

IN THE COMMON PLEAS COURT OF HANCOCK COUNTY, OHIO

DRUG COURT DOCKET

PARTIPANT AGREEMENT/RIGHTS WAIVER

STATE OF OHIO

Plaintiff,

Case No. _CR-__

vs.

_____ ,

Defendant,

_____ \

ACKNOWLEDGMENT OF REQUIREMENTS OF THE HANCOCK COUNTY TREATMENT COURT (DRUG COURT) AND JOURNAL ENTRY ACCEPTING THE DEFENDANT INTO HANCOCK COUNTY TREATMENT COURT (DRUG COURT).

I agree to be placed in the Hancock County Treatment Court (Drug Court) docket (as a condition of my Intervention in Lieu of Conviction) (as a condition of Community Control or Judicial Release) and comply with all of the program terms and expectations set forth in the participant handbook that has been reviewed with me. I understand that the participation agreement outlines the process and requirements of the Hancock County Drug Court.

1. I understand that by entering into the Hancock County Drug Court I will be waiving some of my constitutional rights. These rights include the:
 - a. Right to a hearing prior to the imposition of sanctions;
 - b. Right to consult and be represented by an attorney, EXCEPT for the right to request the attendance of defense counsel at both treatment team meetings, and/or status review hearings, potentially at my own expense, which is not being waived;

- c. Right to remain silent and right against self-incrimination, including at status hearings;
- d. Right to freely associate, including the right to freely associate with persons who, in the sole discretion of the Court, interfere with or impede the recovery of the participant;
- e. Right against unlawful search and seizure. The participant agrees to a search, without warrant, of his or her person, motor vehicle, or place of residence by a supervising Probation Officer at any time.

I also understand that I have the ability to rescind these rights waivers at any time and the consequence for rescinding the waivers may include unsuccessful termination from the Hancock County Drug Court.

- 2. I understand that I will be given a Treatment Plan and that I will have to comply with that plan. I further understand that the Treatment Plan may be amended as I progress through the Hancock County Drug Court phases. The minimum length of the Hancock County Drug Court program is twelve (12) to eighteen (18) months and the program will be comprised of four (4) treatment phases. Progression through these phases will be contingent on my performance and progress with my Treatment Plan. I understand that I will be responsible for paying court costs, fines, restitution, reimbursement if any, and supervision fees. I understand that I may also have to complete community service.
- 3. I am expected to and willing to immediately attend all individual and group counseling sessions, educational sessions, activities, and assessments as required by my treatment team. Attendance at all treatment activities is mandatory. Three (3) absences are permitted before I am determined non-compliant. If I am determined non-compliant, a report will be submitted to my Probation Officer. If I am unable to attend an appointment or group session I am expected to contact my Probation Officer, case manager, and group facilitator prior to the activity.
- 4. I am willing to sign all necessary releases of information. I understand that I will be placed in appropriate treatment programs as soon as possible and that I am required to attend these programs. I understand that I will keep confidential all participants and any information heard in the review hearings or group sessions. I will cooperate with all treatment services outlined in my Treatment Plan and in any later or amended treatment plans from my treatment providers including any additional assessments. I further understand that I may also have to attend community support meetings.
- 5. I understand that I am being placed on reporting Community Control/Supervision in order to monitor compliance with the Treatment Plan. I will be expected to report to my Hancock County Treatment Team (Forensic Team Case Manager, Clinician, Peer

Support, Probation Officer, or Drug Court Coordinator), provide urine samples, and pay court costs, supervision fees, fines, and restitution or reimbursement, if any. I understand that my Probation Officer will discuss my case and overall performance with the treatment team in weekly meetings and in ongoing communication with my treatment provider. I understand that I have a right to have my attorney present at treatment team meetings or status review hearings, concerning my progress, potentially at my own expense.

- a. I understand that progress through the phases of the Hancock County Drug Court is based on how well I am performing with my Treatment Plan and my compliance with the requirements of the Hancock County Drug Court. Progression will be determined by the treatment team.
- b. I understand that repeated non-compliance with the requirements of my Treatment Plan may result in immediate sanctions up to my dismissal from the Hancock County Drug Court and could result in a termination of (Community Control Sanctions/Intervention in Lieu of Conviction) and/or (further community control sanctions). Sanctions may be graduated and may include jail time before a probation violation hearing is required. Per the Participant Handbook, once a notice of hearing is filed; sanctions may range from community control to imposition of a prison sentence. Furthermore, I understand that by complying with my Treatment Plan and the Hancock County Drug Court, I will be rewarded for my compliance.
- c. I agree to attend all Hancock County Drug Court hearings as a part of the important interaction between the Judge and myself. I understand that I will attend bi-weekly hearings during the first phase. I understand that Drug Court treatment information may be discussed and disclosed at Drug Court sessions in the presence of other participants and/or guests, and I waive any claims of confidentiality as to matters disclosed as a reasonable and necessary part of hearings and treatment.
- d. I understand that I will attend Hancock County Drug Court status review hearings every other Tuesday until I am granted permission to attend fewer sessions. If I am granted permission to attend less than every other Tuesday, I will regularly appear before the specialized docket Judge to review my progress through the specialized docket. At minimum, I shall appear at least monthly at status review hearings.

- e. I understand that I will be subject to alcohol and drug testing. I understand that the tests will be frequent, random and directly observed. The procedure for Drug Testing shall be as set forth in the Adult Probation Department Drug Testing Protocol. Failure to submit to testing, submitting an adulterated sample or the sample of another individual, or diluting the sample shall be treated as positive tests and immediately sanctioned.
 - f. I am expected to remain free from alcohol and all legal and illegal mood-altering substances. I am further expected to refrain from the misuse of legally prescribed medications by using them in a manner other than as directed by my physician. I shall provide documentation of prescribed medications to the Hancock County Drug Court Coordinator and my Probation Officer and other members of my treatment team. I understand that, if I continue to use prohibited substances, sanctions may be imposed, my Treatment Plan may be amended to include a more appropriate level of care, and a return to the initial phase is possible.
 - g. I understand that any noncompliance on my part will be punished by immediate and graduated sanctions (a list of these potential sanctions has been provided to me in the Drug Court Participant Handbook) up to and including days in jail, before a probation violation hearing is imposed.
6. I understand that in order to successfully complete and graduate from the Hancock County Drug Court I must complete all of the phases and have complied with Community Control and/or Intervention in Lieu Supervision. Any unpaid financial sanctions such as court costs, supervision fees, and restitution that remain unpaid at graduation will be addressed by remaining on probation supervision until those obligations are complete. There is no current fee to participate in Drug Court; however should a fee be implemented , no one will be barred from participating due to their inability to pay.
7. I understand that I may be terminated from the Hancock County Drug Court for continued noncompliance with treatment, a new criminal conviction, a Hancock County Drug Court violation or continued series of violations, or a Community Control violation or series of violations. I further understand the consequences of termination from the Hancock County Drug Court could be loss of future eligibility for the Hancock County Drug Court; further legal action including revocation of Intervention in Lieu of Conviction, or notice/motion to revoke Community Control; or, depending on the circumstances, prison, jail, or other sanctions.
8. I understand that it is my responsibility to inform all treating physicians/dentists of my recovery from drugs/alcohol prior to receiving an addictive medication and that I am subject to drug testing. If a doctor believes that it is necessary to prescribe the medication such as narcotic pain medication or any other medication that will yield a positive urine

screen, I must execute a Release of Information so that the physician may communicate with the Hancock County Drug Court Coordinator and my Probation Officer stating that the doctor is aware of my status as a recovering addict/alcoholic and that the need for this medication outweighs the risks. If I test positive and do not have a communication to my Probation Officer from my doctor I may be sanctioned accordingly.

9. I further understand that there may be over-the-counter medications that I may not take as well. In cases of emergency room care, I understand that I will execute any Releases of Information so that all emergency room orders and discharge information shall be made available to the Hancock County Drug Court Coordinator and my Probation Officer no more than three (3) days upon release from the hospital and all prescriptions will have to be cleared by my primary care physician to continue taking the medications without sanctions. A pattern of doctor/dentist visits and/or emergency room for ailments that require addictive or mood-altering medication treatment may be brought back before the Court at the discretion of the Hancock County Drug Court team. Furthermore, I understand that I must bring all of my prescriptions in the original container to my probation appointment as directed.

10. I understand that rights of privacy and confidentiality associated with my treatment do not change others' obligations to report information when required by law: for example, Ohio Revised Code section 2151.421 (mandatory reporting of abuse of children and certain disabled persons); Ohio Revised Code sections 2152.99 and 2152.72 (mandatory disclosure of information to foster or potential adoptive parents).

11. I understand that status review hearings are not routinely recorded.

I have read this acknowledgement and understand this Agreement, and I freely and voluntarily relinquish the rights discussed and further agree to abide by all rules and conditions of the Hancock County Drug Court. After consultation with my attorney, I hereby sign the Agreement to Participate in the Hancock County Drug Court.

Participant

Date

Attorney for Participant

Date

Prosecutor

Date

Having reviewed the Hancock County Drug Court Admissions Assessment and eligibility requirements the Court hereby accepts this case and the Defendant into the Hancock County Drug Court.

It is so ordered.

(JUDGE)

Date

cc: Hancock County Prosecuting Attorney
Counsel for Defendant
Defendant
Hancock County Drug Court Coordinator
Hancock County Probation Officer