

*Hamilton County Drug
Recovery Court*



Participant Handbook

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Welcome to the Hamilton County Drug Recovery Court!

This handbook is designed to answer your questions and provide overall information about the Drug Recovery Court Program. As a participant, you will be expected to follow the instructions given in the Drug Recovery Court by the Judge and comply with the rules and regulations of both the Drug Recovery Court and treatment.

This handbook has general information about the Program, and it details what is expected of you as a Drug Recovery Court participant. If you are reading this handbook it means that you have been accepted into the Drug Recovery Court based on a review of your history of drug use and other prior contact with law enforcement. It also means that the Drug Recovery Court Team is confident that the Program will help you learn how to make positive and successful choices in a drug-free lifestyle.

1. OUR MISSION STATEMENT

“To provide an alternative sentencing system that reduces recidivism through breaking the cycle of addiction and enhancing the offenders’ likelihood of success in society.”

2. PROGRAM OVERVIEW

A. PROGRAM COMPONENTS

To successfully complete the Drug Recovery Court Program, **YOU** must take responsibility for your recovery. As part of this responsibility, you will be involved in several activities which will benefit and sustain your recovery, such as the following:

- Engaging in substance abuse counseling
- Attending scheduled court sessions
- Meeting with Drug Recovery Court staff
- Submitting to random urinalysis and/or hair analysis and/or breathalyzer
- Attending group meetings
- Obtaining and maintaining contact with a same-sex sponsor
- Obtaining employment and/or attending school full time
- Obtaining your high school diploma or GED
- Paying your restitution, child support, fines, and court costs

B. THE DRUG RECOVERY COURT TEAM

The Drug Recovery Court Team works together to make your participation in the Drug Recovery Court Program successful. The Drug Recovery Court Team consists of the following members:

Judge	Tom Greenholtz
Coordinator	Elaine Kelly
Assistant District Attorney	AnCharlene Davis
Assistant Public Defender	Andrew Childress
Defense Counsel	Janie Varnell
Case Managers	John Cooper Brian Finlay
Parkridge Valley Clinician	Tony Neuhoff
Program Assistant	Caroline Vance
Community Corrections	Chris Jackson
Chattanooga Police Department	Terry Topping

C. CASE MANAGEMENT

As you enter the Drug Recovery Court Program you will be assigned a Case Manager. Your Case Manager will help you as you progress through the Program. You are required to meet with your Case Manager on a regular basis.

Meetings with your Case Manager are mandatory. They are your responsibility to schedule and to attend.

If you are unable to keep your appointment, you must contact your Case Manager **PRIOR** to your appointment, not after you have missed it. Remember, you are not the only client your Case Manager has, so your appointment should **only** be changed in an emergency situation.

D. PHASES OF DRUG RECOVERY COURT

The Drug Recovery Court Program is a minimum of 14-months divided into five phases. A participant must successfully complete each phase before transitioning to the next phase.

1. Phase One

Requirements: Drug Recovery Court attendance weekly; at least two random urine tests per week; be in compliance with your treatment plan, be living in an approved sober living environment; regular attendance at group meetings (a minimum of six per week); secure a same-sex sponsor; secure employment or vocational training.

2. Phase Two

Requirements: Drug Recovery Court attendance every other week; at least two random urine tests per week; attend a minimum of five group meetings per week; secure a permanent same-sex sponsor; be actively engaged in step work; remain employed; establish a restitution payment plan (if required), make payments on court fees, and pay rent at half-way house or some other approved sober living environment (if required); be enrolled in GED classes (if required).

3. Phase Three

Requirements: Drug Recovery Court attendance every third week; random drug tests a minimum of once a week; attend a minimum of five group meetings per week; be actively paying restitution (if required), court fees, and rent at half-way house (if required); maintain employment or continue education.

4. Phase Four

Requirements: Drug Recovery Court attendance at least once a month; random drug tests a minimum of once per week; attend a minimum of three group meetings per week (on three different days); be actively paying restitution (if required), court fees, and rent at half-way house (if required); maintain employment and/or continue education.

5. Phase Five

Requirements: Mentoring other Drug Recovery Court participants; participation in Community Service; random drug tests as ordered by the Court; secured permanent sponsor in self-help sobriety group; attend a minimum of three group meetings per week (on three different

days); have a permanent payment plan established for restitution and fines; continue to pay rent; continue stable employment or positive reports from vocational or educational program.

E. REMOVAL FROM DRUG RECOVERY COURT

Warrants, new arrests, or a violation of any aspect of your treatment plan may result in you being removed from the Drug Recovery Court Program. Other violations, which may result in sanctions or a removal hearing, include the following:

- Being dishonest
- Having a positive (dirty) drug test, including for nicotine; or a failure to submit valid samples for testing; tampering with or attempting to falsify drug test results
- Being absent from counseling session or support group meeting
- Failing to follow treatment recommendations
- Failing to pay fees as ordered while having an ability to pay
- Failing to attend scheduled court status hearings without just cause
- Violating curfew
- Being charged with any new offense (you may re-apply once the new charge has been satisfied)
- Failing to comply with rules and regulations of the Drug Recovery Court, as those rules are set forth in this handbook, the participant contract, and/or the orders of the Court
- Failing to follow the recommendations of the Court, Drug Recovery Court Team, and/or treatment providers
- Leaving the jurisdiction without express permission of the Drug Recovery Court Team
- Failing to attend self-help group meetings per treatment plan recommendation(s)
- Possessing, delivering, or selling controlled substances of any kind, including alcohol and/or tobacco

If you pick up a new charge while in the Program, you will be removed from the Drug Recovery Court Program until such time as the new case has been resolved. However, if you

are interested in remaining in the Drug Recovery Court Program, you should let your Case Manager know **immediately**. Such a request may result in a suspension from the Program rather than a termination from the Program.

F. GRADUATION

Upon your successful completion of a treatment program and satisfaction of all other court requirements including continued sobriety, you will participate in a graduation ceremony from the Drug Recovery Court.

Graduation from Hamilton County Drug Recovery Court is recognized as a very significant event. Your loved ones will be invited to join you at a special ceremony as the Drug Recovery Court Team congratulates you for successfully completing the Drug Recovery Court Program and achieving your goal to establishing productive and drug-free life.

3. BEHAVIOR IN THE DRUG RECOVERY COURT

A. TIPS ON HOW TO SUCCEED IN THE DRUG RECOVERY COURT

Please remember that **everyone involved in the Drug Recovery Court wants you to succeed**; there is no benefit to the program by trying to trick or trap you. There is no benefit to the program for your failure. As such, keep these tips in mind:

- Be honest. Honesty is essential to your recovery.
- If you are unsure about ANYTHING—ask a staff member before you act!
- Be personally responsible for your own recovery.
- Keep all your appointments and make all court appearances. Making appointments is as important as coming to court. If you have problems remembering your appointments and court dates, use the notebook given to you. Write the dates down.
- Plan your schedule (work, school, treatment) in advance.
- If you have a problem keeping early morning appointments, go to bed early, and buy an alarm clock. Perhaps consider scheduling your appointments for the afternoon.
- Know your treatment schedule as well as you know your date of birth.
- If you absolutely cannot make an appointment or court appearance, call your Case Manager **before**,—not after.

- Plan ahead. If transportation is a problem, have a back-up plan to get to where you need to be. Failure to have adequate transportation is not an acceptable excuse.
- Keep all your paperwork. Do not throw anything away.
- Carry a photo ID with you at all times.

B. COMPLYING WITH THE PARTICIPANT CONTRACT

As a participant in the Drug Recovery Court, you are expected to abide by the rules outlined in the participant contract, including, but not limited to the following:

- Totally abstain from the use or possession of illegal substances and alcohol. Do not purchase alcohol or drugs for yourself or others. Any substance that is illegal in the State of Tennessee, including kratom, may not be consumed.
- Always tell the truth. This is crucial. If you are found to be untruthful, this may eventually result in your termination from the program. No matter what the truth is, you are **strongly** advised to tell it! (Hint: if a Team Member asks you a specific question, then they already know the answer!)
- Make NO threats towards staff or other participants. Inappropriate physical or verbal behavior will not be tolerated and will result in your removal from the Program.
- Inform **all** treating physicians (including your dentist) that you are a **recovering addict** and may not take narcotic or addictive medication (see medication sheet for approved medications and instructions) unless there are no alternative medications available for the treatment for your current condition. If narcotic medication is required, you will be asked to bring your medication to the Drug Recovery Court office where staff will count your pills as a form of accountability.
- Attend all scheduled court sessions and treatment sessions.
- Submit to random drug testing when required. A refused or missed drug screen will be considered a positive drug screen, and will be sanctioned appropriately.
- Do not associate with people who use or possess drugs or be in areas known to have drug activity.
- Do not possess **any** weapons while in the Drug Recovery Court Program.

- Do not forge any documents such as group meeting sheets.
- Keep the Drug Recovery Court Team and treatment providers informed of your current address and phone number at all times.
- As a condition of participation in the Drug Recovery Court Program, your person, property, place of residence, car or personal effects may be searched at any time with or without a warrant, and with or without probable cause, when required by a law enforcement officer or the Drug Recovery Court staff.
- Dress appropriately for court and treatment sessions.
- No new tattoos or body piercing during your time in the Hamilton County Drug Recovery Court.
- Do not attempt to split staff. The Drug Recovery Court Team and Treatment team meet and talk on a regular basis.
- Do not leave Hamilton County for any reason at all, unless you have permission in advance from the Judge or the Drug Recovery Court Coordinator.
- Do not visit people who are presently incarcerated, unless you have permission in advance from the Drug Recovery Court.
- and abide by all other rules and regulations imposed by the Drug Recovery Court Team and listed in the Hamilton County Drug Recovery Court Contract.
- The rules of the Drug Recovery Court are subject to change without prior notification.

C. REWARDS AND INCENTIVES

Upon the recommendation of the Hamilton County Drug Recovery Court Team, participants may be given rewards or incentives for compliant behavior. Common rewards or incentives may be as follows:

- In court praise, encouragement, applause or certificates of achievement
- Reduced frequency of status hearings
- Decreased urinalysis testing
- Reduction of pending fines and/or fees

- Selecting something from the “Fish Bowl” which has pens, pins, t-shirts, movie pass(es), gift certificates to restaurants, etc.
- Promotion to next Phase, reduced time in your current Phase
- Restoration of lost privileges because of relapse or some other infraction

D. SANCTIONS

You may wonder how you will be held accountable. If you do not do what is required by the Drug Recovery Court, we are here to help you.

- Warning from the team
- Reading/writing assignments
- Letter of apology to the Court and/or your peers
- Increase the number of self-help group meetings you must attend each week
- Sit in the courtroom for the entire morning or day, or more than one day, writing about the experience, and giving the report to the Court
- A curfew will be imposed
- Perform public service work or Sheriff’s work detail
- Increased frequency of status hearings
- Increased urinalysis testing
- Increased frequency of contacts with the Drug Recovery Court staff
- Longer duration in Hamilton County Drug Recovery Court Program
- More intensified outpatient treatment, *i.e.*, more sessions per week
- Change of outpatient treatment to inpatient treatment
- Placement with Hamilton County Corrections for supervision
- Serve a work release sentence
- Last participant at the next court date

- Demotion to previous Phase
- Incarceration
- Removal from the Program

This list is not exclusive. The Drug Recovery Court imposes sanctions on an individual basis, which the team collectively believes to be the most appropriate response to the alleged improper behavior.

E. RELATIONSHIPS

Unless you are married, or are already in a “significant” relationship, no relationships of a romantic or sexual nature will be allowed within the first 12 months of your recovery. You are in the Drug Recovery Court to work on your recovery and your core issues, relationships are a distraction and take your focus away from your recovery. If this is an area where you struggle, talk to your counselor, talk to you Case Manager, or talk to your sponsor for guidance.

F. VEHICLES AND DRIVING RESTRICTIONS

In order to possess a vehicle while a Drug Recovery Court participant, the following criteria must be met:

- you must submit proof of a **VALID** Tennessee Driver’s License to your case manager; and
- you must submit proof of insurance to your case manager.

If you are unable to produce both of these items, do **NOT** get behind the wheel of a car for ANY reason (including vehicle maintenance, moving the car to another parking space). There is **NO** excuse for an unlicensed/uninsured person to be driving a car.

G. CELL PHONES

A cell phone is a luxury item and is not crucial to your recovery. You may only invest in a cell phone when you have taken responsibility for your other financial affairs.

Make sure a cell phone is available, in your budget, and you must obtain permission from your case manager before purchasing one.

Once you have a cell phone, make sure your case manager knows your phone number immediately. If you change your cell phone number, make sure you let your case manager know as soon as possible.

Your cell phone is not to be used for taking and transmitting inappropriate photographs of yourself or others. It is strongly advised that you do not let others use your cell phone, not even for a “quick call.” Do not let your cell phone out of your possession.

You are responsible for all calls and texts made to and from your cell phone; and any pictures on your cell phone (whether taken by you or received by you). If at any time you are abusing your cell phone privileges, or you are using your cell phone in or at inappropriate times, your cell phone may be confiscated by staff.

4. COURT HEARINGS

A. WHEN ARE HEARINGS?

As a Drug Recovery Court participant, you will be required to appear in the Drug Recovery Court on a regular basis. The number of times you must appear depends upon your phase in the Drug Recovery Court. Failure to appear will result in a warrant being issued for your arrest and detention in jail until you can appear before the Court. If you have questions about your court appearances you may contact the Drug Recovery Court staff.

B. COURT ROOM

When you come to court, we expect you to follow the simple following rules. When you appear in the courtroom for your status conferences:

- do not bring any food or drink into the courthouse or chew gum while in the courtroom;
- treat the Court with respect, as the Court will do with you;
- speak appropriately, do not use any profanities and speak clearly enough so everyone can hear you;
- do not talk in the courtroom during the Drug Recovery Court session (not only is it rude, but you may learn something from what other people are saying);
- cell phone use in the courtroom is strictly prohibited; and
- remain in the courtroom until dismissed by the Judge.

C. DRESS CODE FOR COURT

Participants will adhere to the following dress code for each of their court appearances:

- No tank tops, muscle shirts, crop-tops, or shirts with obscene or inappropriate words or pictures.
- No clothes with language or pictures advocating tobacco, alcohol or drug use.
- No clothes with sexual connotations or flirtatious language.
- No sagging clothing (i.e., pants or shorts that hang below the waist).
- No unbuttoned shirts.
- No shorts, even in the summertime.
- No hats of any kind, caps or bandanas.
- No gang attire or gang colors of any kind.
- No miniskirts.
- No underwear of any kind should be visible.
- No facial or tongue jewelry may be worn.

If the participant wears any of the above to the courtroom, you will be sent home and it will be counted as a court absence and appropriate sanctions will be imposed.

5. TREATMENT

A. INITIAL PLAN

An initial plan will be developed for you by you and your counselor following an assessment of your problems and needs by a substance abuse specialist. The plan will act as a guide for your first phase in the Drug Recovery Court Program; a more permanent treatment plan will be developed by your treatment providers and Drug Recovery Court Case Managers. This plan will help you set goals, select methods for meeting those goals, and develop target dates for achieving those goals.

B. PROVIDERS

Treatment is provided by Parkridge Valley located in East Brainerd and with other providers. The Hamilton County Drug Recovery Court has contracts with its treatment providers for participants who are unable to pay for treatment. There is the expectation that, as you

advance in the Drug Recovery Court Program, you will be responsible for paying for your housing with half-way houses and other sober living environment options.

C. PROGRESS REPORTS

Before your Drug Recovery Court status hearing, the Judge will be given a progress report presented by your Treatment Provider and the Drug Recovery Court staff.

The progress report will discuss your drug testing results, attendance, participation and cooperation in the treatment program, employment or other requirements that may have been implemented. The Judge may ask questions about your progress and discuss any problems you may be experiencing.

If you are doing well, you may be rewarded with reduced program requirements or other incentives. If your progress reports show that you are struggling with your progress, the Judge will discuss this with you and determine future action, which could include a sanction in order to help remind you of your goals in the Program. Sanctions can range from increased program requirements to incarceration.

6. MAINTAINING RECOVERY

A. GROUP MEETINGS

Attendance at group meetings is mandatory throughout the Drug Recovery Court Program. These meetings are vitally important to your recovery. You will be required to provide written verification of your attendance to the Judge on at each court appearance.

While attending these meetings you will be required to obtain a same-sex sponsor. A sponsor is a person who has significant sobriety (a minimum of 12 months and who is working a recovery program with their own sponsor). This person works through your recovery program with you.

When you first start attending these meetings, it is recommended that you collect several phone numbers from people who attend the group meetings. This will form the basis of your support system until you can secure a permanent sponsor.

All meetings must be documented on a Drug Recovery Court meeting sheet. Your meeting sheet can **only be signed by the chair-person**, not random members of the meeting.

You will submit your meeting sheet to the Judge at each court appearance. If you are unable to produce a meeting sheet, it will be considered the same as not attending meetings and an appropriate sanction will be imposed. Your Drug Recovery Court peers are not permitted to sign your sheet. You are responsible for your own meeting sheet. There is no reason for you to be in possession of anyone else's meeting sheet.

B. DRUG TESTING

You will be drug tested randomly throughout your entire participation in the Drug Recovery Court Program. All participants are to check the drug testing schedule EVERY day (Monday through Sunday) by calling the Drug Line at **423.209.7570** before 8:30 a.m.

Each client will be assigned a color. When you call the Drug Line, a selection of colors will be announced. If your assigned color is called, then testing is available from 8:00 a.m. - 10:30 a.m. every day, on the third floor of the Criminal Courthouse, unless alternate testing times or locations are announced. You must be tested the day they are told to come in for testing. You will be directly observed by a person of the same gender to ensure a true clean collection.

If you miss a drug test, it will be considered a positive (dirty) test. If you have a positive test in any Drug Recovery Court phase, the Judge, based on recommendations from the Drug Recovery Court staff or treatment staff, will apply immediate sanctions to help you stop your drug using behavior.

Participants who feel the test result is inaccurate, must immediately tell the Drug Recovery Court staff they want the urine sample sent out for a confirmation test. The participant will be charged a fee to pay for the testing if this sample returns a “positive” result. Diluting or falsifying urine samples will result in an appropriate sanction.

C. SMOKING AND TOBACCO USE

Consistent research has shown that if you continue smoking while in recovery, your chance of relapse substantially increases. Therefore, if you currently smoke or use tobacco, the Drug Recovery Court staff will work with you to quit and refrain from further use.

You must understand that as you participate in the program, you will not be permitted to possess or use cigarettes or other tobacco products. Please know that this requirement is not negotiable. Please do not agree to enter into, or participate in, this program if you refuse to stop smoking or using tobacco. You will be tested for nicotine. Your Case Manager will know if you are smoking.

7. WORK AND EMPLOYMENT

You must be employed within thirty (30) days of starting the Drug Recovery Court.

A. FINDING A JOB

- Employment must be within Hamilton County. Employment outside of Hamilton County must be approved by the Drug Recovery Court and Treatment Teams.

- If you are unable to secure employment within 30 days you will be required to perform Community Service until you become employed. The Community Service hours will increase the longer you are unemployed.
- Any person not employed within the given time frame will be asked to produce evidence of their job searches.

B. CHANGING JOBS

- Employment changes must be approved by your case manager *before* leaving a job or moving to another.

C. OVERTIME

- Overtime must be approved by your Case Manager.
- You may be required to produce your pay stub(s) to your case manager during your scheduled appointments.

8. LIVING ARRANGEMENTS

A. WHERE YOU CAN LIVE

You are expected to live in Hamilton County while participating in the Drug Recovery Court Program. If there is a situation where this is not immediately possible, permission must be granted *prior* to moving outside of Hamilton County. In addition:

- You are required to turn in your new address to your case manager **PRIOR** to moving there. Approval of your new address is mandatory.
- If you are thinking about moving from your current address, you must let your case manager know *prior* to giving in notice.
- In other words, get approval first!

B. CURFEWS

While on Phase I, and until employment has been secured and approved, your curfew will be 8:00 p.m. This means you will be expected to be back at your residence no later than 8:00 p.m. As you progress through the Program, curfew restrictions decrease, and you will eventually

be curfew-free. If at any time it is felt that you are not using your time wisely, your curfew may become more restricted.

9. EDUCATIONAL GOALS

If you did not graduate High School or have not obtained your GED, you will be required to enroll in a GED program at an approved location. You will be required to obtain your GED *prior* to graduating from the Drug Recovery Court.

Before you are eligible to take the GED exam, you will first complete what is called the TABE. The results from this test will determine your current educational standing. Do not be alarmed by these results, they are used solely as a guide line for studying, not as a measure of your intelligence. If it is determined that it is not realistic for you to obtain your GED within 12 months, you will still be required to attend GED classes in order to improve your educational level.

If you did graduate high school or have obtained your GED, you may be encouraged to seek higher education. This encouragement could include enrollment at Chattanooga State for an Associate's Degree or specialized vocational training, or perhaps an accredited university such as the University of Tennessee at Chattanooga for a Bachelor's Degree.

10. CONFIDENTIALITY

State and federal laws require that your identity and privacy be protected. In response to these regulations, the Drug Recovery Court, Drug Recovery Court staff and treatment providers have developed policies and procedures that guard your privacy. You will be asked to sign a Consent for Disclosure of Confidential Substance Abuse Information. This disclosure of information is for the sole purpose of hearings and reports concerning your specific Drug Recovery Court case(s).

CONCLUSION

The goal of the Hamilton County Drug Recovery Court is to help you achieve a life free of dependence on mind-altering substances. The Judge, and the Drug Recovery Court Team are here to guide and assist you, but the final responsibility is yours. To succeed, you must be motivated to make this lifelong commitment to a drug-free lifestyle.

USEFUL NUMBERS

Drug Recovery Court Coordinator	Elaine Kelly	423.209.7573
District Attorney	AnCharlene Davis	423.209.7400
Public Defender	Andrew Childress	423.634.6374
Case Managers	Brian Finlay	423.209.7571
	John Cooper	423.209.7581
Treatment	Parkridge Valley	423.894.4220
Community Corrections	Chris Jackson	423.493.9268
Alcoholics Anonymous		423.499.6003
		423.267.0823
		800.851.3291
Narcotics Anonymous		423.899.6500

NOTES

IN THE CRIMINAL COURT OF HAMILTON COUNTY, TENNESSEE

STATE OF TENNESSEE,)	
)	
<i>Plaintiff,</i>	)	SECOND DIVISION
)	
vs.)	
	)	NO(s).
_____)	
)	
<i>Defendant.</i>)	

HAMILTON COUNTY DRUG RECOVERY COURT
PARTICIPANT CONTRACT

The mission of the Hamilton County Drug Recovery Court (“**Drug Recovery Court**”) is to reduce recidivism through breaking the cycle of addiction and enhancing the offenders’ likelihood of success in society. The goal of the Drug Recovery Court is to promote public safety and individual responsibility, to reduce crime, and to improve the quality of life for participants and their families.

To that end, and as part of an agreed plea of guilty or an agreement to resolve an alleged violation of my probation or community corrections sentence, I, the Defendant in the above identified case(s), hereby voluntarily enter into this participant contract with the Drug Recovery Court.

In return for the resources to be made available to me to achieve sobriety and maintain recovery, I make the following agreements and representations, as indicated by my initials next to each of the following:

Rules and Regulations of the Drug Recovery Court

1. ____ I agree to be bound by the terms and conditions of this Drug Recovery Court Participant Contract, as well as the rules and regulations of the Drug Recovery Court program as set forth in the Participant Handbook and in the orders of the Drug Recovery Court.

2. ____ I understand that if I enter this program and fail to complete the program, I will be barred from future participation in the Drug Recovery Court absent compelling circumstances otherwise.

3. ____ I understand that during the entire course of the Drug Recovery Court program, I will be required to attend court sessions, treatment sessions; to submit to random drug testing; to remain clean and sober; and to be law-abiding.

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4. _____ I agree to follow all terms and conditions set out in the Participant Handbook, including conditions on courtroom behavior, as those terms and conditions may exist now or be amended from time to time. I also agree to abide by any other rules and regulations developed by the Drug Recovery Court Team. I understand that if I do not abide by these rules and regulations, I will be sanctioned or removed from the program.
5. _____ I understand that sanctions may include time in custody, increased treatment episodes, increased testing, community service, and any other sanctions as listed in the Participant Handbook as ordered by the Drug Recovery Court Judge. I voluntarily consent to the imposition of these sanctions where I have committed a violation of the rules, regulations, terms, or conditions of the Drug Recovery Court Program.
6. _____ I agree that if I voluntarily remove myself from the Drug Recovery Court program, I will be responsible for the cost of all treatment services I received.
7. _____ I understand that if I abscond from the program, or voluntarily and without cause fail to report as ordered by the Drug Recovery Court or my treatment provider, I will be considered to have voluntarily removed myself from the Drug Recovery Court program. I understand that my voluntary self-removal from the Drug Recovery Court program waives my right to any removal hearing to determine whether I should remain as a participant of the Drug Recovery Court program.
8. _____ I further understand that my voluntary self-removal from the Drug Recovery Court program will result in a warrant being issued for my arrest and the setting of my case upon the docket of the Criminal Court to determine whether my sentence(s) should be ordered into execution.

Prohibitions on Conduct

9. _____ I will not possess any weapons while I am in Drug Recovery Court. 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. I agree that my failure to dispose and/or disclose may result in removal from Drug Recovery Court and possible prosecution for any illegal possession of any weapon.

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10. ____ I will not associate in person, or by phone, text, email or written correspondence with people who use or possess drugs, or are incarcerated.
11. ____ I will not have any new body tattoos or body piercing while in the Drug Recovery Court program.
12. ____ I will inform any law enforcement officer with whom I come in contact that I am in Drug Recovery Court.

Court Hearings and Status Conferences

13. ____ For the purposes of regular Drug Recovery Court appearances, I agree to waive my right to have my attorney of record present.
14. ____ I understand that if I miss a court date, fail to report as ordered, or miss any scheduled meeting with the Drug Recovery Court staff, without prior permission, a warrant for my arrest will be issued.
15. ____ I agree that the Judge may, without prior notice, receive evidence including but not limited to reports that relate to my behavior and progress.
16. ____ I agree that upon receipt of such evidence, the Judge may impose an immediate reasonable sanction, other than incarceration, without having to give me prior notice, without the filing of written petition to revoke bail or probation, and without a hearing.
17. ____ I understand that if the Drug Recovery Court contemplates a period of jail or incarceration as a possible sanction for my violation of the Drug Recovery Court Rules, I will be offered the opportunity to have a hearing to contest the violation. I understand that I will be given actual notice of the violation and that I have the right to be represented by defense counsel as part of the Drug Recovery Court team (or by other lawyer paid by me); the right to contest evidence and cross-examine witnesses; the right to present evidence and witnesses; and the right to be heard by the Court. I also understand that I may waive, or give up, the right to have any such hearing prior to incarceration being ordered as a sanction.
18. ____ I understand that if the Drug Recovery Court contemplates removing me from further participation in the Drug Recovery Court program, I will be offered the opportunity to have a removal hearing. I understand that I will be given actual notice of the alleged basis for my proposed removal. During any removal hearing, I understand that I have the

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right to be represented by defense counsel as part of the Drug Recovery Court team (or by other lawyer paid by me); the right to contest evidence and cross-examine witnesses; the right to present evidence and witnesses; and the right to be heard by the Court. I also understand that I may waive, or give up, the right to have a removal hearing.

Disclosure of Information

19. _____ I agree to sign any and all releases of information. I understand that any information obtained from these releases will be kept apart from the Court file. I understand that I may revoke any release of information, though such revocation may result in my removal from the Drug Recovery Court program.
20. _____ I agree to participate in, and successfully complete, all substance abuse treatment programs, psychological therapies, educational programs and vocational training ordered by the Drug Recovery Court. I agree to sign releases to permit all providers to communicate with the Drug Recovery Court Team.
21. _____ As a condition of participation in this program, I agree and hereby consent to the search of my person; property; place of residence; electronic devices, including all cell phones and computers; vehicle; or personal effects at any time with or without a warrant, and with or without probable cause by Drug Recovery Court staff and case managers; by probation or Community Corrections officers, and by other law enforcement officers.

Medicine and Medical Treatment

22. _____ I will inform all treating physicians that I am a recovering addict, and that I may not take narcotic or addictive medications or drugs. Before a prescription is filled, I will contact with my case manager to determine if this prescription will interfere with my drug participation. I will not leave any medical facility with any prescription without prior notification to a Drug Recovery Court team member.
23. _____ I agree not to abuse any over-the-counter medication. I understand that abuse is defined as taking dosages in excess of label guidelines, taking an over-the-counter medication designed for a condition which I do not have, and taking an over-the-counter medication in a manner in which it was not designed to be ingested (such as crushing and inhaling a medication designed to be taken orally with liquids). I will not use over-the-counter medications containing “pseudoephedrine,” “ephedrine” or “dextromethorphan.”

Hamilton County Drug Recovery Court

PARTICIPANT CONTRACT

24. ____ I agree to take all medications prescribed for me by my treating physician and/or psychiatrist, and I agree to sign releases for my treatment physician or psychiatrist to communicate with the Judge and Drug Recovery Court staff.
25. ____ I agree that, if it has been approved, I may take a narcotic prescription that is prescribed to me. However, I will not drive a vehicle or make any attempt to go to work until twenty-four hours after my last dosage.

Treatment and Recovery

26. ____ I agree that I will not leave any treatment program without prior approval of my treatment provider and the Drug Recovery Court Team.
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.
28. ____ I agree to attend self-help sobriety group meetings as often as ordered by the Drug Recovery Court.
29. ____ I agree to cooperate in an assessment/evaluation for planning and individualized treatment program adequate to my needs.
30. ____ I understand that my treatment plan may be modified by the treatment provider or the Drug Recovery Court Team as circumstances arise, and I agree to comply with the requirements of any such modifications.

Substance Use, Smoking, and Testing

31. ____ I understand that participating in Drug Recovery Court requires me to be alcohol and drug free at all times. I will not possess or use illegal drugs or prescription drugs (including but not limited to marijuana, hydrocodone, codeine percocet or other prescription drugs), alcohol, or drug paraphernalia.
32. ____ I understand that one of the requirements of my participation in the Drug Recovery Court program is that I quit and refrain from smoking and the using of other tobacco products. I agree not to possess or use cigarettes or other tobacco products.
33. ____ I agree to be responsible for what goes into my body that may affect drug test results. Before taking medication of any kind, I will get

Hamilton County Drug Recovery Court

PARTICIPANT CONTRACT

permission for all medications, prescribed or over-the-counter, with my treatment provider and/or with the Drug Recovery Court Team. I agree not to eat foods containing “poppy seeds,” any item containing “alcohol,” and prescription medications not prescribed to me.

34. ____ I agree to be drug tested at any time by a police officer, probation officer, treatment provider, case manager, Drug Recovery Court staff, or at the request of the court or any agency designated by the court.
35. ____ I understand that I will be tested for the presence of drugs in my system on a random basis according to procedures established by the Drug Recovery Court Team and/or treatment provider. I understand that I will be given a location and time to report for my drug test. 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, it will be considered “dirty,” and I will be sanctioned.
36. ____ I understand that substituting, altering, diluting or trying in any way to change my body fluids for purposes of drug testing will be interpreted as a “positive” drug test.
37. ____ I understand that I may dispute positive test results, but that re-testing will be at my expense and that I will face more severe sanctions for a re-test that is still positive.

Interactions with Drug Recovery Court Staff

38. ____ I agree to meet with the Drug Recovery Court staff as often as directed.
39. ____ I agree to permit Drug Recovery Court staff/ team members to visit me at my residence and employment and anywhere else necessary to perform their duties.

Participant’s Residence and Travel

40. ____ I am a Hamilton County resident, and I will live in Hamilton County throughout the Drug Recovery Court program, unless the Judge and Drug Recovery Court Team give me permission to live outside of Hamilton County.
41. ____ I agree to keep the Drug Recovery Court Team, treatment provider and law enforcement liaison, if any, advised of my current address and phone number at all times and whenever changed. My place of residence is subject to Drug Recovery Court approval. Prior approval for a change of address is mandatory.

Hamilton County Drug Recovery Court

PARTICIPANT CONTRACT

42. _____ I agree not to leave Hamilton County without obtaining permission from the Drug Recovery Court Judge or the Drug Recovery Court Coordinator.

Participant's Employment

43. _____ I understand that during the early phases of treatment recovery, I may be precluded from working or from gaining employment. I further understand that within the time directed by the Drug Recovery Court Team, I will seek employment, job training and/or further education as approved by the Drug Recovery Court Team and that failure to do so will result in sanctions or removal from the program.

Other Participant Obligations

44. _____ I agree to pay court costs, fines, and/or restitution as ordered by the Court.
45. _____ I agree to pay any programmatic fees or assessments required by the Drug Recovery Court as a condition of my participation in the Drug Recovery Court program.
46. _____ I agree to participate in community service programs, as ordered by the Court.

Hamilton County Drug Recovery Court PARTICIPANT CONTRACT

I have read the above participant contract, and I understand what I have read. I am willing and voluntarily entering into this agreement with the Drug Recovery Court Program.

Participant's Signature

Date

Participant's Attorney

Date

Assistant District Attorney General

Date

APPROVED FOR ADMISSION:

Drug Recovery Court Judge

Date

Original to Court File; copy to Drug Recovery Court staff; copy to participant

IN THE CRIMINAL COURT OF HAMILTON COUNTY, TENNESSEE

STATE OF TENNESSEE,)	
)	
<i>Plaintiff,</i>	)	SECOND DIVISION
)	
vs.)	
	)	NO(s).
_____)	
)	
<i>Defendant.</i>)	

**EXPECTATIONS FOR PARTICIPANTS IN
THE HAMILTON COUNTY DRUG RECOVERY COURT PROGRAM**

The Hamilton County Drug Recovery Court is designed for participants to achieve a productive and law-abiding life. To accomplish this, the program requires participants to establish and achieve goals and to adhere to expectations consistent with sobriety and recovery.

These expectations are required as part of building a foundation for future success beyond the Drug Recovery Court, and they are set forth in the Participant Handbook, the Participant Contract, and the orders of the Drug Recovery Court.

The following expectations represent the *basic* expectations of a participant in the Drug Recovery Court program. However, these expectations are not exclusive, and other important expectations appear in the Participant Handbook, Participant Contract, and orders of the Drug Recovery Court.

Participant behavior consistent with these expectations will result in positive recognition and reward. However, a participant’s knowing violation of, or consistent failure to meet, these expectations is not consistent with recovery or with working toward building a foundation for success. Consistent and willful failures to meet these expectations will result in sanction or removal from the Drug Recovery Court program.

A. LAWFUL BEHAVIOR

With respect to the participant’s behavior while in Drug Recovery Court, a participant is expected:

1. to comply with federal, state, and local laws;
2. to inform the Drug Recovery Court within seventy-two hours of being arrested or questioned by a law enforcement officer;

3. to comply with all applicable rules of probation and with all provisions of any supervision agreement;
4. to not use or possess any firearm or dangerous weapon; and
5. to not engage in any form of lawful gambling, gaming, betting, or lottery, including by electronic means, irrespective of whether money or goods are wagered, spent, or received.

B. PARTICIPATION IN COURT STATUS CONFERENCES

With respect to the participant's interaction with the Court, a participant is expected:

1. to be truthful and honest in all statements made to the Court;
2. to dress appropriately for Court in a manner which indicates that Court appearances are important to the participant;
3. to attend all court hearings for any case;
4. to report to court as ordered by the Drug Recovery Court; and
5. to obey all orders of the Court, including written orders and directives, and instructions given orally by the Drug Recovery Court Judge.

C. PARTICIPATION IN CASE MANAGEMENT

With respect to the management of the participant's case, a participant is expected:

1. to be truthful and honest in all statements made to any member of the Drug Recovery Court team, including any law enforcement officer, probation officer, or treatment provider;
2. to be respectful to all members of the Drug Recovery Court team;
3. to submit truthful reports as required by the Drug Recovery Court case manager;
4. to report in person to the case manager as directed;
5. to not travel outside of Hamilton County, unless advanced written permission is first obtained from the Drug Recovery Court coordinator; and
6. to comply with the rules of the Drug Recovery Court, as those rules are set forth in the Participant Handbook; Participant Contract; and orders of the Drug Recovery Court.

D. PARTICIPATION WITH OTHERS IN DRUG RECOVERY COURT

With respect to the participation with others in Drug Recovery Court, a participant is expected:

1. to not engage in any romantic or sexual relationships with other persons while in the Drug Recovery Court;
2. to not impede, disrupt, or interrupt Drug Recovery Court proceedings; treatment sessions; or group meetings;
3. to not cause or threaten harm to any person, including to the participant's self; and
4. to not endanger the recovery of others participating in the Drug Recovery Court by assisting in the violation of Drug Recovery Court Rules.

E. ESTABLISHMENT OF SOBRIETY

With respect to a participant's sobriety, a participant is expected:

1. to be alcohol and drug free at all times;
2. to not use or possess illegal drugs or prescription drugs (including but not limited to marijuana, hydrocodone, codeine percocet or other prescription drugs), alcohol, or drug paraphernalia;
3. to report as ordered by the Drug Recovery Court for drug screens, and to provide a valid sample against which testing may be performed; and
4. to not use or possess any substance or device, or to not use any method, intended to alter or affect the results of a drug screen.

F. MAINTENANCE OF RECOVERY

With respect to maintaining recovery, a participant is expected:

1. to continue active participation in a treatment plan, including attending recovery meetings, maintaining a sponsor, and having regular sponsor contact;
2. to keep records of sponsor contact and attendance at recovery meetings, and to present those records to the Drug Recovery Court as requested;
3. to inform the Drug Recovery Court within 48 hours of any change in sponsors;
4. to attend and fully participate in all treatment sessions;

5. to not leave any treatment program without prior approval of my treatment provider and the Drug Recovery Court;
6. to participate in and complete any required programs of treatment;
7. to quit and refrain from smoking and the using of other tobacco products, and to not to possess or use cigarettes or other tobacco products;
8. to not associate with any persons engaged in criminal activity;
9. to not go, or remain, in any place where controlled substances are illegally sold, used, distributed, stored; or administered; and
10. to not enter into any bar or establishment where the sale of alcohol for consumption on the premises is the primary source of income.

G. EMPLOYMENT STABILITY

With respect to a participant's employment, a participant is expected:

1. to work regularly at a lawful occupation, unless excused in advance by the Drug Recovery Court for schooling, training, or other acceptable reasons
2. to obtain permission from the Drug Recovery Court before changing employment; and
3. to report any actual or threatened termination or discharge from employment.

H. FINANCIAL RESPONSIBILITY

With respect to a participant's finances, a participant is expected:

1. to work with the Drug Recovery Court to establish and maintain a budget, including a plan for saving income;
2. to pay, or to make regular monthly payments of,
 - a. all fines, court costs, and fees assessed by the Drug Recovery Court;
 - b. all due and payable rent and/or treatment fees owed to any treatment provider;
 - c. all restitution owing, if any, as set forth in any order of any court; and
 - d. all spousal or child support obligations owing as set forth in any order of any court;

3. to inform the Drug Recovery Court of any significant change in the participant's economic circumstances that might affect his or her ability to pay restitution, fines, costs, monetary obligations, or treatment fees; and
4. to make available to the Drug Recovery Court any requested financial information to verify compliance with the participant's financial obligations.

I. RESIDENTIAL STABILITY

With respect to a participant's residence, a participant is expected:

1. to establish and reside in housing in Hamilton County as directed or approved by the Drug Recovery Court staff; and
2. to obtain permission before changing residences.

J. EDUCATIONAL ADVANCEMENT

With respect to a participant's education, a participant is expected:

1. to obtain a GED or a high school diploma, if not previously attained; and
2. to work toward attaining any other educational or training goals identified by the participant and the Drug Recovery Court.

K. HEALTH AND MEDICAL TREATMENT

With respect to a participant's health, a participant is expected:

1. to advise a medical provider, prior to obtaining a prescription, that the Defendant is in Drug Recovery Court and has pled guilty to a felony offense; and
2. to inform the Drug Recovery Court before filling the prescription for, or using or consuming, prescribed medication (or, if the medication must be immediately taken, as soon thereafter as practicable).

ACKNOWLEDGEMENT

I, the participant in the Drug Recovery Court program, hereby acknowledge that I have reviewed these Drug Recovery Court expectations with legal counsel and that I understand what will be expected of me during my participation in the Drug Recovery Court program.

Date: _____

Defendant

IN THE CRIMINAL COURT OF HAMILTON COUNTY, TENNESSEE

STATE OF TENNESSEE,)	
)	
<i>Plaintiff,</i>	)	SECOND DIVISION
)	
vs.)	
	)	NO(s).
_____)	
)	
<i>Defendant.</i>)	

LIMITED WAIVER OF FOURTH AMENDMENT RIGHTS AS PART OF PARTICIPATION IN DRUG RECOVERY COURT PROGRAM

Comes now the Defendant in the above styled case(s), and states to the Court the following:

1. **Nature of the Rights I have:** I understand that I have constitutional and statutory rights that protect me from unreasonable searches and seizures.

I understand that these rights are guaranteed by, among other law, the Fourth Amendment to the United States Constitution and Article I, section 7 of the Tennessee Constitution.

I also understand that I can voluntarily give up these rights as part of a negotiated plea agreement or negotiated resolution of a probation or community corrections violation as an acceptable alternative to serving a sentence of incarceration. *See, e.g., United States v. Knights*, 534 U.S. 112 (2001); *State v. Turner*, 297 S.W.3d 155 (Tenn. 2009).

2. **Waiver of Rights:** For so long as I am a participant in the Hamilton County Drug Recovery Court program, or subject to a probationary order from the Hamilton County Drug Recovery Court, I do hereby waive and give up the rights listed above.
3. **Consent to Random Drug Screens Without Any Level of Suspicion:** I understand that I will be subject to random drug screens to detect the use of unlawful and prohibited substances and drugs, including through the taking of samples of urine, blood, or hair. Although I understand that such drug screens constitute a “search,” I fully consent to such searches and random drug screens without probable cause or any level of suspicion of use while I am a participant in the Drug Recovery Court program.
4. **Consent to Search Upon Reasonable Suspicion:** In addition, I hereby consent to a search of my person, papers, personal effects, residence, cell phone, computer, or other electronic devices, vehicles, and other effects upon reasonable suspicion that I have committed a crime or violated the Rules of the Drug Recovery Court, as those rules are

set forth in the Participant Handbook, Participant Contract, and orders of the Drug Recovery Court.

I further consent that any such search may be conducted by a member of the Hamilton County Drug Recovery Court team, by any treatment provider, by any probation or community corrections officer, or by any law enforcement officer.

For as long as I am a participant in the Hamilton County Drug Recovery Court program or subject to a probationary order from the Hamilton County Drug Recovery Court, I agree that that the above searches may be conducted without a warrant and without probable cause, provided that reasonable suspicion is otherwise present.

5. **Use of Seized Evidence:** In granting this consent, I understand that the State may use any evidence seized during such a search as a basis for any later prosecution of me that may arise from said search. I also understand that the Drug Recovery Court may use any evidence seized during such a search as the basis for any sanction imposed by the Drug Recovery Court program, including incarceration or removal from the program.
6. **Voluntary Waiver:** No person has threatened me or coerced me into granting this limited waiver of my Fourth Amendment rights.
7. **Advice of Legal Counsel:** I have spoken with my lawyer about the rights guaranteed me by the Fourth Amendment and the consequences of waiving those rights, as well as any advantages or disadvantages to agreeing to this waiver of rights. I understand the consequences and possible disadvantages of agreeing to this waiver, and I voluntarily agree to this waiver of my Fourth Amendment rights as set forth herein as a condition of my participation in the Hamilton County Drug Recovery Court program.
8. **Reclaiming My Rights:** I understand that this waiver of rights will no longer be effective, and that I will be able to reassert fully my Fourth Amendment rights, if I am removed from the Drug Recovery Court program.

Participant's Signature

Date

Participant's Attorney

Date

Assistant District Attorney General

Date

Hamilton County Drug Recovery Court

CONSENT FOR DRUG SCREENS TO DETECT SUBSTANCE USE

Voluntary Nature of Program: I understand that my participation in the Hamilton County Drug Recovery Court program is voluntary.

My Agreement to Submit to Drug Screens: I also understand that a condition of my voluntary participation in the Drug Recovery Court program is that I submit to drug tests or screens. I understand that such screens may seek to determine substance use through testing of saliva, breath, urine, blood, hair, or perspiration, among other things.

My Waiver of Constitutional Rights: I understand that I have a constitutional right to be free from unreasonable searches, and I understand that drug screens may constitute such a “search.” However, I fully consent and agree to submit to such drug screens, even without probable cause or any level of suspicion to believe that I have used unlawful substances.

My Other Medications: I understand that some prescription and over-the-counter medications, along with other items, may cause a positive screen. The use of prescription medications which may cause a positive test must be verified through my physician. I must inform the Hamilton County Drug Recovery Court that I am taking these medications **BEFORE** taking the drug test.

These medications can include, but are not limited to, antihistamines; decongestants; bronchodilator medication; medications for emotional disorders, such as for depression, psychosis, or anxiety. These medications can also include prescription and over-the-counter medications for pain and headaches; irregular heartbeat; cold, flu, cough, and allergies; ulcer and stomach problems; diarrhea, nausea and vomiting; sleeping problems; blood pressure; Parkinson’s disease; arthritis; cortisone/steroid preparations; diuretics; weight loss drugs; local anesthetics; antibiotics; and/or eye drops.

If I Do Not Submit to a Drug Screen: I understand that I am subject to sanction or removal from the Drug Recovery Court program if I do not (1) report for a drug screen; (2) submit to a drug screen; or (3) provide a valid sample for testing. I understand that it is my responsibility to make arrangements to report for drug screens when I am directed to do so.

My Ability to Challenge Positive Results: I understand that I may challenge positive results from any drug screen. I also understand that I may be required to pay for any independent lab analysis if that separate analysis confirms a positive screen.

My Consent: Based upon these understandings, I consent to being tested for substance use while participating in the Hamilton County Drug Recovery Court program.

Participant Signature

Date

IN THE CRIMINAL COURT OF HAMILTON COUNTY, TENNESSEE

STATE OF TENNESSEE,)	
)	
<i>Plaintiff,</i>	)	SECOND DIVISION
)	
vs.)	
	)	NO(s).
_____)	
)	
<i>Defendant.</i>)	

**CONSENT FOR COMMUNICATION REGARDING AND DISCLOSURE OF
OTHERWISE CONFIDENTIAL TREATMENT INFORMATION AND PROGRESS
IN THE HAMILTON COUNTY DRUG RECOVERY COURT**

I, the defendant in the above case(s), hereby consent to communication and disclosure of information pertaining to my evaluation for, admittance into, and participation while in the Drug Recovery Court Program, as well as any information pertaining to treatment I receive during the Program, including my identifying information, my mental health, psychiatric, and medical information, my diagnoses, my urinalysis and other substance testing results, my attendance or lack of attendance at treatment sessions and appointments, my cooperation with treatment, my progress in treatment, and opinions concerning my prognosis, my child-welfare records, my employment records, my school records and/or my criminal history records between the Hamilton County Drug Recovery Court, in and for the Eleventh Judicial District of Tennessee, and any of the following parties:

- Hamilton County Drug Recovery Court Team Members, including the Drug Recovery Court Coordinator, Drug Recovery Court Case Managers, Staff employed by the Drug Recovery Court, and including treatment, judicial, legal, law enforcement, community correction and probation members of the Drug Recovery Court team
- Parkridge Valley Hospital
- Mending Hearts, Inc.
- Buffalo Valley, Inc.
- Council for Alcohol & Drug Abuse
- Defendant’s Employers
- Defendant’s Immediate Family Members
- University of Tennessee at Chattanooga
- Chattanooga State Community College
- Department of Veterans Affairs
- Veterans Health Administration
- Hamilton County Circuit Court
- Hamilton County Criminal Court
- Hamilton County Juvenile Court
- Hamilton County Child Support Court

Services (CADAS)

- Office of the District Attorney General for the Eleventh Judicial District
- Office of the Public Defender for the Eleventh Judicial District
- Medical Treatment Providers
- Psychological Treatment Providers
- Morgan County Recovery Court
- Chattanooga Police Department
- Hamilton County Sheriff's Office
- Tennessee Department of Correction, including Probation and Parole
- Hamilton County Probation and Community Corrections
- Georgia Department of Corrections, including Probation and Parole

The Drug Recovery Court Team, treatment providers listed above, and any other person or entity listed above to be privy to my information may exchange information including, but not limited to, the following information:

- Medical History
- Medical Examinations
- Mental Health Examinations
- Psychological Information
- Psychiatric Information
- Reports
- Treatment or Test Results
- Consultations
- Surgical Reports
- Hospital Records
- Ambulatory Records
- Billing for Services/Treatment – evaluations, assessment results/history, service plans, progress, discharge plans, date of discharge and status
- Laboratory Reports
- Entire Records on File
- Immunizations
- X-ray Reports
- Prescriptions
- Disabilities
- Sexually Transmitted Diseases
- Alcoholism
- Drug Abuse/Addiction
- Legal Information
- Intake assessment
- Progress toward goals
- Name and other personal identifying information

The purpose of this release is to allow the Drug Recovery Court to receive and/or disclose information pertaining to: the diagnosis, treatment, medications, testing results and information relating to my physical or mental health condition; the status of any existing child-welfare action I am involved in; the status of my current or previous employment; the status of my educational pursuits; and the details of any prior criminal history that may not have been provided to the Drug Recovery Court prior to my acceptance.

This information is necessary to further enable my successful participation in the Drug Recovery Court Program, and this information may be released orally, in writing, by fax, or by electronic methods. However, disclosure of my confidential information may be made only as necessary for, and pertinent to, hearings, reports, and/or further diagnosis and treatment of me and concerning the resolution of the above charge(s).

I understand that this consent will remain in effect until either I have revoked this consent or there has been a formal and effective termination of my involvement with the Hamilton County Drug Recovery Court Program for the above-referenced case(s) by:

1. The discontinuation of all court and/or probation supervision upon my successful completion of the Drug Recovery Court requirements; OR
2. The sentencing consequences on the above cause(s) for my having been removed from the Drug Recovery Court; OR
3. My voluntary termination of my participation in the Drug Recovery Court Program.

I understand that any Disclosures made are protected under the federal regulations governing Confidentiality and Drug Abuse Patient Records by Part 2 of Title 42 of the Code of Federal Regulations, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

Further, any information exchanged among the Drug Recovery Court Team, my treatment providers, and any other parties hereto may not be used against me in any court other than the Criminal Court for the Eleventh Judicial District of Tennessee should my participation in the Drug Recovery Court Program be terminated for any reason, or upon my successful completion of the Drug Recovery Court Program.

I understand that federal laws and regulations do not protect any information about a crime committed by me either at a treatment facility or otherwise, or against a person who works for a treatment facility or about any threat to commit such a crime. Further, such laws do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

I understand that I have the right to inspect my Drug Recovery Court File(s) by making a written request to the keeper of such files. I also understand I will no longer be eligible for the program if I refuse to sign the consent.

I understand that I may refuse consent to the disclosure of information as provided for herein. However, if I refuse consent, or attempt to later revoke consent, I understand that I will not be permitted to participate further in the Hamilton County Drug Recovery Court. However, I will not be denied services if I refuse to consent to a disclosure of information for other purposes.

I recognize that hearings are held in an open and public courtroom and that, as such, it is possible that an observer could connect my identity with the fact that I am in treatment as a

condition of participation in Drug Recovery Court. I specifically consent to this potential disclosure to third persons.

I acknowledge that I have been advised of my rights, have received a copy of this form and have had the benefit of legal counsel or have voluntarily waived my right to an attorney. At the time of my execution of this consent, I represent that I am not under the influence of drugs or alcohol. I fully understand my rights and I am signing this consent voluntarily.

- By my signature, I **CONSENT** to the release of information contained on this form for use by the requesting agency(cies) , and I understand that any agency or individual using the confidential information or records obtained will take all necessary steps to protect the confidentiality of my identity. I acknowledge that I have been informed of my rights to refuse to sign this form, and any conditions related to my consent or refusal, and that I am entitled to receive a copy of the signed form.

- I **DO NOT** consent to the release of information contained on this form for use by the requesting agency(cies). I acknowledge that I have been informed of my rights to refuse to sign this form, and any conditions related to my consent or refusal, and that I am entitled to receive a copy of the signed form.

Date

Printed Name of Participant

Signature of Participant

Signature of Witness

IN THE CRIMINAL COURT OF HAMILTON COUNTY, TENNESSEE

STATE OF TENNESSEE,)	
)	
<i>Plaintiff,</i>	)	SECOND DIVISION
)	
vs.)	
	)	NO(s).
_____)	
)	
<i>Defendant.</i>)	

**HIPAA ORDER FOR THE LIMITED RELEASE OF SPECIFIC
SUBSTANCE ABUSE TREATMENT RECORDS**

This matter came before the Court upon consideration of the need for limited release of specific substance abuse treatment records. The Court makes the following findings:

1. As of the date of the entry of this Order, the Defendant has been accepted into the Hamilton County Drug Recovery Court (“Drug Recovery Court”).
2. As a condition of participation in the Drug Recovery Court program, the Defendant must attend substance abuse treatment and the Drug Recovery Court team must monitor the Defendant’s progress in substance abuse treatment including mental health and medical treatment.
3. Prior to the entry of this Order, the Defendant has voluntarily and knowingly signed a HIPAA and 42 C.F.R. Part 2 compliant release.
4. The information necessary to monitor the Defendant’s progress in substance abuse treatment includes: Defendant’s identity; Defendant’s diagnosis; Defendant’s urinalysis or other drug testing results; Defendant’s treatment attendance or non-attendance; Defendant’s cooperation with treatment; Defendant’s progress in treatment; and Defendant’s prognosis. This treatment information is the minimum necessary to carry out the purpose of the disclosure.¹ Any potential injury from disclosure to the Defendant, the Defendant’s physician-patient relationship, or treatment is outweighed by the public interest in the Defendant’s success in the Drug Recovery Court program.

Wherefore, based upon these findings, and upon consideration of the record as a whole, it is hereby **ORDERED** that:

¹ See 45 C.F.R. § 165.502(b)(11) and 42 C.F.R. § 2.13(a).

1. Any provider of substance abuse treatment including mental health and medical treatment shall provide to the Drug Recovery Court team (as reflected in the HIPAA/42 C.F.R. Part Consent to Release Form or team member replacements) the following information: Defendant's identity; Defendant's diagnosis; Defendant's urinalysis or other drug testing results; Defendant's treatment attendance or non-attendance; Defendant's cooperation with treatment; Defendant's progress in treatment; and Defendant's prognosis. The Drug Recovery Court team is comprised of individuals responsible for monitoring the Defendant's progress.
2. The treatment provider shall continue to provide the treatment information until Defendant's successful completion of the term of probation or termination from the Drug Recovery Court program or further court order, whichever shall first occur.
3. The Drug Recovery Court team shall not re-disclose the information received pursuant to this Order, except as may be provided by law or as necessary to carry out official duties in accordance with the Drug Recovery Court program.

It is so ordered.

Enter, this the ____ day of _____, 20____.

TOM GREENHOLTZ, Judge

APPROVED FOR ENTRY BY:

Defendant

Defendant's Legal Counsel

Assistant District Attorney General

IN THE CRIMINAL COURT OF HAMILTON COUNTY, TENNESSEE

STATE OF TENNESSEE,)	
)	
<i>Plaintiff,</i>	)	SECOND DIVISION
)	
vs.)	
	)	NO(s).
_____)	
)	
<i>Defendant.</i>)	

MOTION FOR MODIFICATION OF SENTENCE

Pursuant to Tennessee Rule of Criminal Procedure 35, the Defendant, *pro se*, moves this Court for an order modifying the sentence imposed in this case in the interest of justice. This motion is being filed now to meet the deadline for filing such a motion and to preserve any rights to pursue such relief.

The Defendant understands that the Court will not consider the motion while the Defendant is a participant in the Hamilton County Drug Recovery Court program. Instead, the Court will consider this motion for modification upon the Defendant's termination from that program, whether by graduation or otherwise.

Respectfully submitted,

By: _____
Defendant