

# Goodhue County Treatment Court Participant Contract

Participant: \_\_\_\_\_

District Court File Number \_\_\_\_\_

I understand that I have been accepted into the Goodhue County Treatment Court (“GCTC”). As a result of being allowed to participate in this program, there are certain rules that I agree to follow:

- 1) I will cooperate with the GCTC Team, my treatment provider, and all other health providers. I will cooperate with all evaluations and assessments ordered by the Court in order to determine my treatment and mental health needs.
- 2) I will keep and attend all scheduled court sessions, appointments with probation, GCTC Coordinator, mental health, and treatment. I will seek prior approval to cancel or reschedule appointments.
- 3) I will maintain contact as directed with the GCTC Coordinator, probation agent, and treatment providers, both chemical dependency and mental health.
- 4) I will sign releases of information authorization forms in order for the entire GCTC Team to be made aware of and kept informed on my progress in treatment and counseling.
- 5) I will not use or possess any alcohol, illegal drugs, drug paraphernalia, or prescription medications not prescribed to me. If I am prescribed medication, I will provide proof to my Probation Agent, my treatment provider, and GCTC Coordinator within 24 hours. I understand I may be asked to sign releases of information to obtain medication lists from prescribers for verification.
- 6) I will not consume products containing alcohol (example: cold medicine and/or Listerine) and/or poppy seeds or that might otherwise indicate a positive test result. I realize that I am responsible for all that enters into my body. If this does occur, I will contact my probation agent and GCTC Coordinator within 2 hours.
- 7) I will submit to random urine, oral swab, breath, or other substance testing as required, which will consist of a minimum of twice weekly random testing until phases in which testing is decreased and you are tested on a random basis. Refusal and/or delay (15 minutes or more) will be considered a positive test. I will not tamper with my urine specimen by adding substances to the urine or consuming liquids while performing oral swabs, or doing anything that would dilute or attempt to change the outcome of the reading. If attempts are made to falsify or dilute, the test will be considered a positive and sanctioned appropriately.

- 8) If I am contacted by law enforcement, GCTC coordinator, drug testers, or probation agent for the purpose of testing, I will return a phone call to them within **one hour** to arrange testing. If I do not respond within this time it will be considered a missed test. I am responsible for informing the above individuals if I will be out of town or without service in the instance a test is requested.
- 9) If I use drugs, alcohol, or non-prescription drugs during the program, I will let my treatment counselor, probation officer, and/or GCTC Coordinator know of my use **immediately**, so my use may be addressed at treatment. Marijuana and alcohol are **not** allowed while in the program. Despite them being legal, they are still considered mood-altering.
- 10) I will advise all treating physicians, dentist, and health care providers that I am a recovering addict and should not take any narcotic or potentially addictive medication or drugs, unless medically deemed necessary, in which I will be responsible for providing documentation and signing releases to obtain records for verification.
- 11) I consent to a search at any time of my person, place of residence, workplace, vehicle, or other personal property, including my cellphone, conducted by my probation officer, GCTC Coordinator, or any peace officer acting at the request of the GCTC Team.
- 12) I will participate in the GCTC program until I successfully complete all phases of the program, including participating in any educational, vocational, or treatment programs as ordered by the Treatment Court Judge. I will make progress to the best of my ability.
- 13) I will remain law-abiding in all respects, obeying all state, federal and local laws and ordinances. I will report any contact with law enforcement, whether or not I receive a ticket or am arrested, to the GCTC Coordinator and my probation agent.
- 14) I understand that I may be terminated from GCTC if I fail to make satisfactory progress or am arrested for a crime of violence or alcohol/controlled substance crimes. I understand that the GCTC Judge can impose sanctions, including county jail time, rather than terminate my participation in the program.
- 15) I understand and agree that if I should be detained for a violation of probation or other treatment court purpose, I may be taken into custody and will be transported to jail pending a court appearance in Treatment Court.

- 16) I have been advised of the possible benefits and consequences of complying with or not complying with program requirements and of successfully completing or being terminated from the Goodhue County Treatment Court.
- 17) I will be polite and respectful to all team members, staff, and other participants. Violent or aggressive behavior may result in termination from the program.
- 18) I will advise the Coordinator and probation agent of any change in my telephone/address number within 24 hours. I understand that any roommates and/or living arrangements need to be approved by the GCTC Team. I will be responsible for having a phone where I can be contacted.
- 19) I will not enter a bar, tavern, or any establishment whose primary business is the sale of alcohol unless I have approval from the GCTC Team and my probation agent.
- 20) I will attend community support groups as directed and may be asked to obtain verification of my attendance.
- 21) I **will not** associate with persons who are in possession of or using controlled substances, alcohol, or any other mood-altering substance.
- 22) I will report my progress to the coordinator on a weekly basis. (by Monday at 10am)

I knowingly and voluntarily agree to participate in the Goodhue County Treatment Court and understand and consent to the terms of this participation agreement, in addition to the probation agreement and participant handbook that I signed or will sign.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
GCTC Team Member

\_\_\_\_\_  
Date