

WOOD COUNTY ADULT DRUG TREATMENT COURT

WOOD COUNTY ADULT DRUG TREATMENT COURT PARTICIPANT  
CONTRACT

I understand and voluntarily agree to the following:

**Conduct**

1. I understand honesty and truthfulness are essential to my recovery and success. I understand being dishonest with any member of the Drug Court Team or with a service provider is subject to sanctions, including termination. Initial: \_\_\_\_\_
2. I knowingly acknowledge I am responsible for any substance I place in my body. Initial: \_\_\_\_\_
3. I will not purchase, possess or consume alcohol, including non-alcoholic imitations, or any controlled substance, including prescription medication not prescribed for me, while participating in this drug court. Initial: \_\_\_\_\_
4. I will not consume cough syrups or suppressants that contain Dextrophan or Dextromethorphan Polistirez (Examples include; Robitussin, Benylin, Delsym, and Bentuss). I understand that they're prohibited while in this program. I must read labels prior to consumption. Initial: \_\_\_\_\_
5. I will not use legal imitations, CBD, stimulants, herbal treatments, dietary supplements or mood altering chemicals. Poppy seeds will not be an accepted excuse for a positive opiate test. Initial: \_\_\_\_\_
6. I will not use prescription or over the counter medications without the approval of my case manager. I will take only prescription and/or psychotropic medication that has been prescribed for me by a physician and that has been approved by the Drug Court Team. Initial: \_\_\_\_\_
7. I will participate in medication management services as required by the Drug Court Team and will notify the Drug Court Team, through my case manager, of all medical treatment I receive, including prescription medications. Initial: \_\_\_\_\_
8. Except in the case of a medical emergency, I will only use one physician, one pharmacy, and one hospital while participating in the Wood County Adult Drug Treatment Court, unless otherwise approved by my case manager. I will not take any narcotic or addictive medication or drug without specific permission from my case manager. Initial: \_\_\_\_\_
9. I will advise any health care professionals with whom I have contact that I have a history of addiction and/or mental illness. Initial: \_\_\_\_\_
10. I will disclose to any law enforcement agent with whom I have contact that I am a participant in the Wood County Adult Drug Treatment Court. I will notify my case manager of any contact I have with any law enforcement agent. Initial: \_\_\_\_\_
11. I will refrain from any acts, attempts or threats to harm others or myself. Initial: \_\_\_\_\_

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12. I will not take actions to negatively impact the sobriety of another participant by providing or encouraging the use or abuse of alcohol or other controlled substances. Initial: \_\_\_\_\_
13. I will not associate with people who use or possess drugs, nor will I be present at any private residence where others are using drugs or alcohol. I will not enter any establishment (bar, tavern, etc.) where the primary source of income/business is the sale of alcohol. Initial: \_\_\_\_\_
14. I understand I cannot have contact with other Drug Court Participants outside of treatment groups or support meetings while I am in Phases 1 or 2 of this program. If contact is necessary, a written request must be submitted to the team for approval. Once I am in Phase 3 or above, I am not to have contact with participants in Phases 1 or 2 without approval. If I am unsure of another participants phase, I can consult with my case manager. Initial: \_\_\_\_\_
15. I am, and will remain, unaffiliated with a gang while in the Drug Court program. Initial: \_\_\_\_\_

### Consent/Disclosure

1. I will abide by the rules and regulations imposed by the Wood County Adult Drug Treatment Court. I will remain sober and law abiding. Initial: \_\_\_\_\_
2. I will keep the case manager and treatment providers informed of my address, telephone number(s) and employment. I understand my place of residence is subject to the Drug Court Team's approval. I will seek permission before changing my address, telephone number or employment. Initial: \_\_\_\_\_
3. I will not leave Wood County without the consent of my case manager. Initial: \_\_\_\_\_
4. I will not leave the State of Wisconsin without the consent of my probation agent and case manager. Initial: \_\_\_\_\_
5. I waive my right to have my attorney present. I understand my case may be discussed without my attorney or the prosecutor present. Initial: \_\_\_\_\_
6. I understand the drug court judge and attorneys on the drug court team may initiate, permit, engage in or consider "ex parte communications" about me and my case while I participate in the drug court. I understand that ex parte communication is a communication and/or discussion outside of my presence about me and my progress while I am in the drug court. I understand these communications and discussions occurring outside of my presence may include the judge, treatment providers, probation officers, social workers, prosecutors and defense counsel assigned to the drug court team and others. I do not object to the drug court judge or attorneys on the drug court team participating in these ex parte communications and making decisions about me based upon those ex parte communications. Initial: \_\_\_\_\_
7. I understand the public defender on the Drug Court Team does not and cannot represent me on matters that arise after my admission to the drug court. If I desire legal counsel for a sanction, I may apply for a public defender or hire a private attorney. Initial: \_\_\_\_\_

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8. I agree to the search of my person, property, residence, vehicle or personal effects at any time with or without a warrant or probable cause by law enforcement, probation and parole, Drug Court case manager, or another representative approved by the Drug Court Team. Initial: \_\_\_\_\_
9. I will sign all consent forms required by the Drug Court to enhance communication between the Drug Court Team and my service providers. I understand any information obtained through the use of consent forms will be kept apart from the Circuit Court file. Initial: \_\_\_\_\_
10. I agree to be supervised by persons designated by the Drug Court Team. Initial: \_\_\_\_\_
11. I will cooperate in any assessment/evaluation for purposes of developing my individualized recovery/case plan. I agree to fully participate in any recommended treatment. Initial: \_\_\_\_\_
12. I agree to comply with my individualized recovery/case plan and any modifications made to it, including but not limited to participation in any recommended mental health treatment. I understand my recovery/case plan may be modified by my case manager at any time. Initial: \_\_\_\_\_
13. If appropriate, I will identify to the Drug Court Team, through my case manager, all persons whom I have regular contact, and/or whom I anticipate having regular contact with, including but not limited to: friendships, social relations (romantic or otherwise), family relationships, co-workers, neighbors, sponsors, roommates, proposed roommates and 12-step or other treatment program associates. I agree to allow the Drug Court Team to investigate any and all relationships, contacts or associations. I also agree that I will discontinue or limit any relationship as required by the Drug Court Team. Initial: \_\_\_\_\_
14. If appropriate, I agree to the appointment of a Representative Payee for benefit income. Initial: \_\_\_\_\_
15. I agree to participate in budgeting and money management services. Initial: \_\_\_\_\_
16. I understand participation in this drug court involves a long-term commitment of 16-24 months and may include an aftercare component. Initial: \_\_\_\_\_

### **Drug Testing**

1. I will submit to random urine, breath and other testing for the presence of drugs and alcohol in my system. I will not in any way manipulate the results of any test. Initial: \_\_\_\_\_
2. I understand substituting, altering or trying in any way to change my body fluids for purposes of testing will be grounds for sanctions and may result in termination. Initial: \_\_\_\_\_
3. I will cooperate with home visits (random or scheduled) by law enforcement, probation and parole, or Drug Court case manager and will submit to immediate drug and alcohol testing and searches of my person and residence. Initial: \_\_\_\_\_
4. I understand it is my responsibility to report to the specified location at the time assigned for drug testing. I understand if I am late or miss a test it will be treated as a positive test result and I may be sanctioned. Initial: \_\_\_\_\_

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5. I understand I may dispute positive test results, but re-testing will be at my expense and I will face a more severe sanction for a subsequent positive test. Initial: \_\_\_\_\_

**Appointments/Programming**

1. I will arrive timely for all court sessions, meetings with probation officers, examiners, treatment providers, etc., classes and all other scheduled appointments as ordered by the Drug Court Team. Initial: \_\_\_\_\_
2. I will complete all treatment programs and/or support groups as required by the Drug Court Team. I will obey all rules of the treatment program and/or support group. I will not leave any treatment program without prior approval of the treatment provider or my case manager. I will provide verification of my participation when required. Initial: \_\_\_\_\_
3. I will pay all required programming fees. I understand I will be required to pay drug court costs of \$750.00 prior to graduation from Drug Court. I will complete a financial declaration form if required. Initial: \_\_\_\_\_
4. I agree to fully cooperate with any treatment required by the Drug Court Team. I understand that my individual course of treatment may include residential treatment and education/self-improvement courses such as anger management, cognitive intervention, parenting or relationship counseling. Initial: \_\_\_\_\_
5. I agree to apply for, acquire, and keep health insurance while participating in the Wood County Adult Drug Treatment Court. Initial: \_\_\_\_\_

**Sanctions/Terminations**

1. I understand if I do not abide by the rules and regulations of this drug court I may be sanctioned or terminated from the program. I may also be barred from future participation. Initial: \_\_\_\_\_
2. I understand failure to successfully complete this drug court program will result in my case being transferred back to the sentencing court. In that event, I understand I cannot withdraw my previously entered guilty plea(s). Initial: \_\_\_\_\_
3. I understand new legal charges may result in immediate termination from this drug court. Initial: \_\_\_\_\_
4. I understand sanctions may include time in custody, increased testing, community service or any other sanction as deemed appropriate by the Drug Court Team. Initial: \_\_\_\_\_

**Standard Conditions of Supervision (Probation & Parole)**

1. Abide by all rules and conditions of your supervision. Initial: \_\_\_\_\_

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**Other Case Specific:**

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I have read and understand the above agreement. I have received a copy of this agreement and voluntarily agree to its terms and conditions. I understand the validity of this agreement is conditioned upon my eligibility in the above selected Wood County Adult Drug Treatment Court. If at any time after execution of this agreement it is discovered that I am, in fact, ineligible to participate in this drug court, I understand I may be immediately terminated from this drug court and criminal proceedings will be reinstated.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manger

\_\_\_\_\_  
Date