

MARINETTE COUNTY TREATMENT DRUG COURT PROGRAM

Participant Contract

1. I, _____, with a date of birth of _____, and an address of _____.
2. I understand that by signing this agreement, I waive the right to a jury trial, the right to a speedy trial, the right to confront the State's witnesses, the right to remain silent, and the right to have the charge proven beyond a reasonable doubt at trial. I also agree that this agreement tolls any applicable civil and/or criminal statutes of limitations. Finally, I agree to fully and honestly participate in all Treatment Drug Court meetings. ()
3. I understand that my participation in the Marinette County Treatment Drug Court Program (MCTDCP) requires that I waive very important rights. I have fully discussed my statutory and/or constitutional rights with my lawyer before agreeing to enter the MCTDCP. I am satisfied that I understand how the MCTDCP will affect my rights. At the time of signing this document, my thinking is clear and I am not under the influence of any substance. The decision to waive my rights and enter the MCTDCP is mine alone and made of my own free will. I agree to accept all the terms and conditions of the MCTDCP. ()
4. I understand I have no legal right to participate in the Marinette County Treatment Drug Court Program (MCTDCP). At any time, the MCTDCP may be ended or reduced, or I may be terminated from it. If, at any time after entering into this contract and in any phase of the MCTDCP, it is discovered that I am ineligible to participate in the program, I may be immediately terminated from the program and the sentence that has been imposed and stayed will go into effect and I will be incarcerated. ()
5. I understand that I can request a lawyer and talk to my lawyer at any time. If I am indigent, an attorney will be appointed through the Public Defender's Office. While my attorney may be a member of the Marinette County Treatment Drug Court Team, he/she will continue to work as my advocate at staff meetings, court appearances, and sentencing hearings. If it is determined that I am not indigent, I may have to hire my own attorney. A defense attorney will be present at all Marinette County Treatment Drug Court staff meetings and court appearances. ()
6. I understand that participation in the Treatment Drug Court Program involves a minimum time commitment of twelve months. ()
7. I understand that during the entire course of the Marinette County Treatment Drug Court Program, I will be required to attend court sessions, treatment sessions, submit to random drug testing, remain clean and sober, and law abiding. I agree to abide by the rules and regulations imposed by the Marinette County Treatment Drug Court Team and the Participant's Handbook. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program. ()

8. I understand that sanctions may include time in custody, increased treatment episodes, increased testing, community service and such other sanctions as may be deemed appropriate by the Marinette County Treatment Drug Court Team. ()
9. I agree to cooperate in an assessment/evaluation for planning an individualized drug treatment program adequate to my needs. I understand that my treatment plan may be modified by the treatment provider or the Marinette County Treatment Drug Court Team. ()
10. I understand that I will be required to pay for some or all of the cost of my drug/alcohol therapy. I will complete a financial declaration if necessary. If there is a questionable drug/alcohol screen, I may be charged for a confirmation test. ()
11. I understand that I will be charged the sum of \$750 to participate in the Marinette County Treatment Drug Court Program. \$375 of this amount can be earned by doing community service work. I understand it is expected that as a Treatment Drug Court participant, I will follow the developed payment plan commencing in Phase 1 and continuing until paid in full. Additional fees may be accrued based on the Marinette County Treatment Drug Court Team's recommended sanctions. ()
12. I understand that I will be tested for the presence of drugs/alcohol in my system on a random basis according to procedures established by the Marinette County Treatment Drug 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" or "positive" and I may be sanctioned. ()
13. I understand that substituting, altering, tampering with or trying in any way to change my body fluids for purposes of testing will be grounds for immediate termination from the Marinette County Treatment Drug Court. ()
14. I understand that participating in the Marinette County Treatment Drug Court Program requires me to be drug and alcohol free at all times. I will not possess drugs or alcohol, or drug or alcohol paraphernalia. I will not associate with people who use or possess drugs, nor will I be present while drugs or alcohol are being used by others. ()
15. I agree to be drug/alcohol tested at any time by the Marinette County Treatment Drug Court Coordinator or designee, a probation officer, a law enforcement officer, a treatment provider, or at the request of the court or any agency designated by the court. ()
16. I will inform any law enforcement officer who contacts me that I am a participant in the Marinette County Treatment Drug Court Program. In addition, I agree that I must report any contact with law enforcement within 24 hours to the Marinette County Treatment Drug Court Coordinator and the probation and parole agent. ()
17. I understand that I may not work as a confidential informant with any law enforcement agency while I am in the Marinette County Treatment Drug Court Program (MCTDCP), nor may I be made or encouraged to work as a confidential informant as a condition of my full participation in the MCTDCP. ()

18. I may not participate in the Marinette County Treatment Drug Court Program if I am an affiliated gang member. ()
19. I will follow all rules of my Community Corrections Supervision. ()
20. I will inform all treating physicians that I am a recovering addict and may not take narcotic or addictive medications or drugs. If a treating physician wishes to treat me with narcotic or addictive medications or drugs, I must disclose this to my treatment provider and get specific prior permission from the Marinette County Treatment Drug Court Team to take such medication. ()
21. 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 check with the pharmacist to ensure that it is non-narcotic, non-addictive, and contains no alcohol. I will pre-register any and all medications, prescribed or over-the-counter, with my treatment provider and with the Marinette County Treatment Drug Court Coordinator. ()
22. I agree that I will not leave any treatment program without prior approval of my treatment provider and the Marinette County Treatment Drug Court Team. ()
23. I understand that I may dispute positive test results, but that re-testing may be at my expense, and that I may face more severe sanctions for a re-test that is still positive. ()
24. For the purposes of regular Marinette County Treatment Drug Court review hearings, I agree to waive my right to have my attorney of record present. I understand that my case may be discussed without my attorney or the district attorney present. I understand the Public Defender will have a representative at all Marinette County Treatment Drug Court hearings and I may consult with the representative at any time. ()
25. I understand that my individual course of treatment may include residential treatment, intensive-outpatient treatment, education, and/or self-improvement courses such as anger management, parenting or relationship counseling. ()
26. I understand that during the early phases of treatment and recovery, I may be precluded from working or gaining employment. I further understand that within the time directed by the Marinette County Treatment Drug Court (MCTDC) Team, I will seek employment, job training, and/or further education as approved by the MCTDC Team, and that failure to do so may result in sanctions or termination. ()
27. I agree to keep the Marinette County Treatment Drug Court Coordinator, the probation and parole agent, and the treatment provider advised of my current address and phone number at all times and whenever changed. My place of residence is subject to Marinette County Treatment Drug Court Team approval and I will not leave Marinette County without prior approval from the Marinette County Treatment Drug Court Team. I agree to have a working phone at all times. If my primary phone number is unavailable, I will immediately provide the Marinette County Treatment Drug Court Coordinator with a secondary number that I may be reached at. I also agree to return any phone call from any Marinette County Treatment Drug Court Team member within 8 (eight) hours of the initial call. I understand that if I do not, sanctions may be imposed. ()

28. I understand that I must provide weekly written verification of 40 hours of attendance at a combination of the following activities: employment, support group meetings, substance abuse treatment, drug/alcohol testing, job searches, school, community service work, Treatment Drug Court appointments or Treatment Drug Court attendance. This written verification is due every Thursday by 10:00 AM to the Marinette County Treatment Drug Court Coordinator. ()
29. As a condition of participation in the Marinette County Treatment Drug Court Program, I agree to the search of my person, property, place of residence, vehicle or personal effects at any time with or without a warrant, and with or without reasonable suspicion or probable cause, when required by a probation agent and/or designated law enforcement officer. The Marinette County Treatment Drug Court participant is responsible to secure permission of any co-resident for home visits and any co-resident is deemed to consent to a search of any portion of the residence by probation agents, designated law enforcement officers, and/or Treatment Drug Court personnel during home visits. ()
30. I agree to sign any authorization for disclosure of Confidential Information and Medical and Non Health Information. I understand that any information obtained from this release will be kept apart from the Court file. ()
31. I understand that the Marinette County Treatment Drug Court Team may require me to provide very personal information. This may include, but will not be limited to: drug and alcohol use, my criminal record, education and work history, family history, medical information, physical and sexual abuse history, and psychiatric information. While the Marinette County Treatment Drug Court Team will try to avoid unnecessary embarrassment to me, and will not discuss these matter in open court, I understand and agree that these things may be discussed in the Marinette County Treatment Drug Court Team meetings, in treatment sessions or in other settings related to participation in the Marinette County Treatment Drug Court Program. Information divulged in open court will pertain to compliance and progress in the Marinette County Treatment Drug Court Program. ()
32. I understand that I must not possess any weapons while I am in the Marinette County Treatment Drug Court Program. I will dispose of any and all weapons in my possession, and inform everyone in my household that I have a duty to disclose to the Marinette County Drug Court Team the presence of any weapons that I am aware are present in my household. Failure to dispose and/or disclose of any weapons may result in termination from the Marinette County Treatment Drug Court Program and possible prosecution for any illegal possession of any weapon. ()
33. I understand that the conditions of any bond in effect on the plea date shall continue until sentencing and that any violation of my bond may result in termination from the Marinette County Treatment Drug Court Program and bail jumping charges pursuant to Wisconsin Statutes Section 946.49. ()
34. I understand that I will be required to follow all expectations of the After care Phase of the Marinette County Treatment Drug Court Program for twelve months upon graduation of the program. ()

I HAVE READ THE ABOVE PARTICIPANT CONTRACT AND I UNDERSTAND WHAT I HAVE READ. I AM WILLING TO ENTER INTO THIS PARTICIPANT CONTRACT WITH THE MARINETTE COUNTY TREATMENT DRUG COURT PROGRAM.

DRUG COURT PARTICIPANT

DATE

TREATMENT DRUG COURT COORDINATOR

DATE
