

**CHEROKEE COUNTY TREATMENT ACCOUNTABILITY COURT**

**CONSENT FOR ASSESSMENT AND INTAKE INTERVIEW**

By signing below, I hereby acknowledge that I have been informed about the Cherokee County Treatment Accountability Court and consent to my attorney sharing my information with the Treatment Accountability Court Team. I further agree that I will submit to any assessment determined to be necessary to determine my suitability to participate in the Treatment Accountability Court program and any interview with the Treatment Accountability Court Coordinator. I understand that my attorney will not be present for any assessment and may not be present for the interview with the Court Coordinator.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Attorney's Name