

UNION COUNTY DWI COURT
DWI COURT PROGRAM CONTRACT

NAME: _____ MIS#: _____ OPUS#: _____

1. I will participate in alcohol and/or other drug treatment as directed by the court, including community support meetings, as set forth in my treatment plan and I agree to be supervised by the drug treatment court services supervisor or other person designated by the DWI Court. I will obey all rules of the court program. I will take urine tests when requested. I will obey all laws and be of good conduct.
2. I will attend all treatment meetings, court dates and other scheduled appointments and I will be on time.
3. I will fully participate in treatment and in all other programs to which I am referred by the court or the services supervisor to help maintain my sobriety and obtain a law-abiding lifestyle.
4. I understand that failure to fully participate, failure to appear, positive urine tests and other program failures will result in sanctions being imposed against me which may include being in custody or termination from program.
5. I agree that the court may generally rely on a presumptive chemical test result. I may request a further confirming test but if I test positive, I will not only bear the cost of the test but may also be terminated based on my failure to be candid with the court about my drug use.
6. I understand that any attempt to falsify a urine test is grounds for immediate termination from the program. I understand that a missed test will be considered a test which is positive for drugs and will be subject to the same sanctions as a test which actually tested positive for drugs.
7. I will sign a consent form waiving confidentiality of any medical, treatment or social services records. If I withdraw consent, I understand that I will be terminated from the program.
8. I understand that a failure to appear for a court date or any other breach of this agreement will result in an immediate bench warrant.
9. I agree to keep the court, treatment provider and services coordinator informed of my current address and telephone number(s), and to report any changes within two calendar days.
10. I agree that I will not use, possess or associate with persons who use or possess any controlled substance or illegal drug such as marijuana, heroin, cocaine (powder, base or "crack"), methamphetamine, PCP, or LSD. I will not use or possess alcohol. I will not use or possess any other drug without a prescription. I will not eat foods containing poppy seeds or take over-the-counter medications prohibited by the court which may results in a false positive urine test.
11. I understand that failure to demonstrate progress in treatment will result in a review of my case to determine my continued participation in DWI Court or the imposition of court-ordered sanctions including incarceration.

DATE: _____

Signature of Defendant

White: Defendant's File

Pink: Defendant

Yellow: DWI Court