

PARTICIPANT CONTRACT, DEKALB COUNTY DRUG COURT: C.L.E.A.N. PROGRAM
(CHOOSING LIFE AND ENDING ABUSE NOW)
IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS

PARTICIPANT CONTRACT

1) I, _____,
with a birth date of _____, and an address of _____

_____ have entered a guilty plea in:

Charge _____ Case No. _____
Charge _____ Case No. _____
Charge _____ Case No. _____

to wit; I understand that by entering into the DeKalb County Drug Court:
C.L.E.A.N. Program (Choosing Life and Ending Abuse Now) Participant Contract,
I am bound by its terms.

General Provisions:

2) I agree that I am a DeKalb County resident, and will live in DeKalb County
throughout the drug court program, unless the Judge and Drug Court Team gives
me permission to live outside of DeKalb County. _____

3) I agree not to leave the state of Illinois without obtaining permission from the
Judge and Drug Court Team. I understand that I must make a written request to
leave the state 10 days before the anticipated trip and have a urine test immediately
after returning to DeKalb County. _____

4) I understand that in the event of a work related emergency, I must present the
request to the Drug Court Team and the judge will advise me of approval or denial
to be excused from treatment or court date. _____

5) I understand in the event of a non-work related emergency, I must present a
short handwritten statement of the emergency to the treatment provider when
possible. The treatment provider will present the request to the Drug Court Team
and the Judge will advise me of approval or denial. _____

6) I understand that the validity of this contract is conditioned upon my eligibility for the Drug Court Program. If at any time after the execution of this agreement and in any phase of the Drug Court Program, it is determined that I am, in fact, ineligible to continue in the program, I may be immediately terminated from the program and proceed directly to sentencing on my guilty plea. I will not be allowed to withdraw my previously entered plea of guilty unless my ineligibility is based on facts or information which should have been known to the prosecutor prior to Drug Court admission, or upon Constitutional grounds. _____

7) I may not participate in Drug Court if I am currently an affiliated gang member. Therefore, I affirm that I am not a gang member. _____

8) I understand that if I enter this program and fail to complete it, I may be barred from future participation. _____

9) I understand that I may not possess any weapons while I am in Drug 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. Failure to dispose and/or disclose may result in termination from Drug Court and possible prosecution for any illegal possession of any weapon. _____

10) I agree to inform any law enforcement officer that I come in contact that I am in Drug Court. _____

11) For the purposes of regular 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 prosecutor present. _____

12) Upon my successful completion of the Drug Court program, the State's Attorney office may make a motion to dismiss the Drug Court case(s), or the pertinent charges as previously agreed upon unless there is objection from the court. _____

Assessments and Treatment:

1) I agree to execute the Consent for Disclosure of Confidential Substance Abuse Information. I understand that any information obtained from this release will be kept apart from the Court file. _____

2) I understand that my individual course of treatment may include residential treatment, intensive outpatient, one-on-one counseling, education, acupuncture (voluntary program), and/or self-improvement courses such as anger management, parenting or relationship counseling. _____

3) I understand that my treatment plan may be modified by the treatment provider of the DeKalb County Drug Court Team as circumstances arise, and I agree to comply with the requirements of any such modifications. _____

4) I agree to participate in and successfully complete all substance abuse treatment programs, psychological therapies, educational programs and vocational training the Judge and Drug Court Team orders, and will sign releases to permit all providers to communicate with the Judge and Drug Court staff. _____

5) I will inform all treating physicians that I am a recovering addict, and may not take narcotic or addictive medications or drugs. If a treatment physician wishes to treat me with narcotic or addictive medications or drugs, I must disclose this to my treatment provider and get specific permission from the Drug Court Team to take such medication. _____

6) I agree to take all medications prescribed for me by my treating physician and/or psychiatrist, and will sign releases for my treatment physician or psychiatrist to communicate with the Judge and Drug Court staff. _____

7) I agree to attend a self-help sobriety group as often as the Judge and Drug Court Team orders me to go. _____

8) I agree to abide by electronic home monitoring or house arrest if ordered by the Judge and the Drug Court Team. _____

9) I agree that I will not withdraw from any treatment provider (residential or IOP) without prior approval of my treatment provider and the Drug Court Team. _____

Use of Drugs and Other Substances and Testing for Their Presence:

1) 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 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 may be sanctioned. _____

2) I understand that substituting, altering, diluting or trying in any way to change my body fluids for purposes of testing could be grounds for immediate termination from drug court. _____

3) I understand a “diluted” urine test will be interrupted as a positive test. _____

4) I understand that I may dispute positive test results, but that re-testing will be at my expense, and that I may face more severe sanctions for a re-test that is still positive. If I am unable to pay for the confirmation test and the court pays for it, a positive result will result in more severe sanctions that if I had paid for the confirmation test. _____

5) I understand that participating in Drug Court requires me to be drug free at all times. I will not possess drugs (including marijuana), alcohol, or drug paraphernalia. I will not associate with people who use or possess drugs, nor will I be present while drugs are being used by others. _____

6) I agree to be drug tested at any time by a police officer, probation officer, treatment provider, case manager, drug court staff, or at the request of the court or any agency designated by the court. _____

7) 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 get permission for any and all medications, prescribed or over-the-counter, with my treatment provider and/or with the Drug Court Team. _____

8) 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 “dextromethorphan.” _____

9) I agree to furnish the Drug Court Team verification from my physician for any prescribed medication in advance of testing to reduce the claims of cross-reactions. I understand that any medication that is prescribed must be documented and approved by my substance abuse treatment provider prior to its use. (Except in cases of a certifiable medical emergency). _____

10) I agree not to eat foods containing “poppy seeds”, any item containing “alcohol”, and prescription medications not prescribed to the client. _____

Cooperation with Judge and Drug Court Staff:

1) I agree to follow all the Courtroom Behavior and Rules that are listed in the Participant Handbook that I was given. _____

2) I understand that during the entire course of the 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 Drug Court Team. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program.

3) I understand that if I miss a court date without prior permission from the Drug Court staff a warrant for my arrest may be issued.

4) I understand that participation in the DeKalb County Drug Court program involves a minimum time commitment of fourteen months, and an aftercare component consisting of up to an additional six months. I understand that in order to be successfully discharged, I must have a minimum of 12 consecutive months immediately prior to discharge during which I have not used any prohibited substances.

5) I agree to meet with the DeKalb County Drug Court staff as often as directed.

6) I agree to permit Drug Court staff to visit me at my residence and employment and anywhere else necessary to perform their duties.

7) 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 Court Team, I will seek employment, job training and/or further education as approved by the Drug Court Team, and that failure to do so may result in sanctions or termination.

8) I agree to keep the Drug 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 Court approval, and I will not leave the DeKalb County without prior approval from the Judge and Drug Court Team.

Searches of Defendant's Person or Property:

1) As a condition of participation in this 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 cause, when required by a Drug Court staff, probation officer, case manager or other law enforcement officer when accompanying Drug Court staff.

Other Program Requirements:

1) I agree to pay a portion of the costs of assessment, treatment, education,

vocational training, and Drug Court staff monitoring based upon my ability to pay such costs. Such payment shall be in cash, cashier's check or money order to the Circuit Clerk's Office. _____

2) I agree to pay court costs, fine, and/or restitution as ordered by the Judge and Drug Court Team. _____

3) I agree to participate in community service work program, as ordered by the Judge and Drug Court Team. _____

4) I agree to participate in a speakers program if ordered by the Judge and Drug Court Team. _____

5) I agree not to have any new body tattoos while in the Drug Court program. _____

6) I agree not to be in any business where selling alcohol is its primary purpose. _____

Violations, Sanctions and Termination from the DeKalb County Drug Court:

1) I understand that sanctions may include time in custody, increased treatment episodes, increased testing, community service and such other sanctions as listed in the Participant Handbook I have been given and as may be deemed appropriate by the Drug Court Team. _____

2) I agree that the Judge may, without prior notice, receive evidence including but not limited to reports from the drug court professionals and staff, that:

- a) I am not performing satisfactorily in my assigned program; or
- b) I am not benefiting from education, treatment or rehabilitation; or
- c) I have engaged in criminal conduct, whether or not that conduct has resulted in charges against me, which makes me unsuitable for the program; or
- d) I have otherwise violated the terms and conditions of the program or sentence; or
- e) I have for any reason become unable to participate in the program; or
- f) I have been charged with a new felony offense in any jurisdiction in which the criminal conduct is alleged to have occurred after my entry into the Dekalb County Drug Court. _____

3) I agree that upon receipt of such evidence, the Judge may impose an immediate reasonable sanction, including jail time, without having to give me prior notice and without the filing of written petition to revoke bail, except when the sanction is

termination from the program for a violation under 1 (a) – (e) of this section. The Judge may also impose other sanctions in addition to or instead of jail time for violations. These sanctions include monetary fines, community service work, electronic monitoring or house arrest, increased frequency of court appearances and community monitoring, increased frequency of drug testing, and any other reasonable sanction designed to ensure my compliance with an progress in the DeKalb County Drug Court.

Participant's Signature

Date

Attorney for Participant

Date

State's Attorney

Date

Drug Court Judge

Date

Approved 9/14/2006, Revised 6/20/07

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