

**LANCASTER COUNTY COURT OF COMMON PLEAS  
VETERANS COURT**

**PARTICIPANT CONTRACT**

**I, \_\_\_\_\_, with a birth date of \_\_\_\_\_, and an address of \_\_\_\_\_, have entered a guilty plea in Case Docket Number \_\_\_\_\_ and/or have stipulated to a Parole/Probation Violation in Case Docket Number(s) \_\_\_\_\_, and hereby enter into this Veterans Court Contract binding myself to its terms.**

\_\_\_\_\_

1) I understand that the validity of this contract is conditioned upon my eligibility for the Veterans Court Program. If at any time after the execution of this agreement and in any phase of the Veterans 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 Veterans Court admission, or upon constitutional grounds.

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

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3) I understand that participation in Veterans Court involves a minimum time commitment of twelve (12) months, and will include an aftercare component up to thirty-six months.

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4) I understand that during the entire course of the Veterans 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 Veterans 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.

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5) I agree to cooperate in an assessment/evaluation for planning an individualized Veterans treatment program adequate to my needs and agree to execute the Request for and Authorization to Release Medical Records or Health Information of the Department of Veterans Affairs.

\_\_\_\_\_

6) I will inform all treatment providers of my participation in the Veterans Court Program and my agreement to meet the expectations of the Court, which may affect my treatment.

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7) I understand that my individual course of treatment may include residential treatment, prescribed medications and/or other therapy, education, and/or self-improvement courses such as anger management, parenting or relationship counseling. The course of treatment may be modified at any time by the treatment provider and/or the Veterans Court Team. 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.

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8) 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 Veterans 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 Veterans Court program.

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9) I will not leave any treatment program without prior approval of my treatment provider and the Veterans 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.

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10) I agree to inform any law enforcement officer who contacts me that I am a participant of Veterans Court. I must immediately notify my supervising Veterans 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 Veterans Court program, nor may I be made or encouraged to work as a confidential informant as a condition of my full participation in the Veterans Court program.

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11) I understand that I may not participate in Veterans Court if I am currently an affiliated gang member.

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12) I agree not to threaten, harass, intimidate or abuse in any way any past or present Veterans Court participants, or any member of the Veterans Court team, any of its representatives, or mentors.

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13) I understand that while in Veterans Court my focus must be on my treatment. As a result, I agree not to be romantically involved with past or present Veterans Court participants or with any member of the Veterans Court Team, any of its representatives, or mentors.

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14) I understand that the Veterans Court has a code of conduct and I am required to comport myself in court by both my conduct and dress in a manner satisfactory to the Judge and befitting a veteran of the United States armed forces.

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15) I understand that participating in Veterans Court requires me to be drug and alcohol free at all times. 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. I understand that I will be subject to frequent drug and alcohol testing and a condition of my participation is providing such samples any time they are requested. My inability or unwillingness to do so will be counted as a positive test.

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16) I understand that if I am on any kind of over the counter or prescribed medications, I may be required to bring all said medications to appointments with my Probation Officer so that there can be a pill count conducted. I realize that I am responsible for any discrepancy between the instructed dosage and the actual pill count.

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17) I am responsible for what goes into my body. Before taking any medication or ingesting any substance or substance of any kind, prescribed or over the counter, I will check with the doctor and/or pharmacist to ensure that it is non-narcotic, non-addictive, and contains no alcohol. This includes mouthwash and any other products containing alcohol. I will also ensure that it will not demonstrate a positive result for drug and/or alcohol testing.

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18) I understand that due to the high potential of addictive medications to interfere with treatment and recovery efforts, Lancaster County Veterans Court requires all participants to seek non-addictive medication as the first choice for treatment. Exceptions to this policy are made only in rare occasions, as it is recognized that some veteran participants will have acute pain and/or anxiety that may not respond to non-addictive medications. In all such cases, I will be required to alert the prescribing physician about any substance abuse history and obtain evidence that I have done so. If indicated, I will seek a pain clinic referral to explore alternatives to addictive medications. If I am prescribed addictive medications, I am prohibited from obtaining prescriptions from more than one provider. I understand that if I habitually seek exception to this policy I may be subject to increased sanctions and/or termination.

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19) I understand that, if undergoing drug & alcohol treatment, that during the early phases of my treatment and recovery I may be precluded from working or gaining employment.

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

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21) I agree to abide by the rules and regulations imposed by the Veterans Court team 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 Veterans Court team.

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22) I understand that I may choose to voluntarily withdraw from Veterans Court. If I do so, it will be considered a violation and I may be sentenced up to the maximum penalty allowed for the underlying offense(s), or I will be recommitted to serve the entire balance of the unserved maximum term of incarceration as a parole violator.

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23) I understand that my failure to successfully complete and graduate from the Lancaster County Veterans 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 Veterans 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.

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24) After graduation from the Veterans Court program, I understand that I will be required to participate in the Veterans Court Aftercare program. This phase will last up to 36 months and include, but not be limited to, court reporting, drug testing, ongoing treatment, and community involvement. If the aftercare requirements have been met without additional sanctions, and the outstanding balance of fines and costs are paid, aftercare may terminate earlier.

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25) Upon successful completion of the program and any required aftercare, those individuals who entered into the program as diversionary may have their criminal case/s dismissed and expunged. For participants completing the modified track, the agreed upon offense(s) will be dismissed at graduation. Supervision of the alternate offense(s) will terminate after all of the requirements of aftercare have been met. For those individuals who entered into the program as non-diversionary, and successfully complete the program and any required aftercare, the remaining supervision may terminate.

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**I hereby acknowledge that I have read, or have had read to me the foregoing rules, regulations and special conditions of my Veterans Court supervision. Further, I understand that the Veterans 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 Veterans Court program.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for the Commonwealth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Veterans Court Judge

\_\_\_\_\_  
Date