

**SAN MIGUEL COUNTY MAGISTRATE DWI “SOBRIETY” DRUG COURT  
RULES AND REGULATIONS**

**Name:** \_\_\_\_\_ **Program ID #:** 00

I understand that I am required to comply with all directives and conditions of the program. By my initials, I have read and understand each of the following rules and regulations. Also, I understand that failure to comply with any of these conditions will result in penalties (sanctions), including incarceration and/or dismissal from the program.

1. I will appear in “Sobriety” Drug Court at the appointed time or as required. \_\_\_\_\_
2. I will secure permission of the “Sobriety” Drug Court Office before changing residence or telephone numbers. \_\_\_\_\_
3. I will seek permission of the “Sobriety” Drug Court Office before traveling beyond the county where I live. \_\_\_\_\_
4. I will report to the “Sobriety” Drug Court Office for alcohol and/or drug screening as scheduled or as directed by the Judge or Program Coordinator. \_\_\_\_\_
5. After Phase I of the program, I will make every effort to obtain and hold legitimate employment, or vocational/academic training. I will be required to perform extra community service until I secure viable employment, or educational training. I will also notify the “Sobriety” Drug Court Office of any change in employment and/or educational status. \_\_\_\_\_
6. I will pay all monthly program fees ordered by the “Sobriety” Drug Court Program. \_\_\_\_\_
7. I will not engage in any personal or business relationship with any program participant, “Sobriety” Drug Court staff or treatment provider employee, or staff. \_\_\_\_\_
8. I will not consume any alcoholic beverage, nor will I enter any establishment that primarily sells alcoholic beverages, nor will I purchase any alcoholic beverage. I will not use, possess, distribute or sell any illegal or controlled substances, or any illegal drug paraphernalia. Also, I will seek permission from the “Sobriety” Drug Court Office prior to consuming any over-the-counter or prescribed medication(s). \_\_\_\_\_
9. I will not violate any of the laws or ordinances of the State of New Mexico or any other jurisdiction. \_\_\_\_\_
10. I will participate in any and all treatment components as directed. \_\_\_\_\_
11. I understand and agree that if I fail to comply with any component of the “Sobriety” Drug Court Program, I will be sanctioned accordingly, which may include the following: \_\_\_\_\_
  - a. Retention in program week, or set back 1 or more weeks;
  - b. Increase in reporting days;
  - c. Increase in drug screening days;
  - d. Extra community service hours;
  - e. Incarceration of one or more days, at the discretion of the “Sobriety” Drug Court Judge;
  - f. Increase in 12-Step participation.

12. I understand that my participation in the program may extend beyond the projected nine months of the program if I fail to comply. \_\_\_\_\_
13. If I am arrested by any other agency, I, or a family member will report the arrest to the “Sobriety” Drug Court office. If arrested after hours or on the weekend, this arrest will be reported the next business day, or otherwise directed. \_\_\_\_\_
14. As a DWI “Sobriety” Drug Court participant, I know that I am also subject to all conditions of Court Supervised Probation, including payment of fees, fines or restitution, as ordered by the original sentencing court. \_\_\_\_\_
15. I will not get any tattoos or piercings without first discussing it with the “Sobriety” Drug Court Office. \_\_\_\_\_

\_\_\_\_\_  
Participant

\_\_\_\_\_  
DWI “Sobriety” Drug Court Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date