

Appendix D: Participant Contract

Name: _____

Date of Birth: _____

By initialing each section of this contract you are indicating you understand each requirement of the program and are voluntarily participating in the program. By entering into the JCADC and signing this contract, you are agreeing to the terms and conditions of the JCADC.

1. I will obey all rules of the Juneau County Adult Drug Court, hereafter referred to as JCADC. _____ (initial)
 - a. I agree to be honest. Honesty is an essential element and foundation of the program. Participants must be honest when questioned by the JCADC Team or Judge. If a relapse or a rule violation occurs, you are expected to self-report to the JCADC Coordinator and your Probation Agent at the earliest opportunity. Dishonesty is a rule violation. _____ (initial)
2. I understand if I enter this program and fail to comply and/or complete it, I will receive escalating sanctions which could lead to termination from the program and my case may be sent back to traditional court for prosecution. _____ (initial)
3. I understand participation in JCADC involves a minimum time commitment of 14 months. _____ (initial)
4. I agree to follow all rules of the JCADC. Failure to follow the rules may be met with sanctions from the JCADC Team. _____ (initial)
5. I will participate in alcohol and/or other drug treatment as directed by the Court, as set forth in my treatment plan, and I agree to be supervised by the JCADC team. _____ (initial)
6. I agree to inform any law enforcement officer who contacts me that I am in JCADC. _____ (initial)
7. I will obey all federal, state, and local laws and ordinances. I will notify the JCADC Coordinator and Probation Officer of police contacts, within 24 hours of the contact. _____ (initial)
8. I agree to keep the Judge, Treatment Providers, Probation Officer, and the Coordinator informed of my current address and telephone number(s), and to report any changes to the JCADC Coordinator within 24 hours. _____ (initial)
9. I will pay fines, court fees, restitution fees, etc. as directed by the court/drug court team. _____ (initial)

10. I understand I will be required to obtain health insurance that includes coverage for substance abuse and behavioral health treatment. This insurance may be acquired privately, with a subsidy, and/or through a government program. _____ (initial)
11. I understand I will be required to submit to random chemical tests, and I may be subject to random searches, to determine my compliance with JCADC rules. I agree that I must comply with such a request and I will immediately provide the requested sample or submit to the requested search. If I fail to provide a sample, if the sample is of insufficient quantity, or if the sample is dilute it will be considered a positive test for the presence of drugs or alcohol. I understand any attempt to falsify any test will be considered a positive test for the presence of drugs or alcohol. I also understand any attempt to falsify a test may be grounds for termination from the JCADC or imposition of other sanctions as deemed appropriate by the JCADC team. If I refuse to submit to any requested search, I will be subject to appropriate sanctions, which may include expulsion from the JCADC. _____ (initial)
12. It is an expectation that all relationships are disclosed to the team in order to be reviewed for appropriateness. This is a continuing obligation. The JCADC team wants participants to be involved in healthy relationships. If the participant is in a relationship with a person that is involved with drugs, alcohol, or unlawful behavior, the participant can expect that the relationship will likely need to end. If the JCADC believes there is an unhealthy relationship in existence, the JCADC could potentially impose a restriction on that relationship or request the relationship be terminated. A relationship refers to being connected with another, either in a romantic, sexual, dating, co-habitation, familial, friendship, employment or other manner.
_____ (initial)
13. I will sign a consent form waiving confidentiality of any medical, treatment, or social service records. If I withdraw consent, I understand I will be terminated from the JCADC. _____ (initial)
14. I will sign all Releases of Information that are requested of me. Failure to sign a Release of Information is grounds for termination from JCADC. _____ (initial)
15. I understand after I have been admitted to the JCADC, statements made by me to any Supervising Agent, JCADC Team member, or the JCADC Judge regarding the specific offenses with which I was originally charged are confidential and will not be used against me in any action or proceeding concerning those charges. _____ (initial)
16. I understand any information shared about me during a JCADC Team meeting will be kept confidential by all parties, unless I waive my right to confidentiality by referring to that information at a hearing due to each hearing being open to the public. _____ (initial)
17. I understand failure to appear for a court date or any other breach of this agreement may result in the immediate issuance of a bench warrant for my arrest. _____ (initial)
18. I am required to take a Medical Release Form to any treatment provider, including but not limited to dental, medical, mental health, substance abuse, or psychiatric provider, and turn in the completed original to the Drug Court Coordinator at my next court date. Prescribed medication must be listed on the form. _____ (initial)
19. I will only take medications as listed in Appendix A, "Permissible Medications". All other medications must be approved by the JCADC Team. _____ (initial)

- 20. I will not discontinue use of any prescribed medication unless directed to do so or approved by a physician. I will notify JCADC within 24 hours of medication changes. _____ (initial)
- 21. I agree to follow any rules or conditions set by my probation or parole officer or the Department of Corrections. A violation of the rules or conditions of my probation or parole will be considered a violation of the rules and conditions of my participation in the JCADC. _____ (initial)
- 22. I understand my probation period may be extended in order to complete the JCADC. _____ (initial)

I have read, or have had read to me, the above contract and I understand it in its entirety. I understand I am responsible for knowing all the above rules during my participation in JCADC. I am willing to enter into this agreement with the Juneau County Adult Drug Court.

Participant's Signature

Date

Drug Court Coordinator

Date