



FMJ Multi - County Drug Court Participation Agreement

Name: _____

File No: _____

I understand that I have been accepted to participate in the FMJ Multi - County Drug Court Program. I will be under the supervision of the Drug Court Judge and the FMJ Multi - County Corrections Department (Probation). I understand that if I am terminated from the program, I may be sentenced in accordance with the plea agreement or, if there is no plea agreement, in accordance with the allowable sentence authorized by law. I understand that I must consent to the following:

1. I agree to participate in alcohol and/or other drug treatment as directed by the court, including self help meetings (such as AA) as set forth in my treatment plan, and that I will provide verification of attendance. I understand that compliance with treatment recommendations is mandatory.
2. I agree to cooperate with the Drug Court Program, probation staff and treatment providers.
3. I agree to attend all treatment meetings, court dates and other scheduled appointments, and I will be on time. I understand that a failure to appear for a court date or any other breach of this agreement will result in the issuance of a bench warrant, I am responsible for transportation in order to fulfill the terms of the Drug Court Program.
4. I agree to sign any and all consent forms waiving confidentiality of any medical, mental health treatment or social service records. I further agree to sign any and all releases which will allow the Drug Court team to review diagnostic and treatment information. If I withdraw my consent, I understand that I will be terminated from the Drug Court program.
5. I agree that in order to achieve and maintain sobriety, I need to have a permanent and stable residence that supports a sober lifestyle. I shall notify the Drug Court Probation Agent within 48 hours of changing my residence.
6. I agree to remain in my residence during the hours specified in my case plan. In the event of an emergency, I will notify my Probation Agent immediately, or as soon as possible.

7. I understand that I shall not use, possess, or associate with any person(s) who use or possess any controlled substance or illegal drugs. I will not eat foods containing poppy seeds.
8. I understand that I shall not use or possess a firearm nor enter an establishment or home where they would be available to me.
9. I agree that I will not use or possess alcoholic beverages, nor enter establishments that derive their principal income from the sale of alcoholic beverages. I will not use non-alcoholic beer and/or wine.
10. I understand that I shall inform my Drug Court Probation Agent of any over-the-counter medications that I am using, or may be using, and the medications must be non-addictive and not contain alcohol (i.e. mouthwash, cough syrup, etc.). I am responsible for verifying with a pharmacy or medical professional that these medications are non-addictive and do not contain alcohol. I understand that using mood-altering medications, prescribed or not, could exclude me from participation in the Drug Court Program.
11. I understand I am responsible for informing and providing documentation of all prescription medications I am taking, or may take. I am also responsible for notifying my Drug Court Probation Agent if there are any changes to any and all prescriptions.
12. I understand that I will be subject to random chemical testing (usually a urine test) to assist the courts and treatment providers in evaluating my progress. I understand that a positive test for alcohol or any illegal substance will be sanctioned by the Court. I understand I may be terminated from the Drug Court Program based on my failure to be candid with the court about my drug use.
13. I agree to abide by the FMJ Multi - County Drug Testing Policy.
14. I agree to participate in the Drug Court Program until successfully discharged from all phases of the program including in-patient and out-patient treatment.
15. I agree to participate in any educational, treatment, or rehabilitation program ordered by the Drug Court to help maintain my sobriety and maintain a law-abiding lifestyle.
16. I agree to perform forty (40) hours of structured activity per week, such as: actively seeking or maintaining employment, attending school/job training, performing unpaid alternative community work assignments, or any other activity approved by my Drug Court Probation Agent. I agree to provide verification of 40 hours of activity per week.
17. I agree to abide by the rules and regulations of probation supervision, and any special conditions ordered by the court including community work service or STS.

18. I will pay any fees or fines as directed by the court and will have an opportunity to “earn down” some fees for excellent program participation.
19. I agree to inform the Drug Court Probation Agent and treatment provider of any new arrests, summons or any other situation that may impact my probation.
20. I agree that I am subject, at any time, to a search conducted by a representative of the Corrections Department and/or Drug Court, which includes any law enforcement representative, without a warrant, of my person, place of residence, vehicle or other personal or real property.
21. I agree that my participation in the Drug Court Program shall be terminated if I fail to make satisfactory progress toward completion of the program.
22. I agree that my participation in the Drug Court Program may be terminated if I am rearrested, test positive for drugs or alcohol, or fail to meet any of my court ordered obligations.
23. I understand that the Court can impose sanctions, including county jail time, rather than terminate my participation in the program. I understand that sanctions may be increased and may include termination from the program.
24. I understand that I have a right to an attorney during court proceedings which include plea, sentence, and any violation which could lead to termination of participation in the Drug Court Program. If I am unable to afford an attorney, I may be eligible for public defender representation. I further understand that if I have any questions concerning Drug Court, I should discuss them with my attorney.

I will not travel outside the FMJ Multi - County area without first receiving permission from my Drug Court Probation Agent. Further, I understand that if I leave the state, extradition proceedings may be initiated to return me to Minnesota from any jurisdiction in or outside of the United States. By signing this document, I agree to waive extradition, and do waive extradition to return to Minnesota from any jurisdiction in or outside the United States of America.

Participant Signature

Date

Drug Court Judge Signature

Date