3. I will not leave the State of Wisconsin without the Court Team's approval.
- _____ 4. I waive my right to have my attorney present. I understand my case may be discussed without my attorney or the prosecutor present.
- _____ 5. I understand the treatment court judge and attorneys on the treatment court team may initiate, permit, engage in or consider "ex parte communications" about me and my case while I participate in the treatment court. I understand an ex parte communication is a communication and/or discussion outside of my presence about me and my progress while I am in the treatment court. I understand these communications and discussions occurring outside of my presence may include the judge, treatment providers, probation officers, social workers, prosecutors and defense counsel assigned to the treatment court team and others. I do not object to the treatment court judge or attorneys on the treatment court team participating in these ex parte communications and making decisions about me based upon those ex parte communications.
- _____ 6. I understand the public defender on the Court Team does not and cannot represent me on matters that arise after my admission to the treatment court. If I desire legal counsel, I may apply for a public defender or hire a private attorney.
- _____ 7. I agree to the search of my person, property, residence, vehicle or personal effects at any time with or without a warrant or probable cause.
- _____ 8. I will sign all consent forms required by the Court Team to enhance communication between treatment providers and the Court Team. I understand any information obtained through the use of consent forms will be kept apart from the Circuit Court file.
- _____ 9. I agree to be supervised by persons designated by the Court Team. I will remain clean, sober and law abiding.
- _____ 10. I will cooperate in any assessment/evaluation for purposes of developing my individualized recovery/case plan. I agree to fully participate in any recommended treatment.
- _____ 11. I agree to comply with my individualized recovery/case plan and any modifications made to it, including but not limited to participation in any recommended mental health treatment. I understand my recovery/case plan may be modified by the Court Team at any time.

- _____ 12. If appropriate, I will identify to the Court Team all persons whom I have regular contact, and/or whom I anticipate having regular contact with, including but not limited to: friendships, social relationships (romantic or otherwise), family relationships, co-workers, neighbors, sponsors, roommates, proposed roommates and 12-step or other treatment program associations. I agree to allow the Court Team to investigate any and all relationships, contacts or associations. I also agree that I will discontinue or limit any relationship as required by the Court Team.
- _____ 13. If appropriate, I agree to the appointment of a Representative Payee for benefit income.
- _____ 14. I agree to participate in budgeting and money management services.
- _____ 15. I understand participation in this treatment court involves a long term commitment of _____ months and may include an aftercare component.

C. Drug Testing

- _____ 1. I will submit to random urine, breath and other testing for the presence of drugs and alcohol in my system. I will not in any way manipulate the results of any test.
- _____ 2. I understand substituting, altering or trying in any way to change my body fluids for purposes of testing will be grounds for sanction and may result in termination.
- _____ 3. I will cooperate with home visits (random or scheduled) by authorized agents and will submit to immediate drug and alcohol testing and cursory searches of my person and residence.
- _____ 4. I understand it is my responsibility to report to the specified location at the time assigned for drug testing. I understand if I am late or miss a test it will be treated as a positive test result and I may be sanctioned.
- _____ 5. I understand I may dispute positive test results, but re-testing will be at my expense and I will face a more severe sanction for a subsequent positive test.

D. Appointments/Programming

- _____ 1. I will arrive timely for all court sessions, meetings with probation officers, examiners, treatment providers, etc., classes and all other scheduled appointments as ordered by the Court Team.
- _____ 2. I will complete all treatment programs and/or support groups as required by the Court Team. I will obey all rules of the treatment program and/or support group. I will not leave any treatment program without prior approval of the treatment provider or the Court Team. I will provide verification of my participation when required.
- _____ 3. I will pay all required programming fees. I understand I will be required to pay treatment court costs of \$750.00 prior to graduation from Drug Court. I understand I may be allowed to complete community service hours in substitution of up to \$250.00. I will complete a financial declaration form if required.
- _____ 4. I agree to fully cooperate with any treatment required by the Court Team. I understand that my individual course of treatment may include residential treatment and education/self-improvement courses such as anger management, cognitive intervention, parenting or relationship counseling.

_____ 5. I understand that during certain phases of treatment and recovery I may be prohibited from working or gaining employment. When directed, I will seek employment, job training and/or further education. When appropriate, I will participate in vocational programming as described, defined or developed in my individual case plan.

E. Sanctions/Termination

_____ 1. I understand if I do not abide by the rules and regulations of this treatment court I may be sanctioned or terminated from the program. I may also be barred from future participation.

_____ 2. I understand failure to successfully complete this treatment court program will result in my case being transferred back to the sentencing court. In that event, I understand I cannot withdraw my previously entered guilty plea(s).

_____ 3. I understand new legal charges may result in immediate termination from this treatment court.

_____ 4. I understand sanctions may include time in custody, increased testing, community service or any other sanction as deemed appropriate by the Court Team.

F. Other

I have read and understand the above agreement. I have received a copy of this agreement and voluntarily agree to its terms and conditions. I understand the validity of this agreement is conditioned upon my eligibility in the above selected Eau Claire County Treatment Court. If at any time after execution of this agreement it is discovered that I am, in fact, ineligible to participate in this treatment court, I understand I may be immediately terminated from this treatment court and criminal proceedings will be reinstated.

Participant

Date

Witness

Date