

LANCASTER COUNTY COURT OF COMMON PLEAS ADULT DRUG COURT

PARTICIPANT CONTRACT

Name: _____ Date of Birth: _____

Docket No(s): _____

Track: _____

I hereby enter into this Adult Drug Court Contract, binding myself to its terms. I understand and agree that I am required to comply with the contract specifications as listed below. Additionally, I understand and agree that I am required to comply with the Adult Drug Court Rules as well as the Rules and Regulations of Adult Probation and Parole Services, as approved by the Court of Common Pleas.

1. I agree that I have entered a guilty plea and/or stipulated to a Parole/Probation Violation on the above-listed case docket number(s). _____

2. I understand that the validity of this contract is conditioned upon my eligibility for the Adult Drug Court Program. If at any time after the execution of this agreement and in any phase of the Adult Drug Court Program it is discovered that I am, in fact, ineligible to participate in the program, I may be immediately terminated from the program and sentenced at the discretion of the presiding judge. In the case of a 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 Adult Drug Court admission, or upon constitutional grounds. _____

3. I understand that if I enter this program and fail to complete it, I may be barred from future participation in Adult Drug Court. _____

4. I understand that participation in Adult Drug Court involves a minimum time commitment of twelve (12) months and will include an aftercare component of up to an additional thirty-six (36) months. _____

5. I will report in person or in writing to my Adult Drug Court Officer according to his or her instructions. _____

6. I understand that during the entire course of the Adult Drug Court Program, I will be required to attend court sessions as directed and that failing to attend will result in a warrant for my arrest. For the purposes of regular Adult 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.

7. I understand that after my admission into the Adult Drug Court Program, the Adult Drug Court Team Member designated as Defense Counsel shall be my attorney and represent my legal interests for the duration of my participation in the program.

8. I agree to cooperate in an assessment/evaluation for planning an individualized drug treatment program adequate to my needs and 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.

9. I understand that my individual course of treatment may include residential treatment, education, and/or self-improvement courses such as anger management and parenting or relationship counseling. I agree to attend all required treatment meetings and sign appropriate Releases of Information forms allowing treatment providers to release information as it relates to my individualized treatment plan. I understand that my treatment plan may be modified at any time by the treatment provider and/or the Adult Drug Court Team as circumstances arise, and I agree to comply with the requirements of any such modifications.

10. I understand that by participating in a therapeutic and problem-solving court, the presiding judge may initiate, permit or consider *ex parte* communication while assuming a more interactive role with me, treatment providers, social workers and the members of the Adult Drug Court Team. As a participant of a therapeutic and problem-solving court, I consent to the possibility of *ex parte* communication during my involvement in the Adult Drug Court Program.

11. I will not leave any treatment program without prior approval of my treatment provider and the Adult Drug Court Team. I agree to complete all required financial disclosure declarations as necessary to obtain funds for my treatment. If funding is not available, I agree to pay some or all of the costs of my treatment.

12. I agree to keep the Adult Drug Court Team, treatment provider, and law enforcement liaison, if any, advised of my current address and phone number at all times and will not change my residence without prior consent from my supervising probation officer. My place of residence is subject to Adult Drug Court approval.

13. I will comply with the curfew established by the Adult Drug Court Team and be available for curfew checks at all times. I will not be out past curfew without prior permission from my probation officer.

14. I will not travel more than 30 miles from my home without receiving permission from my probation officer. I will not travel outside the border of Pennsylvania without written travel permission from my probation officer.

15. I must comply with all local, state, and federal laws. I agree to inform any law enforcement officer who contacts me that I am in Adult Drug Court. I must immediately notify my supervising Adult Drug Court Officer of any contact, arrest or investigation by/with a law enforcement agency. I understand that I may not work as a confidential informant with any law enforcement agency while I am participating in the Adult Drug Court Program, nor may I be made or encouraged to work as a confidential informant as a condition of my full participation in the Adult Drug Court Program.

16. I will not possess, have control of, or have in my place of residence or vehicle, any contraband such as stolen property, non-prescribed controlled substances, drug paraphernalia, firearms (handguns, rifles, shotguns) or other deadly weapons, including but not limited to: bow and arrow, prohibited offensive weapons, or any instruments of crime. I will submit my person, property, place of residence, vehicle and personal effects to search at any time by a member of the Adult Drug Court Team or representative (including units of Adult Probation & Parole Services) based upon reasonable suspicion that I am in possession of contraband.

17. I understand that I may not participate in Adult Drug Court if I am currently an affiliated gang member.

18. I understand that any false statements, verbal or written, made by me to any member of the Adult Drug Court Team may result in termination from the program.

19. I agree not to threaten, harass, intimidate, or abuse in any way any past or present Adult Drug Court participants or any member of the Adult Drug Court team or its representatives.
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20. I understand that while in Adult Drug Court my focus must be on my recovery. As a result, I agree not to be romantically involved with other Adult Drug Court participants or with any member of the Adult Drug Court Team.
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21. I understand that participating in Adult Drug Court requires me to be drug and alcohol free at all times. I will not use alcohol or have alcohol in my place of residence. I will not associate with people who use or possess drugs, nor will I be present while drugs are being used or possessed by others.
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22. I understand that I must provide copies of all my prescriptions to my probation officer and that I am subject to the Adult Drug Court Medical Marijuana Policy. Any change in my medication must be communicated to my probation officer within twenty-four (24) hours. I understand that I may be required to bring all said medications to appointments with my probation officer so a pill count can be conducted. I realize that I am responsible for any discrepancy between the instructed dosage and the actual pill count.
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23. I am responsible for what goes into my body. Before taking medication of any kind, prescribed or over-the-counter, I will check with the pharmacist to ensure that it is non-narcotic, non-addictive and contains no alcohol. I will inform all treating physicians that I am a recovering addict and that I may not take narcotic or addictive medications. If a treating physician wishes to treat me with narcotic or addictive medications, I must disclose this to my treatment provider and probation officer and get specific permission from the Adult Drug Court Team to take such medication, as well as sign appropriate release forms. Prior to using such medication, prescribed or over-the-counter, I will register the medication with my treatment provider and with the Adult Drug Court Team.
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24. I agree to submit to urinalysis and/or breathalyzer testing on a random basis as directed and according to procedures established by the Adult Drug Court Team and/or treatment provider. I understand that refusal to submit to testing, failure to report for testing, and/or failure to provide a sample for testing will be considered a positive test and a violation of the Adult Drug Court Contract.
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25. I will not substitute, alter, or try in any way to change my bodily fluids or testing specimen, including attempting to dilute the sample. I understand that providing a substitute or adulterated urine sample will result in my immediate termination from Adult Drug Court.
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26. I understand that I may dispute positive test results, but that I will reimburse the court for the cost of laboratory fees sustained upon positive confirmation of drug use.

27. I understand that during the early phases of my treatment and recovery, I may be precluded from working or gaining employment. I further understand that within the time directed by the Adult Drug Court Team, I will seek legitimate employment, job training and/or further education as approved by the Adult Drug Court Team.

28. I agree to inform the Lancaster County Domestic Relations Office and/or the Lancaster County Children & Youth Agency of my participation in Adult Drug Court as long as I have open cases with such agencies.

29. I agree to abide by the rules and regulations imposed by Adult Drug Court and understand that failure to comply may result in sanctions or termination from the program. I understand that sanctions may include, but are not limited to, time in custody, increased supervision sessions, increased drug testing, remaining in a particular phase, reduction to a previously completed phase, and/or such other sanctions as may be deemed appropriate by the Adult Drug Court Team.

30. I understand that I may choose to voluntarily withdraw from Adult Drug Court. If I do so, I may be sentenced up to the maximum penalty allowed for the underlying offense(s) and at the discretion of the presiding judge.

31. I understand that my failure to successfully complete and graduate from the Lancaster County Court of Common Pleas Adult Drug Court Program will result in the imposition of the previously deferred sentence and/or will result in a violation of my probation/parole. I understand that my failure to complete Adult Drug Court cannot be a basis for the withdrawal of my previously entered guilty plea or my stipulation to my probation/parole violation. I understand that any attempt to withdraw my guilty plea or my stipulation to my probation/parole violation would be prejudicial to the Commonwealth. Any sentence imposed shall be at the sole discretion of the presiding judge.

32. After graduation from the Adult Drug Court Program, I understand that I will be required to participate in the Adult Drug Court Aftercare Program. The length of the Aftercare Program may extend up to thirty-six (36) months. I agree to participate in and meet the requirements of Aftercare. I understand that failure to comply with and complete the Aftercare Program requirements may negatively affect my expungement as well as result in a sanction(s), imposition of the previously deferred sentence against me, and/or the finding of a violation of probation or parole and the imposition of a sentence up to the maximum penalty allowed at the sole discretion of the presiding judge.

33. Upon successful completion of the program and any required aftercare, those individuals who entered the program on the diversion track may have their criminal case(s) dismissed and expunged. For participants completing the modified track, the agreed upon offense(s) will be dismissed and supervision of the alternate offense(s) will terminate. For those individuals who entered the program on the non-diversion track or on probation/parole violations, any remaining term of supervision may be terminated.

34. I understand that I must pay all fines, costs, restitution, and fees associated with my participation in Adult Drug Court. I will do so by establishing a payment plan with the Collections Enforcement Unit. I understand that any restitution must be paid in full prior to charges being dismissed or reduced for participants who entered Adult Drug Court on the diversion and modified tracks. Failure to pay all fines and costs in full will result in the participant's /graduate's case being referred to the Collection Enforcement Unit.

I hereby acknowledge that I have read, or have had read to me, the foregoing rules, regulations and special conditions of my Adult Drug Court supervision. Further, I understand that the Adult Drug Court Program is constantly improving and therefore it may be necessary for me to review and sign updated contracts. I am willing to enter into this agreement to participate in the Lancaster County Court of Common Pleas Adult Drug Court Program.

Participant's Signature

Date

Participant's Attorney

Date

Attorney for the Commonwealth

Date

Adult Drug Court Judge

Date