

KOOTENAI COUNTY DRUG COURT

Case No.

Drug Court Participant Agreement

I, _____, been advised of my opportunity to participate in the Kootenai County Drug Court Program and desire to participate, agree to follow the conditions of the Treatment Court as set out below:

I will be assigned a probation officer from the State of Idaho Department of Probation and Parole. While on the caseload of my probation officer I agree to submit to the Rules and Regulations of the Department of Correction and abide by the Drug Court Agreement of Supervision.

1. I understand that successful completion of this program requires 15 to 18 months of participation. The Court may extend the program to allow for additional time to successfully complete program requirements. Drug Court requires a minimum of six (6) months of sobriety to graduate. I understand that once I graduate the program, I will remain on supervised probation and be required to attend Aftercare for at least three (3) months, or as otherwise instructed by my Probation Officer.
2. I agree to appear in court for any scheduled hearings, regardless of my compliance with the Treatment Court Program. Failure to do so will result in issuance of a bench warrant. I understand that my program slot may not be reserved for me if a bench warrant is issued. I understand I am required to abide by all court-ordered conditions and obligations.
3. I understand that a summary of my Drug Court performance will be shared with the Court and parties for defense and the State as an attachment to the presentence investigation for purposes of sentencing if I am discharged unsuccessfully from Drug Court.
4. I agree to authorize the release of all treatment information to my Attorney, the Prosecuting Attorney, the Court and Probation and Parole. This information shall not be used by the Prosecuting Attorney for any prosecution but may be used by the Court to determine my level of participation in the program, to modify my release conditions and/or to decide to discharge me from the program.
5. I am willing to participate in the Drug Court Personal Recovery Program as designed by my treatment provider, to the satisfaction of the Court. The Drug Court Personal Recovery Program provides a variety of evidenced based curriculums. Placement into these specific groups will be determined during the assessment and is based on individualized treatment planning.
6. I agree not to knowingly associate with persons using or possessing illegal controlled substances.
7. I agree not to work with any police agency on drug cases or on cases where I may come into contact with controlled substances. I may voluntarily provide historical information to a police agency regarding my involvement with controlled substances.
8. I agree to pay a non-refundable monthly Drug Court participation fee in an amount of \$30.00. Should I be discharged from the program for any reason, the participation fee and any unpaid treatment costs may still be due and owing. Graduation from the program will not occur until all costs are paid (supervision, costs of drug testing and program fees, unless otherwise approved by the team).
9. I agree that any failure of the Drug Court Personal Recovery Program, including but not limited to positive urinalysis tests, missing treatment, violation of release conditions, commission of a new crime, may result in modification of the treatment program and/or release conditions, revocations of my release, and/or termination from the program.

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10. I agree to seek and maintain legal, full or part-time employment or obtain employment counseling, complete high school or obtain a G.E.D. as directed by the Court.
11. I agree to report any change of address, email and/or phone number to the Court, my attorney, my Probation Officer, and my treatment provider within 24 hours; I understand I must obtain approval from my Probation Officer before moving.
12. I understand random observed drug testing is a part of the Drug Court program. Attendance at drug testing and producing a valid sample is my responsibility.
13. I understand I am responsible for what I put in my body. Should I test positive for a substance and believe that the test is not correct, I have the right to pay to have the test confirmed one time. I must pay AVerhealth \$ 25.00 to have this test confirmed within 72 hours of receiving notice of the drug test result.
14. I agree I will submit to random urinalysis testing at my own expense. I agree that any drug testing company, including laboratories that perform testing confirmation, may provide any information related to my testing, and compliance with testing, to the Drug Court team. This includes but is not limited to my test results, test confirmations, and information I provide to the agency(ies), whether verbally or in writing, regarding my tests and my test samples. I agree to sign a release of information to allow the agency(ies) to release this information to the Drug Court team. In the event I revoke any release of information previously provided, that can be cause for termination of my participation in Drug Court.
15. I will not associate with anyone until I obtain prior written permission from my Probation Officer (including convicted felons, spouse, relatives, anyone on county, state or federal supervised probation, anyone in a specialty court including Drug Court, DUI Court and Mental Health Drug court, anyone suspended or facing potential termination from a specialty court, and anyone incarcerated).
16. While in Drug Court, I will use ONE primary care physician and/or ONE dentist and/or ONE pharmacy. I agree to sign a Release of Information for all medical providers, to include additional services as needed, such as detox or inpatient treatment programs.
17. I understand as a condition of probation in Drug Court I may be required to serve up to 2 days, per occurrence, of unscheduled jail time. The imposition of unscheduled jail time replaces a sanction which would be considered and imposed at the next Drug Court session. If my probation officer requires that I serve discretionary time, he or she will file a notice of violation and imposition of discretionary time with the court. A copy will be transmitted to the parties simultaneously. The maximum number of total days during probation available for discretionary time shall not exceed 90. I understand that I may be charged with escape from a correctional facility if I abscond during work or treatment release privileges while serving any jail time imposed by Drug Court pursuant to I.C. §18-2505.

During the defendant's release from custody and participation in the Drug Court Program, the defendant shall comply with the following release conditions:

1. Reside at: _____
2. Report to the following approved Substance Use Disorder Treatment Center:
 - Ambitions of Idaho, 1044 Northwest Blvd Suite C, Coeur d'Alene ID 83814 (208) 626-4186
 - Heritage Health Recovery Services 3700 W. Seltice Way, Coeur d'Alene ID (208) 664-8347

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3. Submit to random urinalysis testing at your own expense. (\$9.00 per test). (If you are experiencing financial hardship communicate with your treatment team)
4. Maintain regular contact with your attorney.
5. Appear for all court dates, including those where it is anticipated a sanction may be imposed.
6. Remain in Kootenai County, unless prior written permission from my Probation Officer was received.
7. Commit no law violations.
8. Not use or possess any non-prescribed substance(s). Do not purchase, possess, or consume alcoholic beverages in any form, including 'Non- Alcoholic' beer.
9. Not use or possess any substances intended to alter the results of a test of my blood, breath or urine.
10. Before I take any health supplement, pre-workout, or "dietary supplement" of any kind, I will check the ingredients. I will NOT use Creatine supplements. I will not consume anything **containing poppy seeds.** I will not use any over-the-counter medications containing Pseudoephedrine or Dextromethorphan. Prohibited are Kratom, or any non-prescribed substances used for the purpose of altering mood or state of consciousness. These products are included in our "illicit" drugs, and you may be sanctioned for possessing and/or using these substances.

Upon your acceptance by the Court into the Drug Court Program you shall report to the Idaho Probation and Parole Department and be on probation subject to the conditions of probation as directed by your probation officer, the Idaho Department of Corrections Agreement of Supervision and Kootenai County Drug Court Agreement of Supervision

DISCHARGE POLICY

You may be discharged from the Drug Court Program for any of the following:

1. Failure to attend Court Hearings or abide by Court Orders
2. Any circumstances necessitating the issuance of a bench warrant including absconding.
3. Any dishonesty or deception within your Drug Court
4. Any attempts to "substitute" or "fake" UA's may be grounds for termination.
5. Any non-compliance with terms of Probation rules or missing meetings with your probation officer
6. Repeated failure to attend treatment groups, individual counseling sessions, breaking confidentiality or engaging in any behavior that would affect your ability to participate in treatment.
7. Repeated positive urinalysis/breath analysis tests;
8. Violation of release conditions, or commission of a new crime, and /or
9. Inability of the defendant/participant to regularly participate in treatment, testing (UA/BA) and/or review hearings with the Court.
11. Violence or threats of any kind will not be tolerated and may result in immediate termination from the program.

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The decision whether to initiate termination proceedings against an individual from the Drug Court program rests solely with the Drug Court Judge, in consultation with the Treatment Court Team. The above list is not exclusive. Other circumstances may justify discharge of a defendant from the Drug Court Program. Pursuant to the State v. Rogers ruling, the Drug Court will allow a defendant to have an admit/deny hearing, evidentiary hearing and/or be heard regarding discharge if requested. If a participant waives their right to a termination hearing, or a participant enters an admission, or the participant is found to have willfully violated a condition of the Treatment Court, the judge presiding over the termination hearings shall enter the Order of Termination from Treatment Court.

Upon Termination, your case may be referred back to the original District Court Judge.

DEFENDANT'S ACCEPTANCE

I agree to abide by the terms and conditions of the Drug Court Program as outlined in Drug Court Agreement of Supervision, IDOC Agreement of Supervision, Drug Court Personal Recovery Plan, ETG/Drug Testing Contract and the Drug Court Participant Agreement. I enter into this agreement freely and voluntarily after consultation with my attorney.

I understand that if I have private counsel, my attorney may not be present at all Drug Court staffing sessions. I understand that it is my responsibility to notify my attorney if I am facing a possible sanction or probation violation. My attorney may also be notified by the Drug Court team of any potential sanctions and may be present at staffing or request that another attorney represent me at the staffing.

I agree to follow all Drug Court requirements. During Orientation I was provided with a copy of all signed documents and handouts including Phase Information, Orientation Speech, Drug Testing instructions, ETG /Drug Testing Contract, the medication policy form, participant fee payment instructions, DCAOS, the team Release of Information and the Drug Court Participant Handbook.

My signature below is verification that I have received and reviewed the participant handbook. During the Kootenai County Drug Court orientation process, I have had the opportunity to ask questions and have any concerns addressed.

Participant Signature

Date

Coordinator Signature

Date