

CONSENT FORM

PURPOSE:

The purpose of this consent form is to allow the Luzerne County Treatment Court to retain information regarding your case following expungement of your charges if granted.

Title of Project:

You are invited to be in a research study for process and outcome evaluations of Luzerne County Treatment Court.

You were selected as a possible participant because you have participated in the Luzerne County Treatment Court program. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study will be conducted by an independent agency or individual contracted with Luzerne County to conduct evaluations for the Luzerne County Treatment Court.

Background information:

The purpose of this study is to determine if the program has made any difference, if it is meeting set goals and objectives, and to identify areas for improvement. Of particular concern are the program's effect on the clients' drug use and recidivism (re-commission of crimes) during and following participation in the program.

Procedures:

If you agree to be in this study, we would ask you to permit the Luzerne County Treatment Court to retain your personal information listed below following expungement of your charges if granted.

For the purpose of tracking post-graduation recidivism (re-arrest information) and drug use, we will retain the following information: name, date of birth, and social security number.

For the purpose of process and outcome evaluations (such as evaluating the program's effect on drug use and recidivism during and following participation in the program) we will retain the data collected on your case during your participation in the program including demographics, treatment/substance abuse history, sanctions and incentives, drug testing, employment/vocational status, health, family, and use of ancillary services. A random number will be assigned to this data by the computer so that it may be used without being linked to identifying factors such as your name, date of birth, or social security number.

For the purpose of contacting you in the event we should conduct surveys or questionnaires, we will retain your address and phone number, and we ask that you notify us if you move or change your phone number.

Confidentiality

The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a subject. Research records will be kept in a locked file; only the researchers and the Luzerne County Treatment Court Coordinator will have access to the records.

Graduates of Luzerne County Treatment Court who sign and comply with a Graduation Follow-up Contract (form DTC 08-05), which will remain in effect 1 year for clients charged with misdemeanors and 3 years for clients charged with a felony, may petition for expungement of their charges at the end of their 1-3 year tracking period.

Expungement requires that all records pertaining to the charges indicated must be destroyed or sealed. By participating in this study you are agreeing to allow Luzerne County Treatment Court to retain the information outlined in the procedures section of this document even *after* expungement of your charges. The post-expungement records retained by this program will be used for evaluation purposes only, and will not be available to the public, or to any other agency.

Voluntary Nature of the Study

Your decision whether or not to participate will not affect your current or future relations with the Luzerne County Treatment Court program. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

Contacts and Questions:

The researchers conducting this study will typically be professors and their students from area universities.

You may ask your present interviewer any questions you have now. If you have questions later, you may contact Kelly J. Cesari, Treatment Court Coordinator at Phone: (570)408-8180

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature

_____Date_____

Signature of Interviewer _____

Date_____