

PARTICIPANT CONTRACT, DEKALB COUNTY DRUG/DUI COURT:
C.L.E.A.N. PROGRAM (CHOOSING LIFE AND ENDING ABUSE NOW)
IN THE CIRCUIT COURT FOR TWENTY-THIRD JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS

PARTICIPANT CONTRACT

1) I, _____,
with a birth date of _____, and an address of _____

_____ have entered a guilty plea in:

Charge _____	Case No. _____
Charge _____	Case No. _____
Charge _____	Case No. _____

to wit; I understand that by entering into the DeKalb County Drug/DUI Court: C.L.E.A.N. Program (Choosing Life and Ending Abuse Now) Participant Contract, I am bound by its terms.

General Provisions:

2) I agree that I am a DeKalb County resident, and will live in DeKalb County throughout the drug court program, unless the Judge and Drug/DUI Court Team gives me permission to live outside of DeKalb County. _____

3) I agree not to leave the state of Illinois without obtaining permission from the Judge and Drug/DUI Court Team. I understand that I must make a written request to leave at least a week before the anticipated trip if it is not an emergency and have a urine/breath test immediately before and after returning to DeKalb County. _____

4) I understand that in the event of a work related emergency, I must present the request to the Drug/DUI Court Team and the judge will advise me of approval or denial to be excused from treatment or court date. _____

5) I understand in the event of a non-work related emergency, I must present a short handwritten statement of the emergency to the treatment provider when possible. The treatment provider will present the request to the Drug/DUI Court Team and the Judge will advise me of approval or denial. _____

6) I may not participate in Drug/DUI Court if I am currently an affiliated gang member. Therefore, I affirm that I am not a gang member. _____

7) I understand that if I enter this program and fail to complete it, I may be barred from future participation. _____

8) I understand that I may not possess any weapons while I am in Drug/DUI Court. 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 and/or disclose may result in termination from Drug/DUI Court and possible prosecution for any illegal possession of any weapon. _____

9) I agree to inform any law enforcement officer that I come in contact that I am in Drug/DUI Court. _____

10) For the purposes of regular Drug/DUI Court review hearings, I agree 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 but no decisions made without my attorney and the prosecutor present. _____

11) Upon my successful completion of the Drug/DUI Court program, the State's Attorney office may make a motion to dismiss the Drug/DUI Court case(s), or the pertinent charges as previously agreed upon unless there is objection from the court. _____

Assessments and Treatment:

1) I agree to execute the Consent for Disclosure of Confidential Substance Abuse Information. I understand that any information obtained from this release will be kept apart from the Court file. _____

2) I understand that my individual course of treatment may include residential treatment, intensive outpatient, one-on-one counseling, education, and/or self-improvement courses such as anger management, parenting or relationship counseling. _____

3) I understand that my treatment plan may be modified by the treatment provider of the DeKalb County Drug/DUI Court Team as circumstances arise, and I agree to comply with the requirements of any such modifications. _____

4) I agree to participate in and successfully complete all substance abuse treatment programs, psychological therapies, educational programs and vocational training the Judge and Drug/DUI Court Team orders, and will sign releases to permit all providers to communicate with the Judge and Drug/DUI Court staff. _____

5) I agree if ordered by the Drug/DUI Court to wear a SCRAM bracelet and/or install a BAID device in my car to monitor any alcohol use. I understand that DUI Court will assist me in payment of SCRAM based on my tax returns or pay stub from work but I will be expected to repay all financial support. _____

6) I will inform all treating physicians/nurse practitioners that I am a recovering addict and give the treating health care professionals the Doctor's Note found in the

Participant Handbook. If a treatment physician wishes to treat me with narcotic or addictive medications or drugs or medication containing alcohol after I have disclosed I am an addict and handed them the Doctor's Note, I must disclose this to my treatment provider and inform the Drug/DUI Court Team.

7) I agree to take all medications prescribed for me by my treating physician and/or psychiatrist, and will sign releases for my treatment physician or psychiatrist to communicate with the Judge and Drug/DUI Court staff.

8) I agree to attend a self-help sobriety group as often as the Judge and Drug/DUI Court Team orders me to go.

9) I agree to abide by electronic home monitoring or house arrest if ordered by the Judge and the Drug/DUI Court Team.

10) I agree that I will not withdraw from any treatment provider (residential or IOP) without prior approval of my treatment provider and the Drug/DUI Court Team. If I leave without permission of drug court a no bond warrant will be issued for my arrest.

Use of Drugs and Other Substances and Testing for Their Presence:

1) I understand that I will be tested for the presence of drugs or alcohol in my system on a random basis according to procedures established by the Drug/DUI Court Team and/or treatment provider. I understand that I will be given a location and time to report for my drug test. I understand that it is my responsibility to report to the assigned location at the time given for the test. I understand that if I am late for a test, or miss a test, it will be considered "dirty" and I may be sanctioned.

2) I understand that substituting, altering, diluting or trying in any way to change my body fluids for purposes of testing could be grounds for immediate termination from drug/DUI court or a class 4 Felony.

3) I understand a "diluted" urine test will be interrupted as a positive test.

4) I understand that I may dispute positive test results, but that re-testing by a laboratory will be at my expense if it is positive.

5) I understand that participating in Drug/DUI Court requires me to be drug free at all times. I will not possess drugs (including marijuana), alcohol, or drug

paraphernalia. I will not associate with people who use or possess drugs, nor will I be present while drugs are being used by others. _____

6) I agree to be drug and alcohol tested at any time by a police officer, probation officer, treatment provider, case manager, drug court staff, or at the request of the court or any agency designated by the court. _____

7) I agree to be responsible for what goes into my body that may affect drug test results. Before taking medication of any kind, I will check with the pharmacist or drug court staff to ensure that it is non-narcotic, non-addictive and contains no alcohol. I will inform the drug court staff, team and treatment provider for any and all medications, prescribed or over-the-counter. _____

8) I agree not to abuse any over-the-counter medication. I understand that abuse is defined as taking dosages in excess of label guidelines, taking an over-the-counter medication designed for a condition which I do not have, and taking an over-the-counter medication in a manner in which it was not designed to be ingested (such as crushing and inhaling a medication designed to be taken orally with liquids). I will not use over the counter medications containing “dextromethorphan.” _____

9) I agree to furnish the Drug/DUI Court Team verification from my physician for any prescribed medication in advance of testing to reduce the claims of cross-reactions. I understand that any medication that is prescribed must be reported to the drug court staff and my substance abuse treatment provider provider. (Except in cases of a certifiable medical emergency). _____

10) I agree not to eat foods containing “poppy seeds”, any item containing “alcohol”, and prescription medications not prescribed to the client. _____

11) I agree not to purchase or use any “designer drugs” that can be purchased legally, over the counter without a physician’s prescription. _____

12) I agree not to purchase or use any “smoking mixtures’ (other than products specifically designated to contain only tobacco). _____

13) I agree not to purchase or use products sold or marketed under false pretenses with the warning “Not for Human Consumption”. _____

Cooperation with Judge and Drug Court Staff:

1) I agree to follow all the Courtroom Behavior and Rules that are listed in the Participant Handbook that I was given. _____

2) I understand that during the entire course of the Drug/DUI Court program, I will be required to attend court sessions, treatment sessions, submit to random

drug/alcohol testing, remain clean and sober, and law-abiding. I agree to abide by the rules and regulations imposed by the Drug/DUI Court Team. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program. _____

3) I understand that if I miss a court date without prior permission from the Drug /DUI Court staff a no-bond warrant for my arrest may be issued. _____

4) I understand that participation in the DeKalb County DRUG COURT program involves a minimum time commitment of fourteen months. I understand that in order to be successfully discharged, I must have a minimum of 90 consecutive days or 3 months immediately prior to discharge during which I have not used any prohibited substances. _____

5) I understand that participation in the DeKalb County DUI COURT program involves a minimum time commitment of twelve months. I understand that in order to be successfully discharged, I must have a minimum of 3 consecutive months or 90 days immediately prior to discharge during which I have not used any prohibited substances. _____

6) I agree to meet with the DeKalb County Drug/DUI Court staff as often as directed. _____

7) I agree to permit Drug/DUI Court staff to visit me at my residence and employment and anywhere else necessary to perform their duties. _____

8) I understand that during the early phases of treatment recovery, I may be precluded from working or from gaining employment. I further understand that within the time directed by the Drug/DUI Court Team, I will seek employment, job training and/or further education as approved by the Drug/DUI Court Team, and that failure to do so may result in sanctions or termination. _____

9) I agree to keep the Drug Court Team, treatment provider and law enforcement liaison, if any, advised of my current address and phone number at all times and whenever changed. My place of residence is subject to Drug/DUI Court approval, and I will not leave the DeKalb County without prior approval from the Judge and Drug/DUI Court Team. _____

Searches of Defendant’s Person or Property:

1) As a condition of participation in this program, I agree to the search of my person, property, place of residence, vehicle or personal effects at any time with or without a warrant, and with or without reasonable cause, when required by a Drug/DUI Court staff, probation officer, case manager or other law enforcement officer when accompanying Drug Court staff. _____

Other Program Requirements:

- 1) I agree to pay a portion of the costs of assessment, treatment, education, vocational training, and Drug/DUI Court staff monitoring based upon my ability to pay such costs. Such payment shall be in cash, cashier's check or money order to the Circuit Clerk's Office. _____
- 2) I agree to pay court costs, fine, and/or restitution as ordered by the Judge and Drug/DUI Court Team. _____
- 3) I understand that if I have not paid my Drug/DUI Court fees prior to graduation that I will have a judgment to return to court at predetermined intervals to make payments until the fees are paid. _____
- 4) I agree to participate in community service work program, as ordered by the Judge and Drug/DUI Court Team. _____
- 5) I agree to participate in a speakers program if ordered by the Judge and Drug/DUI Court Team. _____
- 6) I agree not to be in any business where selling alcohol is its primary purpose. _____

Violations, Sanctions and Termination from the DeKalb County Drug Court:

- 1) I understand that sanctions may include time in custody, increased testing, community service and such other sanctions as listed in the Participant Handbook I have been given and as may be deemed appropriate by the Drug/DUI Court Team. _____
- 2) I agree that the Judge may, without prior notice, receive evidence including but not limited to reports from the drug court professionals and staff, that:
 - a) I am not performing satisfactorily in my assigned program; or
 - b) I am not benefiting from education, treatment or rehabilitation; or
 - c) I have engaged in criminal conduct, whether or not that conduct has resulted in charges against me, which makes me unsuitable for the program; or
 - d) I have otherwise violated the terms and conditions of the program or sentence; or
 - e) I have for any reason become unable to participate in the program; or
 - f) I have been charged with a new felony offense in any jurisdiction in which the criminal conduct is alleged to have occurred after my entry into the DeKalb County Drug/DUI Court. _____

3) I agree that upon receipt of such evidence, the Judge may impose an immediate reasonable sanction, including jail time, without having to give me prior notice and without the filing of written petition to revoke bail, except when the sanction is termination from the program for a violation under 2 (a) – (f) of this section. The Judge may also impose other sanctions in addition to or instead of jail time for violations. These sanctions include monetary fines, community service work, electronic monitoring or house arrest, increased frequency of court appearances and community monitoring, increased frequency of drug testing, and any other reasonable sanction designed to ensure my compliance with an program in the DeKalb County Drug/DUI Court.

Participant's Signature

Date

Attorney for Participant

Date

State's Attorney

Date

Drug/DUI Court Judge

Date

Approved 9/14/2006, Revised 6/20/07, Revised 6/9/09, Revised 4/6/11, Revised 3/13/12, Revised 3/5/13;
Revised 4/16/13
Original to Court File; copy to Drug Court staff; copy to attorney; copy to participant