

IN THE \_\_\_\_\_ COURT OF CHEROKEE COUNTY

STATE OF GEORGIA

STATE OF GEORGIA

vs.

\_\_\_\_\_

Defendant

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FILE NO. \_\_\_\_\_
OR WARRANT NO.(S) \_\_\_\_\_

CHEROKEE COUNTY TREATMENT ACCOUNTABILITY COURT CONTRACT

The Cherokee County Treatment Accountability Court is a voluntary program. In order to participate, you must read the terms of this contract carefully, initial each term of the contract, date and sign the contract.

General Terms

I, \_\_\_\_\_, understand that I have been accepted as a participant in the Cherokee County Treatment Accountability Court Program, and, as part of this program, I must fully comply with the counseling recommendations and other court orders set forth. If at any time after the execution of this agreement and in any phase of the program, it is discovered that I am, in fact, ineligible to participate in the program, I may be immediately terminated from the program and my case will be placed on the calendar for further disposition.

\_\_\_\_\_ I understand if I enter this program and fail to complete it, I may be barred from future participation. I also understand if I fail to successfully complete and graduate from the program it will result in my case being referred back to the court for further disposition.

\_\_\_\_\_ I understand that participation in the Treatment Accountability Court Program involves a minimum of eighteen (18) months.

\_\_\_\_\_ I understand that during the entire course of the Treatment Accountability Court, I will be required to attend court sessions, treatment sessions, submit to random drug and alcohol testing, and remain clean, sober, and law-abiding. I agree to abide by the rules and regulations imposed by the Treatment Accountability Court treatment team. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program.

\_\_\_\_\_ I understand that while participating in Treatment Accountability Court, I am to be on time to all required doctor appointments, treatment appointments, case management appointments and court appearances.

\_\_\_\_\_ I will obey all instructions of the judge, treatment counselor, program coordinator, probation officer, and any other member of the treatment team.

\_\_\_\_\_ I understand that if I fail to appear for any court hearings, counseling sessions and meetings as required, a warrant may be issued for my arrest. I will notify the court coordinator and treatment provider at least three (3) hours in advance of any known illness or circumstance that may prevent my attending a scheduled meeting.

\_\_\_\_\_ I understand the Court will impose sanctions for program violations that may include, but are not limited to, curfews, community service, in-court detention, repeat of or retention in a program phase, issuance of a bench warrant, jail time, expulsion from the program or other reasonable sanction, to include revocation of probation.

\_\_\_\_\_ I agree, for the purpose of regular Treatment Accountability Court hearings, 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.

\_\_\_\_\_ I agree to execute such authorizations or consents for release of information as directed, relative to medical treatment, mental health treatment, substance treatment or any other treatment.

\_\_\_\_\_ I understand that the Court reserves the right to amend any terms of this contract during the course of my participation after notice to maximize each participant's ability to reach full recovery.

#### Personal Responsibility

\_\_\_\_\_ I understand that I am required to be a resident of Cherokee County, Georgia, to participate in this program and that I may not leave the county without permission.

\_\_\_\_\_ While participating in the Treatment Accountability Court program, I will not violate the law. However, if I do violate the law, I will report it immediately to the court coordinator and understand such violations may subject me sanctions, including possible termination from the Treatment Accountability Court.

\_\_\_\_\_ I understand that while participating in this program, I am required to report any contact with law enforcement officer or representative with the Department of Family and Children Services.

\_\_\_\_\_ I understand that one goal of the court will be for me to obtain gainful employment, to the extent that I am capable, and that my failure to make an effort to do so may result in sanctions or termination. I authorize the court coordinator to confirm any employment and work status with my employer.

\_\_\_\_\_ I understand that if I am employed, I may not leave my employment without permission of the Court.

\_\_\_\_\_ I understand that, if I am not capable of work, I will work with the Court to obtain other means of support and find productive uses of my time, including community service.

\_\_\_\_\_ I will immediately inform, by phone and in writing, the treatment counselor, court coordinator, law enforcement liaison and probation officer of any change of address, telephone number and employment status. I understand that my place of residence is subject to Treatment Accountability Court approval. I will not change my residence to another county or leave the State of Georgia for any reason without first obtaining permission from the treatment team.

\_\_\_\_\_ I will be responsible for my own transportation and will appear ON TIME for all court sessions, counseling sessions and meetings as required. **Lack of transportation is NOT an acceptable excuse to miss or be late for any program related activity.**

\_\_\_\_\_ I understand that I may not possess any weapons while I am in the Treatment Accountability Court Program. I will dispose of any and all weapons in my possession, and disclose the presence of any weapons possessed by anyone else in my household. Failure to dispose of and/or to disclose any weapon may result in termination from the program and possible prosecution for illegal possession of a weapon.

\_\_\_\_\_ I will support any legal dependents that I may have to the best of my ability. If I am a non-custodial parent I will be required to open a Child Support Recovery case to establish my child support obligations and will work with the Court to develop a plan for meeting those obligations. If any obligations already exist, I will again work with the Court to develop a plan for meeting those obligations.

\_\_\_\_\_ I will avoid people or places of disreputable or harmful character. This includes people currently on probation or parole and people with felony convictions, drug users, and drug dealers.

\_\_\_\_\_ I will abide by any curfews required by the court.

\_\_\_\_\_ I will maintain stable housing in a residence that is clear of any disreputable person or habits. While I am in the program, I may not reside with any other person currently participating in the program.

\_\_\_\_\_ I understand that if I commit or threaten to commit any violent act against the Team or the Court staff, my case will be immediately set for a termination hearing upon discovery of such threat or act.

\_\_\_\_\_ I understand that, unless waived by the Court, I will be required to pay any fines, probation fees, or restitution. I understand that there is a program fee of \$\_\_\_\_\_ that I will be required to pay prior to the completion of the program.

#### Possession and Use of Prohibited Substances

\_\_\_\_\_ I understand that participating in the Treatment Accountability Court Program requires me to be drug and alcohol free at all times. I will not possess alcohol or drugs in any form, nor possess alcohol or drug paraphernalia. I will submit any prescription for drugs to my counselor for verification and approval. I will not use over-the-counter, non-prescription medications without permission from the treatment

counselor as some over-the-counter medications will produce a positive reading on drug screens and contain substances such as codeine.

\_\_\_\_\_ While I am participating in the Treatment Accountability Court Program, I agree to be tested for drugs/alcohol at any time at the request of any member of the team. I further understand that substituting, altering or trying in any way to alter my body fluids for purposes of testing may be grounds for immediate termination from the program or immediate sanctions imposed. I understand that if I am late for a test, or miss a test, or if my test shows that I have diluted, it will be considered a “**positive**” test and I will be sanctioned.

\_\_\_\_\_ I understand that if my urine or other tested substance or material is reported positive for the presence of drugs, I will have an opportunity to challenge the results of that test and request a confirmation test of the sample. I agree that I will bear the expense of this independent test if the results confirm the original test. I further understand that a positive confirmation of the original test may result in more severe sanctions, including termination.

\_\_\_\_\_ I understand that I have an obligation to notify any medical providers that I am participating in this program and am required to get approval for any medications, particularly those that may be habit-forming.

#### Supervision

\_\_\_\_\_ I will allow the court coordinator, case manager, treatment counselor, probation officer and law enforcement or their designees to visit me at my home, employment or elsewhere. In addition, I agree to cooperate fully with treatment counselors, family counselors, and any additional providers as directed by the Treatment Accountability Court team.

\_\_\_\_\_ I agree that I shall be subject to the search of my person, property, place of residence, vehicle or personal effects, by court designated personnel without their having to be probable cause to conduct the search, and without their being a warrant, any time of day or night whenever required to do so by a probation officer, law enforcement officer or Treatment Accountability Court staff, and I specifically consent to the use of anything seized as evidence in any hearing or judicial disciplinary proceedings.

#### Participation

\_\_\_\_\_ I understand that my success in this program will require that I actively participate in all activities, including court hearings, treatment, and case management. I further understand that my consistent failure to participate may result in sanction or possible termination from the program.

\_\_\_\_\_ I understand that if I appear at any program activity under the influence of any illegal substance or alcohol, I will be asked to leave and will be sanctioned for a missed appointment.

\_\_\_\_\_ I understand that if I am absent from the program for a certain period of time, my case will be considered for termination from the program.

\_\_\_\_\_ I understand that my individual course of treatment may include residential treatment, education, or other courses, all of which I shall attend as directed.

Confidentiality

\_\_\_\_\_ I understand that I will be giving permission for the Court Team, including the Judge, to discuss my personal, medical and treatment information and I will execute the appropriate waivers to allow this communication to take place. I further understand that this communication is necessary to assist me in this program and by not providing such permission, I will not be able to participate.

\_\_\_\_\_ I understand that I have an obligation to assist the Court in obtaining all medical and treatment information and by agreeing to participate I will execute all necessary documents to permit the Court receiving all medical and treatment records from any of my medical or treatment providers.

\_\_\_\_\_ I understand that if I exhibit behaviors indicative of harm to myself or to others, as determined by the Treatment Accountability Court team, confidentiality will be breached and the proper authorities and next of kin will be notified.

Other

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**I understand that acceptance into the Treatment Accountability Court Program is a privilege and not a right. I have read all terms of this contract and have had an opportunity to discuss these terms with my attorney. My signing this document is my acknowledgement to the Court that I am agreeing to all terms and conditions of participation in this program.**

**I understand that the Court reserves the right to modify or amend the terms of this contract at any time after notice to, and agreement by, me. I further understand that if I do not agree to any amendment, I may not be allowed to participate in the program.**

**Further, I state that I am not under the influence of any alcohol, illegal drugs, or legal drugs that would impair my ability to knowingly and voluntarily entering into this contract. I further acknowledge that I am entering into this contract knowingly and voluntarily.**

\_\_\_\_\_  
Signature of Participant/Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Participant/Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prosecutor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge, Treatment Accountability Court

\_\_\_\_\_  
Date