

IN THE SUPERIOR COURT OF POLK COUNTY
STATE OF GEORGIA

STATE OF GEORGIA

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V.

*

CASE NO. _____

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Defendant

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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 7 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: _____