

# Green Lake County Treatment Court PARTICIPANT CONTRACT

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. I understand that by entering into this contract I am bound by its terms and that participation in the program obligates me to the details of this contract and will apply to me for the duration of the program. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program.

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2. I understand that the validity of this contract is conditional upon my continuing eligibility for the Treatment Court Program. If at any time after the execution of this contract and in any phase of the program it is discovered that I am in fact ineligible to participate in the program, I may be immediately terminated from the program.

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3. I understand that participation in the Treatment Court program involves a minimum time commitment of 14 months and may include an aftercare component.

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4. I agree to promptly and truthfully answer all questions relevant to treatment and/or participation in the treatment court program asked by any Treatment Court Team Member.

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5. I agree not to voluntarily change my address without the prior approval of the Treatment Court Team and will report any changes of my address to the coordinator within 24 hours. I understand if I move outside of Green Lake County I am no longer eligible to participate in the Green Lake County Treatment Court Program.

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6. I agree not to voluntarily change my educational and/or employment status without the prior approval of the Treatment Court Team and will report any changes of my employment/education to the coordinator within 24 hours.

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7. I agree to pay for the cost of my treatment, as I become able to do so. The amount to be paid to the treatment provider will be based upon my ability to pay, based on the assessment of the Treatment Court Team.

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8. I understand that during the entire course of the Treatment Court Program, I will be required to attend court sessions, treatment sessions and submit to random drug testing.

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9. I understand that I may be referred to other services to aid in my personal growth and recovery and I agree to follow through with those referrals.

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10. I agree to abide by the rules and regulations imposed by the Treatment Court Team.

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11. I understand that sanctions may include time in jail, increased treatment services, increased drug testing, community service, and such other sanctions and interventions as may be deemed appropriate by the Treatment Court.

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12. I agree to cooperate in an assessment and evaluation for developing an individualized drug treatment plan adequate to my needs. I understand that the treatment provider or the Treatment Court may modify my treatment plan as circumstances arise, and I agree to comply with the requirements of any such modifications.

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13. I agree not to leave Green Lake County or adjoining counties without the prior approval of the Treatment Court Team.

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14. I understand that I will be tested for the presence of drugs in my system on a random basis and/or as directed according to procedures established by the Treatment Court Team and/or my treatment provider or at the request of any Treatment Court Team Member. I understand that if I am late for a test, or miss a test, it will be considered a “failed” test.

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15. I understand that I may not substitute, alter, or try in any way to change my body fluids for purposes of drug testing.

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16. I understand that I may dispute positive test results, but that re-testing will be at my expense.

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17. I understand that participating in the Treatment Court Program requires me to be drug and alcohol free at all times. I will not possess illegal drugs, unauthorized prescription drugs, alcohol, or drug or alcohol paraphernalia including hypodermic needles.

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18. I will not associate with people who use or possess drugs, or certain persons as directed by the Treatment Court Team, nor will I be present when drugs or alcohol are being used by others.

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19. I understand that I may not possess any weapons while I am in the Green Lake County Treatment Court Program. I will dispose of any and all weapons in my possession, and disclose the presence of any weapons possessed by anyone else in my household.

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20. I agree to inform any law enforcement officer who contacts me that I am in the Green Lake County Treatment Court Program.

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21. I understand that I may not work as a confidential informant with any law enforcement agency while I am in the Green Lake County Treatment Court Program, nor may I be made or encouraged to work as a confidential informant as a condition of my participation in the program.

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22. I may not participate in the Green Lake County Treatment Court Program if I am currently an affiliated gang member.

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23. I will inform all treating physicians that I am a person recovering from a substance misuse disorder and that I may not take narcotic or addictive medications or drugs. If a treating physician wishes to treat with narcotic or addictive medications or drugs, I must disclose this to my treatment provider.

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24. I am responsible for anything I ingest that may affect the results of my drug screens.

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25. I agree that I will not leave any treatment program without prior approval of my treatment provider and the Green Lake County Treatment Court Program.

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26. I understand that my case may be discussed with the Treatment Court Judge outside the presence of my attorney for purposes of Treatment Court staffing.

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27. I understand that my individual course of treatment may include residential treatment, education, and/or self-improvement courses such as anger management, parenting or relationship counseling, and financial management.

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28. I understand that during the early phases of treatment and recovery, I may be precluded from working or from gaining employment. I further understand that within the time directed and as approved by the Treatment Court team, I will seek employment, job training, and/or further my education.

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29. I agree that a probation agent or law enforcement officer may search my person, property, or place of residence, vehicle, or personal effects, without a warrant, with probable cause, or reasonable suspicion, or upon my consent. I further agree that if asked for consent to search by a probation agent or other law enforcement officer, and I refuse that consent, this refusal may be grounds for sanctions or discontinuation from the program.

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30. I agree to sign the Authorization to Release and Exchange Information. I understand that any information obtained from this release will be kept in my Treatment Court file and will not be shared with anyone except those authorized individuals.

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31. I agree to complete all monetary drug court fees, community service, and treatment conditions. I understand that I may be required to pay a fee to participate in Treatment Court program.

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32. I agree to follow all the rules and conditions in the Green Lake County Treatment Court Participant Handbook, and any changes thereto.

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