
CHEBOYGAN COUNTY DRUG COURT

Participant Agreement

Circuit Court, 870 S. Main, P.O. Box 70, Cheboygan, MI 49721 Phone (231) 627-8818 Fax (231) 627-8419

People of the State of Michigan

vs

_____ **Defendant's Name**

_____ **Case No.**

I agree to abide by the terms and conditions of the Drug Court Program ("program") set forth below.

I AGREE TO:

1. Not consume any alcohol or go where alcohol is served, or associate with any so involved.
2. Not possess, use or deliver any controlled substance or associate with anyone who does.
3. Not violate any criminal law of any unit of government.
4. Be employed or be enrolled in an education program, as set forth in my personalized plan.
5. Complete community service as directed by the Drug Court Case Manager.
6. Submit PBT's and/or drug screenings as requested.
7. Notify the Case Manager, Drug Court Coordinator or Probation Officer of any police contact, arrest or criminal charge within 24 hours (weekends and holidays excepted). I acknowledge I may be prosecuted for any new offense(s) and terminated from the program.
8. Immediately notify the Case Manager or Coordinator of any address and/or phone number changes.
9. Make full and truthful reports to the Drug Court staff.
10. Not engage in any assaultive, threatening or intimidating behavior.
11. Comply with all terms and conditions of my probation and treatment recommendations of my treatment provider, including after and continuing care recommendation.
12. Attend all appointments, meetings and court sessions on time.
13. Not leave the state without the prior written consent of the Case Manager or Probation Officer.
14. Timely follow-up with all referrals that the Case Manager or Probation Officer determine will assist me in maintaining sobriety and a law-abiding lifestyle in the community.
15. Authorize the Drug Court staff to contact all parties involved in the reconciliation of restitution, if any.
16. Pay all outstanding monies resulting from my conviction and participation in the Drug Court. I understand these must be paid to successfully complete the Program.
17. Attend a minimum of three (3) AA/NA meetings per week, and to provide written verification weekly.

18. Allow the Drug Court Case Manager, Probation Officer and/or law enforcement officers into my home any time for supervision.

ALSO, I UNDERSTAND THAT:

19. I must have prior permission from the Case Manager or Probation Officer before consuming any medication.

20. I must have prior permission from the Case Manager or Probation Officer before entering any establishment that dispenses alcohol for consumption on the premises.

21. Court proceedings are open to the public and are videotaped and recorded. Additionally, the Court files are open and accessible to the public. To the extent that the public, including the media, may view the Court proceedings and/or view my Court file and/or view a recording/DVD or any transcript thereof, I waive my right to confidentiality as provided by statute and regulations, including 42 C.F.R. I further understand that the confidentiality statutes and regulations prohibit specified disclosures including, by way of example only, my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance and progress. I waive all such rights as long as I am participating in the program.

22. My photograph will be taken for my Drug Court file.

23. The data in my public and confidential files may be used for research, data analysis and program evaluation by the Drug Court staff, the Circuit Court staff or others.

24. Failure to fully comply with all of the terms and conditions of the program will result in the following:

- a) notification to the Judge that I am in violation;
- b) sanctions as determined by the Judge, with input from the Drug Court Team; and/or
- c) termination from the program.

I understand that the Cheboygan County Drug Court may amend these conditions and/or add new conditions. I understand that if changed, I must comply with those amendments/additions, or be terminated from the program; and if terminated, I may be confined in the Cheboygan County Jail.

Participant's Signature

Date: _____

Defense Attorney

Date: _____

The Drug Court Case Manager agrees to:

1. Meet with the participant as needed to help assure his/her successful completion of the program.
2. Monitor all tests to be certain the results are accurate.
3. Report participant's progress and test results to the Court.
4. Refer participant to any community agency which may assist in participant's recovery.

Nicole Pawlowski, Drug Court Case Manager

Date: _____