52-4 District Court Drug Therapy Court

Participant Agreement

I, _____, agree to participate in the Drug Therapy Court Program. I agree to follow all terms and conditions of the Drug Therapy Court program as established by the Court and/or outlined in this Participant Agreement.

I agree to:

1. Complete any evaluations or assessments as directed by the Drug Therapy Court and follow the recommendations thereof. The treatment recommendations will be shared with the Drug Therapy Court team.
2. Work with treatment staff to develop a treatment plan and follow the treatment plan accordingly, including support group meetings, aftercare, and continuing care recommendations.
3. Participate in substance use disorder and/or mental health treatment while in this program and this treatment could result in a cost to me, if it is not covered by my medical insurance or if I am uninsured. I agree to seek coverage through my employer immediately, if available, or to apply for coverage through Medicaid upon entry into the program, if I am eligible, so that treatment can begin shortly after sentencing and continue without interruption until discharge.
4. Waive my right to use, possess, or obtain medical marijuana. I also waive my right to pursue registration or renew registration under the Michigan Medical Marihuana Act.
5. Not to use, possess, or consume alcohol and/or other illegal, mood altering, or controlled substances, nor be in the presence of any person using, possessing, or consuming said substances; nor enter premises where alcohol is the primary source of revenue. I understand if I am found to be under the influence of drugs, alcohol, or medication not prescribed to me I may be sanctioned and/or terminated from the program.
6. Not reside in an environment where drug and/or alcohol use are prevalent, and I will inform my probation officer immediately if in need of an alternative living arrangement.
7. Not expose myself to products and substances that contain ethyl alcohol. This includes, but is not limited to, cough syrups and other liquid medications, non-alcoholic beer and wine, food and other ingestible products, mouthwash and breath strips, hand sanitizers, hygiene products, and solvents or lacquers. I understand that it is <u>my responsibility</u> to read product labels and to know what is contained in any product <u>before</u> using or consuming the product. Ingestion or use of any product containing ethyl alcohol <u>will not</u> excuse a positive test result.
8. Properly dispose of all unused prescribed medications from a prior condition/surgery, any medications that have expired and any restricted by program rules; specifically opiates, amphetamines, benzodiazepines, dextromethorphan or alcohol contained in cough syrups. I will dispose of these prescriptions within 24 hours of sentencing to the DTC program by documenting them first with my probation officer and turning them into the Troy Police Department at the designated collection box.
9. Submit to drug and alcohol testing as ordered. By initialing each item below, I acknowledge that I have read, and I understand the testing requirements set forth therein.

_____ I understand all testing must be completed by 9:00am.
_____ I understand I am not to consume any liquids 4 hours prior to any testing or DTC session, as I may be required to submit to an immediate test at my DTC review session.
_____ I understand I must be prepared to pay for testing any time I appear at the court for a DTC session or an appointment with my probation officer, in addition to my scheduled testing.
_____ I understand further confirming tests may be requested at my own expense.
_____ I understand it is my responsibility to observe my sample being sealed and initialing it and not to leave the test agency until the entire Chain of Custody has been satisfied.

10. Be employed or seeking employment or enrolled in an educational program.
11. Notify the Drug Therapy Court in writing of any changes in email, address, or phone number within 24 hours and not change my place of residence without prior authorization from the Drug Therapy Court.
12. Notify the Drug Therapy Court of any police contact, arrest, or criminal charge within 24 hours of the event or release from jail.
13. Make full and truthful reports to all the members of the Drug Therapy Court.
14. Not engage in any antisocial, assaultive, threatening, or aggressive behavior.
15. Not leave the state without the prior consent of the Drug Therapy Court.
16. Maintain the confidentiality of other Drug Therapy Court participants.
17. Pay all outstanding monies resulting from my conviction including, but not limited to, Drug Therapy Court program fees, court fines and costs, crime victim's rights assessment fees, and restitution. I agree to pay for the costs of the treatment, testing, and the Drug Therapy Court program services provided to me. However, if the Court determines that the payment of fines, fees, or costs of treatment would be a substantial hardship for me or would interfere with my treatment, the Court maintains authority to waive all or part of those fines, fees, and costs.
18. Appear at or before the start time for all scheduled court dates and appointments with my probation officer, case manager, and/or treatment provider. For any guest speakers or other events, I understand that I am required to appear at least 15 minutes prior to the start of the event. I further understand that failure to arrive on time for any scheduled court session, probation appointment, or other activity or event will result in a sanction.
19. Comply with all the program's policies and conditions as outlined in the Drug Therapy Court Participant Handbook.

_____ I acknowledge that I have read the preceding section and understand and agree to all its terms.

That I waive, in writing, the following rights:

1. The right to a speedy trial.
2. The right to be represented by an attorney at review hearings. I understand that I will still have the right to an attorney if I contest the facts of a probation violation, if my liberty is at risk, or if I am facing possible termination from the Drug Therapy Court program.
3. If applicable and with the agreement of the prosecutor, the right to a preliminary hearing.
4. To be present at the team staff meetings.

_____ I acknowledge that I have read the preceding section and understand and agree to all its terms.

I understand that:

1. The Drug Therapy Court program has a duration of 18 to 24 months, and I am not automatically entitled to early discharge from probation.
2. If I am convicted of a felony for an offense that occurred after I am admitted to Drug Therapy Court, the judge must terminate my participation in the program per MCL 600.1074.
3. I must have prior permission from the Drug Therapy Court before consuming <u>any</u> medication. I further understand that, as a participant in the program, I am restricted from using certain types of prescription medication that are potentially habit-forming or considered "drugs of abuse". This includes, but is not limited to, opiates, amphetamines, and benzodiazepines. I understand that, even if prescribed, I am prohibited from taking these types of medication unless and until approved by the Court, except in the case of a life-threatening medical emergency.
4. I understand that I am required to advise my medical doctor and/or psychiatrist of the prescription restrictions and ask that they consider alternatives to treatment. I understand that I am required to present the Healthcare Contract document to my doctor at the time of the appointment and that it must be fully executed and signed by any doctor that prescribes me a controlled substance during the time I am in the program. In the event I obtain a signed Healthcare Contract from my doctor, use of any controlled substance prescription still must be approved by the treatment court prior to use, pursuant to #3 above.
5. I must submit documentation to the Court of any surgical or medical procedures four weeks prior to the procedure absent an emergency.
6. I must disclose to my probation officer all medications that are prescribed to me or obtained over the counter while in the program.
7. When submitting documentation for verification of attendance at support group meetings, I must provide the following information for every meeting I present to satisfy my program requirements: the name of the meeting, the date the meeting was attended, and the name and telephone number of the person that will verify my attendance. It is my responsibility to ensure that all information is legible. I must inform anyone who verifies my attendance that a representative of the probation department will call to confirm that I attended the meeting as indicated.

_____ I understand that submitting false or forged documentation regarding support group meeting attendance will result in a mandatory jail sentence.

8. The data in my public and confidential file may be used for research, data analysis, and program evaluation by the Drug Therapy Court, court staff, or individuals independent of the Drug Therapy Court. Any data used in this way will be de-identified prior to distribution.
9. The Drug Therapy Court staff may make unscheduled home visits during my probation period. If my probation officer has reasonable cause to believe that I am in possession of items prohibited by my probation conditions or engaging in prohibited activities in violation of my conditions of probation, I will allow Drug Therapy Court team members, together with law enforcement officials if accompanied, into my home and will submit to a search of my person or property, including but not limited to my vehicle, residence, and computer without the need of a search warrant.
10. Staff meetings, which are held before review hearings, are typically closed to the public. Confidential information may be discussed by the Drug Therapy Court team members at a staffing meeting. I understand that if someone outside of the problem-solving court is invited to participate in a staffing meeting, they must sign a confidentiality agreement and receive my consent prior to observation. I understand that participants will not be present at staffing meetings.
11. The defense counsel representative must advise me of the dual roles they may play in the Drug Therapy Court, the non-traditional role as a team member versus traditional role in an adversarial proceeding. I must decide if I wish to have the defense counsel representative represent me as the adversary attorney in violation or termination proceedings.
12. If the defense counsel representative appears on my behalf, with my consent, in any adversarial proceeding, their representation and duties as the defense attorney take precedence over that of a team member.
13. I agree to sign a consent form waiving confidentiality for any medical or social service records. I understand that withdrawing this consent would violate the Drug Therapy Court (DTC) program and could lead to termination. I also acknowledge that my legal file may reference my participation in the treatment court program, and I consent to this disclosure.
14. Review hearings are held in open and public courtrooms, and although the Court attempts to minimize confidential information in Court, it is possible that an observer could connect a participant's identity with the fact that he/she is in treatment as a condition of participating DTC or that confidential information may be revealed. I specifically consent to a potential disclosure to third persons.
15. Failure to fully comply with all the terms and conditions of the program listed above may result in any of the following:
    a. Notification to the judge that I am in violation of the program,
    b. If I admit to the violation or am found guilty after a hearing, sanctions may be imposed—including, but not limited to, jail or additional conditions—as determined by the Judge with input from the Drug Therapy Court team,
    c. Termination from the program, and/or
    d. Resentencing
16. The Drug Therapy Court may amend these conditions and/or add new conditions, notice of which will be provided to me in writing. I understand that I must comply with the amended or added conditions.

17. Due to the limited amount of funding available, any financial assistance afforded to me for testing or treatment may be reduced or discontinued at any time and as much notice as possible will be afforded.
18. If I am experiencing financial hardship, I may be eligible for grant assistance. I understand that to make a request for grant assistance, I must complete the financial assistance form and submit it to my probation officer for consideration.

_____ I acknowledge that I have read the preceding section and understand and agree to all its terms.

By signing below, I acknowledge that I have discussed the above-listed conditions with my attorney and the Drug Therapy Court probation officer and received a copy of this form and a copy of the Drug Therapy Court Participant Handbook.

_____ _____

Participant Signature Date

_____ _____

Defense Attorney Signature Date

The Drug Therapy Court Probation Officer agrees to:

1. Meet with the program participant as needed to help ensure successful completion in the program.
2. Report on the participant's progress and tests results to the court.
3. Refer the participant to any community agency at the Drug Therapy Court's disposal which may assist in the participant's recovery.
4. Ensure that the participant understands the requirements of the program and monitor adherence to these requirements.

I have discussed the above listed conditions with the participant and have provided a copy of the agreement and the Drug Therapy Court Participant Handbook to the participant.

_____ _____

Probation Officer Signature Date