

VETERANS TREATMENT COURT PROGRAM ORIENTATION, PARTICIPANT CONTRACT and CONSENT

Name: _____ DOB: _____

Address: _____

Cell No: _____ Cell Provider: _____

Email: _____

Employer: _____ Phone: _____

Emergency Contact: _____ Phone: _____

I have been found guilty of: _____

CAUSE NO. _____

In lieu of the possible punishment that has or could be imposed in connection with these offenses, I am hereby voluntarily entering into this Contract and agree that I am bound by its terms. I understand that the terms of this contract are subject to change at any time without further notice.

Please note that the Veterans Treatment Court Orientation, Contract and Consent forms must be completed in order to participate in the designated Veterans Treatment Court program. Please read this carefully and initial at each area indicating you understand these policies and procedures.

GENERAL RULES

_____ I understand that I am required to pay the program fee (if applicable) due prior to graduation from the Veterans Treatment Court program.

_____ I understand that I am to be on time, dress appropriately, turn off my cell phone, not to use foul language and be respectful to all Court staff. NO talking or whispering in the gallery during Veterans Treatment Court proceedings;

_____ I understand that I am to notify the Court and case manager immediately of any new arrest, address, phone number or employment changes;

- _____ I understand that I am to inform any law enforcement officer who contacts me or who I come in contact with of my enrollment in the Veterans Treatment Court program;
- _____ I understand that I am not to call the Court to reschedule my case management appointments or my case manager to reschedule my Court appearances;
- _____ I understand that if I miss a Court appearance that the court may assume that I have being using due to my failure to appear. I also understand this may result in a sanction being imposed;
- _____ I understand that I cannot purchase, smoke, inhale, swallow, inject, snort or consume in any means or manner **ANY** synthetic cannabinoids (K2, Spice) or synthetic amphetamines/cocaine (Pure, Bliss) or any other related substances;
- _____ I understand that I am not to enter into any head shops or any known business or businesses related to head shops;
- _____ I understand that I cannot purchase, take or receive **ANY** synthetic cannabinoids (K2, Spice) or synthetic amphetamines/cocaine (Pure, Bliss) or any other related substances from anyone that tries to either sell or give to me;
- _____ I understand that sanctions may include time in custody, increased treatment episodes, increased testing, bail bond forfeiture, community service and such other sanctions as may be deemed appropriate by the Veterans Treatment Court Team;
- _____ I understand that my failure to successfully complete and graduate from the Veterans Treatment Court program will result in re-instatement of criminal proceedings against me. I understand that my failure to complete Veterans Treatment Court cannot be a basis for withdrawing my previously entered guilty plea;
- _____ I understand that the case manager, prosecutors, defense attorney, treatment providers and Court work together as a team. I will not blame my failure to report, submit to a UA or any other requirement as requested on communication with the Veterans Treatment Court team;

TREATMENT

- _____ I understand that I am expected and should be enrolled in the recommended treatment program as stated in the Substance Abuse Evaluation (Inpatient, IOP, SOP, etc.).
- _____ I understand that I may be required to pay for some or all of the cost of my treatment, and I will complete a financial declaration if necessary;
- _____ I understand that I am to inform all treating physicians that I am a recovering addict, and may not take narcotic or addictive medications or drugs. If a treating physician wishes to treat me with narcotic or addictive medications or drugs, I must disclose this to my

treatment provider and get specific permission from the Veterans Treatment Court Team to take such medication;

_____ I understand that I am not to leave any treatment program without prior approval of the Veterans Treatment Court Team;

_____ 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;

_____ I understand that I am to abide by all policies and procedures at the facility at which I attend treatment.

UA TESTING

_____ I have been advised of and understand the procedures of submitting to a UA in front of an officer;

_____ I further understand that if one of the following occurs, it is considered a refusal and sanctions may be imposed accordingly: (1) Failure to call in daily; (2) Fail to appear and submit when required to test; (3) Fail to give a sample when testing; (4) Altering or trying to change body fluids for purpose of testing; and (5) Tampering with your UA;

_____ I understand that I am not to consume NON-ALCOHOLIC beverages such as ODULES, ETC. *(These contain a small amount of alcohol, however, it **will not** cause you to test positive for alcohol on your UA test);*

_____ I understand that if my UA is DILUTE it could be considered a possible positive and I will need to re-submit immediately. *(If you leave without re-submitting, you are subject to sanctions);*

_____ I understand that I am subject to a UA at anytime, either by the request of the random call in or by any member of the Veterans Treatment Court team;

_____ I understand that if I admit to using and my UA comes back positive for any other substance other than what I admitted to, I will be subject to additional sanctions;

_____ I understand that if taking the required amount of approved over the counter cough syrups such as Nyquil, it **will not** show positive for alcohol on my UA test. *(You should never take more than the recommended dose, and only take medications approved by your case manager);*

_____ I understand that if I am taking vitamins, any type of work out supplements or consume energy drinks of any kind that they **will not** show positive for alcohol or drugs on my UA testing, drug patch results or DLD results;

MEDICATIONS

- _____ I agree to provide the Court and case manager with a copy of all daily prescription and over the counter medications, including the milligrams and amounts taken when entering the program;
- _____ I understand that I am required to notify the Court and case manager of any new prescription and over the counter medications immediately while in the program and for as long as I remain in the program;
- _____ I understand that I **AM NOT** to take any prescription medications that are not prescribed to me;
- _____ I understand that if I go to the doctor to obtain a new prescription, I am to inform them and all treating physicians that I am a recovering addict, and may not take narcotic or addictive medications or drugs. I also must obtain a doctor's signature on the Doctor's letter provided by the Drug Court Team and return such letter to the Court immediately within 48 hours of my appointment;

DRUG PATCH

- _____ I understand and agree to pay the fee each time my drug patch is applied or replaced. (*The patch is replaced every two weeks and the price is subject to change by the providing company*);
- _____ I understand that my failure to have the drug patch applied, replaced or removed as Ordered by the Court may result in a sanction being imposed;
- _____ I understand that if I report and my drug patch has been removed or is missing, this is considered to be a positive. This may result in a sanction being imposed;
- _____ I understand that tampering with or removal of the patch by me or anyone other than a Recovery Health Care Technician may result in sanctions being imposed;
- _____ I understand that if my drug patch comes back positive for any illegal substances or substance in which I do not have a valid prescription for it may result in sanctions being imposed;
- _____ I understand that if my patch comes back positive for any illegal substance and I advise the Court that I did not consume such substance in any way, but that I was around others that did, I am subject to a positive patch and sanctions being imposed accordingly;

DLD (Deep Lung Device)/SCRAM

- _____ I understand that if I am on probation for a DWI or any alcohol related offense, I am required by law to have the DLD on my vehicle at a minimum of fifty percent (50%) of the length of my probation;
- _____ I understand that when I have completed 50% of my probation term and am allowed to request the DLD be removed from my vehicle, that it is at the discretion of the Drug Court Team;
- _____ I understand that I am not to operate **any** motor vehicle that is not equipped with a DLD. *(If required by law for an alcohol related offense, or it was Ordered by the Court);*
- _____ I agree to sign an Affidavit that I am not driving and will not drive a motor vehicle. *(If I am on probation for a DWI, alcohol related offense or my license has been suspended);*
- _____ I understand that if I was not driving when I entered the program and obtain an ODL at a later date and am on probation for a DWI or alcohol related offense, I am required to have the DLD installed immediately before driving;
- _____ I understand that if I am required to have the DLD and I fail to submit to a breath test, rolling test, scheduled test, calibration, tampering with the device or abide by any additional conditions as required by this Court, it may result in sanctions being imposed;
- _____ I understand that if I am required to have the SCRAM and I fail to submit to a download as required, tampering with the device or abide by any additional conditions as required by this Court, it may result in sanctions being imposed;

ADDITIONAL WAIVERS

- _____ Legal Waiver: I do hereby release and forever discharge the complaining witnesses, victim(s), the Veterans Treatment Court Judge, the County and Prosecuting Attorney's Office, the Public Defender's Office, Veterans Treatment Court Law Enforcement Personnel, Department of Corrections Probation & Parole, the Veterans Treatment Court Staff, and their respective heirs, successors, executors, administrators, and assigns from any and all claims of any kind or nature whatsoever, either in law or in equity, arising out of my arrest, participation in, or termination from, the Veterans Treatment Court, and do expressly release and forever hold them harmless from any criminal or civil action which I may have a right to bring as a result of my arrest or participation in the Veterans Treatment Court.
- _____ Ex Parte Communication Waiver: The exchange of information regarding clients that occurs between team members in staffing before court appearances is a key component of a successful drug court program. The Judge presiding over the drug court program is a part of the staffing and may receive information about you from treatment providers,

probation officers, law enforcement officers, prosecutors, social workers and others. This is information that would be received by the Judge in the absence of you or your attorney is known as an “ex parte communication.” I understand and agree and waive any objection to the Judge initiating, permitting or considering such ex parte communication in my absence.

_____ Status of Program: I have no legal right to participate in the Veterans Treatment Court. At any time, the Program may be ended restricted or reduced, or I may be excluded from it.

_____ Self Help Groups: Program rules require participation in self help groups to support recovery. Some of the groups include but are not limited to Alcoholics Anonymous and Narcotics Anonymous. Participants may ask the Veterans Treatment Court Team Members for current programs that qualify. The participant will be required to provide attendance confirmation consistent with the operational procedures of the self help group and the court.

_____ Waiver of Right to Remain Silent: I give up my right to remain silent regarding compliance with the Veterans Treatment Court Program. I agree to fully and HONESTLY participate in all Veterans Treatment Court meetings.

_____ Searches: a) I will submit to random searches of my person, vehicle or residence at the request of Probation and Parole and/or law enforcement for controlled substances, alcohol or any paraphernalia. I am aware that law enforcement will be conducting random home visits, with or without my probation agent, as a part of my participation in the program, and b) I will be subject to search of person and property by treatment provider staff or designee while participating in treatment programming or while on treatment provider property. Failure to comply with these requirements may result in sanctions or termination.

_____ Confrontation: I waive any right to confront and cross-examine any witnesses concerning results of any confirmed drug test while a participant in the Veterans Treatment Court program other than for purposes of revoking the term of community supervision.

_____ Contested Hearing: I waive any right to have a contested hearing on violations which may occur while participating in the Veterans Treatment Court program unless the hearing could result in revocation of the term of community supervision.

_____ Modification of Community Supervision: I waive any right to a hearing on any modification made to the terms of my community supervision unless the modification involves the revocation of the term of community supervision.

_____ Attorney Presence: I waive any right to have an attorney present during proceedings which may occur while I am a participant in the Veterans Treatment Court program unless proceedings may result in revocation of term of supervision.

FREE, VOLUNTARY, KNOWING AGREEMENT

My participation in the Program requires that I waive very important rights. I have fully discussed my rights with my lawyer, or I have had an opportunity to consult with a lawyer before agreeing to enter the Program. I am satisfied that I understand how the program will affect my rights. At the time of executing this document, my thinking is clear and I am not under the influence of any substance. The decision to waive my rights and enter the Program is mine alone and made of my own free will. I expressly agree to accept and abide by all the terms and conditions of the Veterans Treatment Court as established by the Court and the Treatment Provider.

PARTICIPANT

DATE

ATTORNEY FOR PARTICIPANT
BAR NO. _____

DATE

ATTORNEY FOR THE STATE OF TEXAS
BAR NO. _____

DATE

The foregoing Agreement having been presented to the Court in open court with Participant and his/her Counsel present, and the Court being satisfied that Participant understands the rights that the Participant is freely and voluntarily waiving, the Court hereby accepts and approves Participant's waivers and this Agreement of Participant and the State

HON. KATHLEEN HAMILTON

DATE

Drug Testing Disclosure

As part of the Veterans Treatment Court Program Contract, I have been advised of the rules for the random drug testing line and I understand they are as follows:

(May be different for each court)

_____ I understand that I am required to call the UA drug testing line every day **no later** than 9:00 AM, Monday-Saturday;

_____ I understand that if I am instructed to test, I am required to submit a sample by the end of business on the same date;

_____ I further understand that if I am instructed to test and I fail to do so, this will be considered a refusal and sanctions may be imposed accordingly;

_____ I also understand that if I fail to call in by 9:00 AM, I am still responsible to submit to a test on the same business day it is requested. *(Example, if you forget to call until 3PM and a test is required, you must test);*

_____ I also understand that I will be randomly called to submit a UA and will be required to submit by the end of business on the same date.

DRUG COURT PARTICIPANT

DATE

SUPERVISION OFFICER

DATE

VETERANS TREATMENT COURT PARTICIPANT CONSENT

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE
ABUSE INFORMATION**

I, _____, hereby consent to communication between _____ and _____, and any person(s) assigned or designated to the Veterans Treatment Court Team.

The purpose of, and need for, this disclosure is to inform the Court and all other named parties of my eligibility and/or acceptance for substance abuse treatment services and my treatment attendance, prognosis, compliance and progress in accordance with the Veterans Treatment Court Program’s monitoring criteria.

Disclosure of this information may be made only as necessary for, and pertinent to, hearings and/or reports concerning the criminal charges against me.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Veterans Treatment Court Program for the above referenced case

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

Signature

Printed Name

Social Security Account Number

Date of Birth

Date Signed