

## Sevier County Drug Court Program

### PARTICIPANT CONTRACT

- 1) My name is: \_\_\_\_\_. I was born on \_\_\_\_\_. My Court case number is \_\_\_\_\_. I have entered a guilty plea. Judgment day has been postponed while I complete the Sevier County Drug Court Program.
- 2) I am eligible for the program. I know I might be asked to leave if I become ineligible.
- 3) If I fail to complete the program, I might not get another chance.
- 4) I will complete the program.
- 5) I will be on time for all appointments. I will attend court sessions and treatment sessions. I will submit to random drug testing. I will remain clean and sober, and law-abiding.
- 6) I will abide by the program rules and regulations. Consequences for failure could include time in jail, increased treatment sessions, increased testing or community service.
- 7) I will cooperate in an assessment or evaluation for planning an individualized treatment program. I will complete the program even if it is modified.
- 8) I will pay any required fees.
- 9) I am responsible for what goes into my body.
  - a) I will not take any alcohol.
  - b) I will not take any medicine or drugs without permission.
  - c) Before taking medicine of any kind, I will read the label or check with a pharmacist to make sure it is non-narcotic, non-addictive and non-alcoholic.
  - d) I will not take anything that may change drug test results. When in doubt I will read the product label or seek reliable information.
  - e) I will give a sample of blood, breath or urine if requested. Any re-test will be at my expense.
- 10) I will not possess alcohol, drugs or related paraphernalia. I will not associate with people who use or possess drugs, nor will I be present while drugs or alcohol are being used.
- 11) I will not possess any weapons. I will tell a case manager if a member of my household possesses a weapon.

- 12) I agree to inform any law enforcement officer who contacts me that I am in Drug Court.
- 13) I will not work as a confidential informant.
- 14) I do not belong to a gang. I will not join a gang.
- 15) I waive the right to have my attorney present when my case is discussed.
- 16) I understand that my treatment plan may include residential treatment, job training, or education or self-improvement courses such as anger management, parenting or relationship counseling.
- 17) I will work or look for work if my treatment plan calls for it.
- 18) I will be honest. I won't change my address or telephone number without permission.
- 19) I will allow a case manager to search my self, my vehicle or my living quarters.
- 20) I will sign the Consent for Disclosure of Confidential Information.
- 21) If I complete the program, I will withdraw my guilty plea and the Judge will dismiss my case.

Signed on _____, 2003	<u>  X  </u> Participant
Signed on _____, 2003	<u>  X  </u> Participant's lawyer
Signed on _____, 2003	<u>  X  </u> Prosecuting attorney
Signed on _____, 2003	<u>  X  </u> Drug Court Judge

Original to Court File; Copy to Case Manager