

Wicomico County Circuit Court
Adult Drug Treatment Court (DTC) Program

PARTICIPANT CONTRACT

Name: _____

Case No.: _____

I UNDERSTAND:

Before I can be accepted into the Drug Treatment Court Program, I must give up certain statutory and/or constitutional rights. I hereby voluntarily agree and consent to give up the following statutory and /or constitutional rights upon my acceptance into the Drug Treatment Court Program as outlined below:

1) **ELIGIBILITY IN DTC PROGRAM:** I understand that the validity of this contract is conditioned upon my eligibility for the DTC program. If at any time after my admission into Drug Court, it is discovered that I am, in fact, ineligible to participate in the program, I may be terminated from the Drug Court program. I will not be allowed to withdraw my previously entered guilty plea, due to my ineligibility. _____

2) **PROGRAM LENGTH:** Participation in the DTC Program is expected to last at least a minimum of fifteen months and could last twenty-four months or longer. _____

3) **GENERAL REQUIREMENTS:** During the entire course of the DTC Program, I will be required to attend court sessions, treatment sessions, submit to random substance abuse testing, maintain a landline telephone in my residence, 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 procedure manual and the participant handbook as well as any imposed requirements by the DTC Team or Judge. _____

4) **SANCTIONS:** Sanctions may include, but are not limited to: warnings and admonishments from the bench, extension of program phases, increased frequency of court appearances, confinement in the courtroom jury box, increased frequency of substance abuse testing, curfew restrictions, community service, electronic monitoring, increased community supervision, escalating periods of jail confinement and ultimately termination from the DTC Program. Prior to incarceration or termination the participant will be given notice, and an opportunity to be heard, and the right to counsel. _____

5) **RIGHT TO COUNSEL:** For the purposes of regular DTC review hearings, the Office of the Public Defender representative assigned to the DTC may represent me in lieu of the attorney who represented me at sentencing. However, I may have private counsel appear to represent me at any Drug Court program hearing if I am financially able. _____

6) **URINE TESTING:** I will be tested for the presence of drugs and alcohol in my system on a random basis according to procedures established by the DTC 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, or miss a test, or provide an insufficient sample for testing, it will be considered positive and I may be sanctioned.

7) **ALTERING URINE OUTCOMES:** I understand that substituting, altering or trying in any way to change my bodily fluids for purposes of testing may be grounds for immediate termination from the DTC program. _____

8) **POSSESSION:** I will not possess drugs or alcohol, or drug or alcohol paraphernalia. I will not associate with people who use or possess drugs or alcohol, nor will I be present while others use drugs or alcohol. _____

9) **TESTING:** 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. _____

10) **CONFIDENTIAL INFORMANT:** I understand that I may not work as a confidential informant with any law enforcement agency while I am a DTC participant, nor may I be made or encouraged to work as a confidential informant as a condition of my full participation in the DTC program. _____

11) **NO GANG AFFILIATION:** I may not participate in the DTC program if I associate with or I am an affiliated gang member. _____

12) **TREATMENT BY A PHYSICIAN:** If a treating physician wishes to treat me with narcotic or addictive medications or drugs, I must disclose to my treatment provider I am a recovering addict. I will sign consents for my treating physician(s) to release verification of all prescribed medications to my substance abuse treatment provider(s) and immediately provide copies of any prescriptions to all substance abuse testing facility(ies) designated by the DTC program. _____

13) **TREATMENT COMPLIANCE:** I agree that I will not leave any treatment program without prior approval of my treatment provider and the DTC team. _____

14) **INDIVIDUALIZED TREATMENT PLANS:** I understand that my individual course of treatment may include inpatient treatment, mental health treatment, education, and/or self-improvement courses such as anger management, parenting, or relationship counseling. _____

15) **REQUIRED PHYSICAL EXAMINATION:** I understand that I must obtain a physical examination and health assessment, including completion of diagnostic testing, treatment, education and continue with all follow up treatment ordered by my clinician, with special attention to mental illness and communicable diseases. I will make available to the DTC team any medical results by signing a consent form to release information by all treating providers. _____

16) **EMPLOYMENT, TRAINING OR EDUCATION:** I understand that within the time frame directed by the DTC team, I will seek employment, job training and/or further education as approved by the DTC team, and that failure to do so may result in sanctions or termination. _____

17) **DUTY TO NOTIFY:** I agree to keep the DTC team advised of my current address and phone number at all times and whenever changed. I understand that within the time frame directed by

the DTC team I will find and maintain appropriate housing, and I will not leave Wicomico County without prior approval from the DTC team. _____

18) **WAIVER OF PRIVACY:** 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 separate from the Court file. _____

19) **CONSENT TO SEARCH:** As a continuing condition of my participation in Drug Court, I agree to the search of my person, property, place of residence, vehicle or personal effects for the purpose of verifying my compliance with the terms and conditions of my probation and Drug Court, without cause and without warrant, when such consent is requested by my probation officer or other law enforcement officers. Withdrawal of consent may subject me to sanction as set forth in paragraph 4 herein. _____

20) **CRIMINAL PROCEEDINGS:** I understand that my failure to successfully complete and graduate from the DTC program will result in re-instatement of criminal proceedings against me. I understand that my failure to complete Drug Court cannot be basis for withdrawing my previously entered guilty plea. _____

21) **TERMINATION:** Upon DTC termination, I may waive my right to have the original sentencing judge preside over my violation of probation hearing. _____

22) **“MADE FOR EXCELLENCE”:** I understand that I must be compliant with all requirements of the “Made for Excellence” life skills and community service component of the DTC program. Any continual non-compliance may result in my termination from the DTC program. _____

23) **DISCLOSURE:** For the purposes of regular DTC review hearings and staffing, I permit the disclosure of my urine drug screen results and treatment compliance reports. _____

24) **COMMUNICATION WITH THE COURT:** I agree that the presiding Drug Court Judge may initiate, permit and consider exparte communications with other members of the Drug Court Team concerning my program performance. _____

I have read, or been read to me the above listed conditions, the Wicomico County Circuit Court Adult Drug Treatment Court participant handbook. I understand all requirements laid out for my participation in the DTC Program and this contract.

Signature of Defendant

Date

Printed Name of Defendant

Defense Attorney Signature

Date

Printed Name of Defense Attorney