

**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 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.
7. \_\_\_\_\_ 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**

8. \_\_\_\_\_ I understand that behaviors which jeopardize public safety or threaten or injure the welfare of staff members or other participants may be grounds for immediate termination from the program. Examples of this conduct may include driving while under the influence of an intoxicant (DUI); dealing drugs to other participants in the program; or threatening Drug Recovery Court staff.
9. \_\_\_\_\_ I will not possess any weapons while I am in the program. I will dispose of any and all weapons in my possession, and I will 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 the program 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 inform any law enforcement officer with whom I come in contact that I am in Drug Recovery Court.

### **Court Hearings and Status Conferences**

12. \_\_\_\_\_ For the purposes of regular Drug Recovery Court appearances, I agree to waive my right to have my attorney of record present.
13. \_\_\_\_\_ 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.
14. \_\_\_\_\_ I agree that the Judge may, without prior notice, receive evidence including but not limited to reports that relate to my behavior and progress.
15. \_\_\_\_\_ 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.
16. \_\_\_\_\_ I understand that if the Drug Recovery Court contemplates a period of jail or incarceration as a possible sanction for my violation of the program 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 understand that I may waive, or give up, the right to have any such hearing prior to incarceration being ordered as a sanction.
17. \_\_\_\_\_ 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 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.

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### **Disclosure of Information**

18. \_\_\_\_\_ 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.
19. \_\_\_\_\_ 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.
20. \_\_\_\_\_ 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 or any level of suspicion by Drug Recovery Court staff and case managers; by probation or Community Corrections officers, and by other law enforcement officers.

### **Medicine and Medical Treatment**

21. \_\_\_\_\_ 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.
22. \_\_\_\_\_ 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.”
23. \_\_\_\_\_ 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.

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24. \_\_\_\_\_ 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**

25. \_\_\_\_\_ I agree that I will not leave any treatment program without prior approval of my treatment provider and the Drug Recovery Court Team.
26. \_\_\_\_\_ 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.
27. \_\_\_\_\_ I agree to attend self-help sobriety group meetings as often as ordered by the Drug Recovery Court.
28. \_\_\_\_\_ I agree to cooperate in an assessment/evaluation for planning and individualized treatment program adequate to my needs.
29. \_\_\_\_\_ 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 and Testing**

30. \_\_\_\_\_ 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.
31. \_\_\_\_\_ 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 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.
32. \_\_\_\_\_ 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.

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33. \_\_\_\_\_ 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.
34. \_\_\_\_\_ 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.
35. \_\_\_\_\_ 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**

36. \_\_\_\_\_ I agree to meet with the Drug Recovery Court staff as often as directed.
37. \_\_\_\_\_ 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**

38. \_\_\_\_\_ 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.
39. \_\_\_\_\_ 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.
40. \_\_\_\_\_ I agree not to leave Hamilton County without obtaining permission from the Drug Recovery Court Judge or the Drug Recovery Court Coordinator.

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## Participant's Employment

41. \_\_\_\_\_ 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

42. \_\_\_\_\_ I agree to pay court costs, fines, and/or restitution as ordered by the Court.
43. \_\_\_\_\_ 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.
44. \_\_\_\_\_ I agree to participate in community service programs, as ordered by the Court.

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