

# ELIGIBILITY CHECK LIST

## **IS YOUR CLIENT APPROPRIATE FOR THE DRUG INTERVENTION PROGRAM?**

1. Does your client appear to have or admit to having a substance abuse or addiction problem?
2. Is your client a **NON-VIOLENT** offender without current violent charges or previous convictions for violent offenses?
3. Is your client currently being charged with a drug offense that **does not** involve trafficking, distribution or manufacturing of drugs?

If you answered **YES** to **ALL THREE** questions, your client may be eligible for the Tallapoosa Circuit Drug Intervention Program.

### **Procedure to have your clients case reviewed for the Drug Intervention Program:**

**Step One:** Complete the application and fax to:

Regina Roberts      Fax (770) 749-6793

Or contact: Regina Roberts, Case Manager  
100 Prior Street, Room 103  
Cedartown, GA 30125  
Phone: (770) 749-6797      Fax: (770) 749-6793  
drug\_court@bellsouth.net

**Step Two:** Request the Assistant District Attorney assigned to the case review their file and considers the client for the program. If the case is already on the judge's docket or is a revocation, contact the Assistant DA and probation officer involved immediately.

If the preliminary background information indicates that your client is appropriate for the program, an assessment will be scheduled with the treatment provider.

If your client is accepted into the program, a plea date will be set and the client will begin the treatment phase of the program. After the plea, you will not be required to attend court unless your client absconds or is being revoked.

If you have any questions regarding the Tallapoosa Circuit Drug Intervention Program, please contact Pam Godfrey at the number listed above.

## ***Eligibility Criteria***

Eligibility criteria for acceptance into the Tallapoosa Circuit Drug Intervention Program include the following:

- ❖ Offender must be charged in Polk or Haralson County
- ❖ Must be currently charged with a drug offense or a non-violent drug related misdemeanor or felony such as:
  - Forgery
  - Theft
  - Possession of controlled substance, drug paraphernalia, or unlawful prescription
  - Fraud
  - Prostitution
  - Worthless checks
  
- ❖ Offender cannot have a current violent charge or violent felony conviction
- ❖ Offender cannot have a record of home burglary
- ❖ Offender must have a diagnosable substance abuse addiction
- ❖ Offender must voluntarily agree to participate in the program
- ❖ Offender must be mentally stable
- ❖ Offender must have or arrange for transportation
- ❖ Offender cannot have a history involving trafficking or manufacturing
- ❖ Offender must be at least 17 years of age

A brief outline of the eligibility process is summarized in the table below:

<b>Process</b>	<b>Decisive Factors</b>
Local records check	No current violent charge or past violent conviction.
Assessment	Confirmed substance abuse diagnosis. No mental instability.
DA reviews NCIC	Past criminal record.
Meeting with Treatment Team and Defense Attorney	Volunteer for program. Agree to terms.
Set for court	Appear and enter guilty plea.
Begin Treatment	Comply with treatment agreement.

# TALLAPOOSA CIRCUIT DRUG INTERVENTION PROGRAM

**Richard C. Sutton**  
Superior Court Judge

**Regina Roberts**  
Case Manager

Welcome to the selection process into the Tallapoosa Circuit Drug Intervention Program. The program provides the opportunity for alcohol and other drug treatment under the supervision of the Tallapoosa Circuit Superior Court. The purpose of our program is to reduce repeat drug-related offenses by creating the opportunity for recovery from chemical addiction. We seek to quickly identify eligible, suitable candidates through a post-arrest screening process.

Candidates enter a guilty plea to the current charges and receive a suspended sentence upon acceptance into the Program. This is a rare and unique opportunity in the judicial process. It may very well be the most important decision you can make in order to get your life back. You can avoid the major problems that are the result of criminal behavior and chemical dependence.

The program will challenge you in terms of accountability and commitment to a recovery process that only you can begin. A team that includes Judge Richard C. Sutton, a representative from the District Attorney's Office, local law enforcement agencies, the State Probation Office, Public Defender, a treatment provider, and the Program Coordinator, conducts the program. Members evaluate eligible candidates for admission, as well as monitor participant progress throughout treatment.

The Tallapoosa Circuit Drug Intervention Program includes:

- 12 months of alcohol and other drug intensive outpatient treatment,
- scheduled and random drug testing,
- regular and unscheduled meetings with your probation officer,
- verifiable participation in 12-Step (AA or NA) meetings,
- recurring court appearances before Judge Sutton,
- \$1,200 program fee payable over 12 months,
- verifiable employment,
- incentives and sanctions related to progress and non-compliance,
- community supervision by probation and local law officers,
- referral to needed community services,
- progress toward family, employment, and educational goals,
- investment in your treatment,
- an opportunity to make choices that improve self-care and self-confidence, promote family unity, reveal rewarding career choices, enhance social and communications skills, and
- return to a crime-free, drug-free lifestyle.

**FOR MORE INFORMATION PLEASE CONTACT REGINA ROBERTS**

**Phone (770) 749-6797**

**Fax (770) 749-6793**

## **Program Phases**

**PHASE I** - Minimum 18 weeks in length. Group meetings three days per week; two hours per day. A minimum of three drug screens per week. Court appearances twice per month. Program fee \$100.00 per month. Two AA/NA meetings per week. Maintain employment. Report to probation as scheduled. Maintain curfew.

**PHASE II** – Minimum 22 weeks in length. Group meetings two days per week; two hours per day. Two drug screens per week. Court appearances twice per month. Program fee \$100.00 per month. Two AA/NA meetings per week. Maintain employment. Report to probation as scheduled. Begin GED preparation if applicable. Maintain curfew.

**PHASE III** – Minimum 12 weeks in length. Group meetings one day per week; two hours per day. Random drug screens. One court appearance per month. Program fee \$100.00 per month. Three AA/NA meetings per week. Maintain employment. Report to probation as scheduled. Complete GED testing if applicable. 40 hours community service. Maintain curfew.

**Continuing Care** – 6 months: Maintain weekly AA/NA meetings; report monthly to probation.

As participants progress through the program phases, the reporting requirements are lessened. During all phases, documented attendance at Alcoholics and/or Narcotics Anonymous meetings is required. Other program components that support recovery include employment, education, and family education.

The treatment team recommends incentives for exceptional progress, as well as sanctions for program violations to the Judge. Sanctions will be increased based on your history of behavior, gravity and frequency of the violation, and your demonstrated truthfulness and accountability for your behavior. In the case of major violations, a determination may be made that continuation in the program is not in the best interest of the program or the participant. Sentencing, then, will proceed, based on the original plea.

Your treatment plan is your guide to steady improvement, in terms of awareness, applied skills and self-directed behavior, and encourages movement from one phase to the next with no down time. Other levels of care or retention in a phase may also support your progress. In all cases, the treatment provider makes recommendations to the Judge in staffing meetings that proceed each Court session.

Your decision to participate in Tallapoosa Circuit Drug Intervention Program will improve the quality of your life for years to come. Your decision may actually save your family and your life.

# TALLAPOOSA CIRCUIT DRUG INTERVENTION PROGRAM

## Intake Form

The Tallapoosa Circuit Drug Intervention Program is designed to offer sentencing alternatives to offenders whose offenses are related to their addictions. This program serves a limited number of defendants and is therefore very select in choosing participants. If you feel that you are a candidate for this program please complete the following information and return the form as quickly as possible. Your case will be reviewed and you will be contacted prior to going to court. If you obtain an attorney, tell them you have submitted this application. Please be aware that the program is very strenuous and requires determination and dedication on your part.

Who is eligible? No one with a violent offense currently or in his/her history will be considered; this includes home burglary charges. No one with a sale with intent to distribute and /or trafficking charges will be considered. Applicants with a history of mental illness will not be considered. Only persons who have a diagnosable addiction to drugs, which has led to commit offenses, are eligible for this program. You must be at least 17 years of age.

What does the program require? The Drug Intervention Program is a 12 month program based on education, treatment, and life-style changes. Participants are required to attend meetings five nights per week for the first 16 weeks. This includes group counseling sessions 3 nights per week from 6:00-8:00 p.m. and 2 12-Step type (AA/NA) meetings per week. Participants are also required to drug test a minimum of three times weekly and randomly as required. Requirements are lessened as the participant achieves clean time and demonstrates success in other areas. Participants will undergo a suspended sentence upon entering the drug intervention program. Failure to comply with the rules of the drug intervention program may result in jail time, community service, halfway house referrals, or termination from the program. Upon termination from the program for failure to comply, clients will begin serving their original sentence.

Please complete this application and fax it immediately to Pam Godfrey at (770) 387-5479. For additional program information please contact Pam Godfrey at (770) 387-5480 for [pam\\_godfrey@bellsouth.net](mailto:pam_godfrey@bellsouth.net). Program information is also available on our website at [www.7jad.com](http://www.7jad.com).

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Address upon release: \_\_\_\_\_  
(Street) (City) (State) (Zip)

SSN: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_ # of Children: \_\_\_\_\_

Who will you be living with: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name and Number of Relative or Neighbor)

**Employment:**

Annual Income: \_\_\_\_\_ Source of Income: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Employment: \_\_\_\_\_ # of jobs in the last 2 years: \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ If yes, State and License Number: \_\_\_\_\_

**Education:**

Can you read/write? \_\_\_\_\_ Level of School Completed: \_\_\_\_\_

If you did not graduate high school, have you received your general equivalency diploma (GED)? \_\_\_\_\_

Are you currently attending school? \_\_\_\_\_ If so, name of school: \_\_\_\_\_

**Criminal History:**

Current Charge: \_\_\_\_\_

Are you currently on probation or parole? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Name of Probation/Parole Officer: \_\_\_\_\_

Have you ever been convicted with any of the following?

Burglary If so, when? \_\_\_\_\_

Drug Sales/Trafficking If so, when? \_\_\_\_\_

Sex Crime If so, when? \_\_\_\_\_

Violent Offense If so, when? \_\_\_\_\_

Age at first arrest: \_\_\_\_\_ First offense: \_\_\_\_\_ Age at first drug use: \_\_\_\_\_

# of arrest in the last 24 months: \_\_\_\_\_ # of months incarcerated in the last 24 months: \_\_\_\_\_

**Medical Information:**

Do you have medical insurance? \_\_\_\_\_ If so, Name of Insurance Company: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Prescribed Medications: \_\_\_\_\_

If applicable, are you pregnant? \_\_\_\_\_

Have you ever been treated by a psychologist, psychiatrist or counselor? \_\_\_\_\_ If yes, date: \_\_\_\_\_

Name of Doctor or Counselor: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

List all in-patient treatment admits and discharge dates: \_\_\_\_\_

Have you ever taken any medication for anxiety, depression, stress or any mental health related problem? \_\_\_\_\_ If so, name of medication? \_\_\_\_\_

Details: \_\_\_\_\_

Do you have a history of suicidal ideations? \_\_\_\_\_ Do you have any current thoughts of suicide? \_\_\_\_\_

Have you ever been physically or sexually abused? \_\_\_\_\_

Please explain why you think the Drug Intervention Program is appropriate for you: \_\_\_\_\_

\_\_\_\_\_  
(Attach extra page if needed)

**I hereby affirm that the information above is true and correct to the best of my knowledge.**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attorney:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

Date received by Program Coordinator: \_\_\_\_\_

Based on the information submitted in this application, the defendant **has / has not** been approved for further evaluation and consideration for entry into the program.

Clinical Evaluation Scheduled: \_\_\_\_\_  
(Time and Place of Assessment)

Signature: \_\_\_\_\_

IN THE SUPERIOR COURT OF POLK COUNTY  
STATE OF GEORGIA

STATE OF GEORGIA

\*

V.

\*

CASE NO. \_\_\_\_\_

\*

\*

\*

\_\_\_\_\_  
Defendant

\*

**TALLAPOOSA CIRCUIT DRUG INTERVENTION PROGRAM CONTRACT**

**You are voluntarily entering the Tallapoosa Circuit Drug Intervention Program. Read the terms of this contract carefully, and initial each term of the contract, date and sign the contract.**

I, \_\_\_\_\_, understand that I have been permitted to participate in the Drug Intervention Program, and that I must fully comply with the counseling recommendations and other court orders set forth. If at any time after the execution of this agreement and in any phase of the program, it is discovered that I am, in fact, ineligible to participate in the program, I may be immediately terminated from the program and criminal proceedings will be reinstated.

1.\_\_\_\_\_ I understand if I enter this program and fail to complete it, I may be barred from future participation. I also understand if I fail to successfully complete and graduate from the program it will result in re-instatement of criminal proceedings against me.

2.\_\_\_\_\_ I understand that participation in the Drug Intervention Program involves a minimum of twelve months. Upon completion of the program, I understand an additional 6 months of attending weekly 12-step meetings is required as an aftercare plan.

3.\_\_\_\_\_ I understand that during the entire course of the Drug Intervention Program, I will be required to attend court sessions, treatment sessions, submit to random drug testing, and remain clean and sober, and law-abiding. I agree to abide by the rules and regulations imposed by the treatment team. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program.

4.\_\_\_\_\_ I agree to pay the \$1,200.00 program fee on a scheduled basis of \$100.00 per month to the program coordinator prior to each court session. I understand if this fee is not paid as scheduled it may result in sanctions including, but not limited to, retention in a particular phase. I understand this fee must be paid in full prior to graduation from the program.

5.\_\_\_\_\_ I will not violate the law. However, if I do violate the law, I will report it immediately and I understand such violations may subject me to termination from the Drug Intervention Program or sanctions imposed.

6.\_\_\_\_\_ I will be gainfully employed full-time (40 hours per week) unless the Judge approves otherwise. I understand failure to do so may result in sanctions or termination. I hereby authorize the Program Coordinator to confirm any employment and work status with my employer. If unemployed, I agree to perform 4 hours of community service per day, Monday through Friday, until suitable employment is obtained. I will also provide documentation to support my employment search efforts.

7. \_\_\_\_\_ I understand that participating in the Drug Intervention Program requires me to be drug and alcohol free at all times. I will not possess alcohol or drugs in any form, nor possess alcohol or drug paraphernalia. I will submit any prescription for drugs to my counselor for verification and approval. I will not use over-the-counter, non-prescription medications without permission from the treatment counselor; as some over-the-counter medications will produce a positive reading on drug screens and contain substances such as codeine.

8.\_\_\_\_\_ I agree to be tested for drugs/alcohol at any time by any member of the treatment team. I further understand that substituting, altering or trying in any way to alter my body fluids for purposes of testing may be grounds for immediate termination from the program or immediate sanctions imposed. I understand that if I am late for a test, or miss a test, it will be considered a “positive” test and I may be sanctioned.

9.\_\_\_\_\_ 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. I understand that the laboratories contracted with the Tallapoosa Circuit Drug Intervention Program are the official testing agencies for the program and results cannot be disputed by independent testing. I waive all rights to independent testing.

10.\_\_\_\_\_ I will obey all instructions of the judge, treatment counselor, program coordinator, state probation office, and any other member of the treatment team.

11.\_\_\_\_\_ I will immediately inform the treatment counselor, program coordinator and/or the state probation office of any change of address, telephone number and employment status. I will not leave the State of Georgia for any reason without first obtaining permission from the treatment team.

12.\_\_\_\_\_ I will allow the program coordinator, treatment counselor, state probation office and law enforcement to visit me at my home or elsewhere.

13.\_\_\_\_\_ I will attend the court ordered number of 12-Step type meetings per week and submit proof of my attendance to my treatment provider at our next scheduled treatment session.

14.\_\_\_\_\_ I will be responsible for my own transportation and will appear *ON TIME* for all court sessions, counseling sessions and meetings as required. **Lack of transportation is NOT an acceptable excuse to miss or be late for any program related activity.**

15.\_\_\_\_\_ Should I fail to appear for any court hearings, counseling sessions and meetings as required, a bench warrant may be issued for my arrest. I will notify the program coordinator at least three (3) hours in advance of any known illness or circumstance that would prevent me from attending a scheduled meeting.

16.\_\_\_\_\_ I understand that I may not possess any weapons while I am in the Drug Intervention Program. 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 the program and possible prosecution for illegal possession of any weapon.

17.\_\_\_\_\_ I will support any legal dependants that I may have to the best of my ability.

18.\_\_\_\_\_ I will avoid people or places of disreputable or harmful character. This includes people currently on probation or parole and people with felony convictions, drug users and drug dealers. I agree to a curfew of 10 p.m. to 7 a.m. seven (7) days per week. The only exception will be if I am at treatment, work, AA/NA meeting, or should an emergency situation arise.

19.\_\_\_\_\_ I agree to the search of my person, property, place of residence, vehicle or personal effects, without their having to be probable cause to conduct the search, and without their being a warrant, any time of day or night whenever required to do so by a probation officer, law enforcement officer or treatment staff, and I specifically consent to the use of anything seized as evidence in any hearing or judicial disciplinary proceedings.

20.\_\_\_\_\_ I understand the court will impose sanctions for program violations that include, but are not limited to curfews, additional AA/NA type meetings, community service, in court detention, repeat or retention in a program phase, issuance of a bench warrant, jail time, and expulsion from the program requiring me to serve my sentence.

21.\_\_\_\_\_ If I do not have proof of graduation from high school or equivalency degree, I agree to enroll in such classes as directed. This may include vocational, adult literacy, or GED classes. I understand if I do not fulfill these obligations sanctions may be imposed.

22. \_\_\_\_\_ I agree, for the purpose of regular Drug Intervention Program court hearings, 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.

23. \_\_\_\_\_ I agree to execute the *Authorization and Consent for Release of Information*. I understand that any information obtained or released will be done so only with my permission.

24. \_\_\_\_\_ I understand that my individual course of treatment may include residential treatment, education, and/or self improvement courses such as anger management, parenting, or relationship counseling, all of which I shall attend as directed.

25. \_\_\_\_\_ I understand weekly reporting to probation in person is required. This may be waived if I am employed full-time (40 hours per week). I agree to contact my probation officer to arrange an alternative reporting plan.

I understand that acceptance into the Drug Intervention Program is a privilege and not a right. I agree to the terms and conditions for treatment/education prescribed for me.

Further, should I fail to comply with the above terms, I understand I will be terminated from the Drug Intervention Program and will be subject to serve the suspended sentence imposed upon entering the program.

\_\_\_\_\_  
Signature of Participant/Defendant

Date: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Participant/Defendant

Date: \_\_\_\_\_

\_\_\_\_\_  
Assistant District Attorney

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge of Superior Court, Tallapoosa Judicial Circuit

Date: \_\_\_\_\_

Original to Court file; Copy to Participant; Copy to Case Manager