

CLIENT CONTRACT
RAPIDES DRUG TREATMENT COURT PROGRAM

I HAVE CHOSEN TO COMPLETE TREATMENT IN THIS PROGRAM. TO ASSURE MY FULL PARTICIPATION IN THIS DRUG AND ALCOHOL FREE PROGRAM, I AGREE TO THE FOLLOWING REGULATIONS:

1. I understand that I must attend all scheduled sessions and appointments made by the staff. I will appear promptly at all times for treatment, court appearances, AA/NA meetings or any other places when instructed. If it is necessary to miss any sessions, I will notify the staff **in advance** and bring documentation, typed on their letterhead, from my employer or doctor for verification. If I fail to call and bring verification to my next scheduled session, it will be considered an unexcused absence. Each absence, whether excused or not, will be included in the status report sent to the judge.
2. I understand that if I am excused by the medical doctor of taking Antabuse, due to job related reasons, and I am found drinking then there could be a possible termination from the program.
3. I will not consume any alcoholic beverages or controlled dangerous substances and will not enter any bars, lounges, casinos or any businesses where the principal commodity sold or given away is alcoholic beverages.
4. I understand that I will be required to submit to a breath test to verify I am alcohol free. If I am found to be drinking at anytime during treatment, I agree to follow through with referral to detox, inpatient or any recommendation by the treatment staff. If sent to detox or inpatient, I agree to return to Drug Court immediately upon release from such facility to check in with staff to reassess my level of participation in the program.
5. I understand that I will be required to submit to supervise urine screens at each scheduled session. If I fail my screening appointment, fail to produce a urine specimen or if it is not of sufficient quantity, it will be considered a stall on my part and it will be treated as if it was positive for drugs/alcohol which will result in a short jail term or my probation being revoked. If I am found to be using at any time during treatment, I agree to follow through with referral to detox, inpatient, or any recommendation by the treatment staff. If sent to detox or inpatient, I agree to return to Drug Court to check in with staff to reassess my level of participation in the program.
6. I understand a positive screen or dilutes screen will result in my spending a minimum of Three (3) days in jail. The only possible exception is that I notify the staff of my drug/alcohol use before 12 noon.
7. I understand that any client that provides a urine specimen that has creatinine levels that are < 20 will be responded to by staff due to that client providing a specimen that is not reliable for testing will result in a response of a Minimum of (3) days in jail and urine screens with the results of the 4th, High Creatine level of (over 400), has to see a Dr.

8. I understand I am responsible for informing and providing documentation **in advance** of all prescription medications I am taking. I am also responsible for notifying staff if there are any changes to the prescriptions. I will inform any health care provider of my substance addiction prior to them prescribing any medication. If the health care provider still chooses to prescribe a CDS, I will notify the Program Director or specific staff member prior to having the prescription filled or using any of the medication in order to discuss the effects on my recovery and my Drug Court participation. Prescription medication can only be taken for 3-5 days; approval is needed after 5 days.

Regular Tooth Extractions: Prescription medications not approved.

Oral Surgery: Prescription Medications Can be approved.

Medication Refills must be approved.

9. I understand that I am required to get approval from the Program Director or specific staff member, in advance, of any over-the-counter medications I may be using and that they are to be non-addictive and not contain alcohol. I am also responsible for confirming with a pharmacy or medical professional that these medications are non-addictive and do not contain alcohol. I understand that using mood-altering medications **prescribed or not**, could exclude me from participation in the program.

I understand that I cannot drink Energy Drinks while in Drug Court or any Mood Altering Substance. If found to be in possession of SPICE, or have used Spice, you will have a response from the Judge.

10. **I will not bring my cell phone into Group. If my cell phone rings while in Drug Court, I will be fined \$10:00.**

11. I shall inform my treatment counselor of any alcohol/substance use prior to submitting to drug testing.

12. I understand that I am required to participate actively in all scheduled treatment sessions, which I attend. Failure to participate in the group process will be noted by my counselor who will include this in the Status Report to the Judge. I also understand that confidentiality is essential to group therapy and I agree that what I see and hear in any treatment group will remain there.

13. I understand that while I am waiting for admission into a detox or inpatient facility, should it be recommended, I will continue to attend scheduled appointments and treatment sessions at drug court.

14. I understand I am to cooperate with the treatment staff in formulating my treatment plan. I agree to sign the consent forms for the release of information in order to help the staff communicate with individuals or agencies that can assist me in my recovery.

15. I will not engage in criminal conduct and understand that criminal conduct can result in my being Discharged from Drug Court, Should it occur, I will promptly notify my treatment counselor of any arrest or any criminal conduct.

16. I will abide by a curfew of 10 p.m.until 6a.m. and will be in my place of residence during those hours. It is also permissible to work at night after curfew hours. If I am found to be in Non-Compliance during a Home-Check, I know that I will receive a Response from the Judge.
17. I understand that sanctions may be imposed by the judge for my failure to comply with the treatment program. I understand that my failure to comply with the program can result in additional conditions and requirements which will be made part of my treatment plan. I agree to comply with the additional requirements in order to continue in the program.
18. I will be gainfully employed, attend school or perform community service work forty (40) hours per week.
19. I will encourage my spouse, family or significant other to participate in my treatment program.
20. I will be cooperative with the Drug Court treatment staff and my probation officer and Field Officers. In general, I will treat others the way I expect others to treat me and will take time and effort to be polite and show respect to the treatment staff, the court personnel and my peers at all times.
21. If on felony or misdemeanor probation, I will pay \$70.00 per month to Rapides Drug Treatment Court Program during Pre-Contemplation Stage to Maintenance as a probation supervision fee, in the form of a money order.
22. I understand I am NOT to park in the reserved parking lot adjacent to the Drug court offices during the day or evening. I will park on the street in the available parking spaces.
23. I will dress according to the standards of propriety, safety and health and will not wear **sexually provocative or obscene clothing**, hats or sunglasses during group meetings, individual appointments, or **court status hearings**. Shorts, tank tops, and such are not appropriate dress for the courtroom. **No sagging Pants, all men must wear a belt**. No clothing displaying Alcohol or Drugs (language or symbols) or Violence, (Guns, Knives), etc.
24. I will **not** contact the Drug Court judge, the prosecutor or any of the treatment staff at home, or contact the judge to assist me with a problem unless I have first received the permission of my treatment counselor.
25. In case of an **after hours** emergency/crisis, I will call the staff member on call at **541-1792**. The emergency cell phone is available 7 nights a week from **8PM to 8AM weekdays and 24hours availability weekends..**
26. I shall promptly report to my treatment counselor any information that other clients in the Drug Court program have violated any rules of the Drug Court program or conditions of their probation.

27. I will immediately report to Drug Court any change of my address or telephone number. I will make sure that the Drug Court staff **always has a way to contact me**. Failure to do so will result in a Sanction by Counselor i.e., Report, or Community Service.

I AGREE THAT I AM SOLELY RESPONSIBLE FOR MY BEHAVIOR AND DECISIONS. I WILL BE HONEST WITH MYSELF, MY TREATMENT GROUP, TREATMENT COUNSELOR AND THE COURT.

I HAVE READ AND UNDERSTAND THE CONTRACT AND I AGREE TO FOLLOW THESE REGULATIONS. FAILURE TO COMPLY WITH THESE RULES CAN RESULT IN A BEHAVIORAL SANCTION OR REVOCATION OF MY PROBATION.

Client: _____ Date: _____

Staff: _____ Date: _____

Staff: _____ Date: _____

INCENTIVES & SANCTIONS

Incentives:

Praise from the Judge at status hearings
Drawing from fishbowl
Reduction or removal of fines
Awards during graduation

SANCTIONS:

Precomp:

Compt:

Prep:

Violation of any Rule	—1 ST OFFENSE:	3 days in jail, (minimum)
Violation of any Rule	—2 ND OFFENSE:	6 days in jail, (minimum)
Violation of any Rule	—3 RD OFFENSE:	21 days in jail, (minimum)
Violation of any Rule	—4 TH OFFENSE:	30 days in jail, (minimum)
<u>Action:</u>	__1 st OFFENSE:	7 days in jail (minimum)
<u>Maintaince:</u>	__1 st OFFENSE:	7 days in jail (minimum)

and Demotion back.

A positive screen in any form must be sanctioned by above guidelines. Other violations maybe sanctioned by community service or the writing of a report related to the violation. The re-instatement of fines may also be used as a sanction. All sanctions must be graduated as those above. These sanctions must be approved by clinical supervisor.

2nd Violation: within a 90-day period, the Response will double from the 1st.

A urine screen resulting in **Four**, (4), High **Creatine levels** of **over (400)** has to see a Dr.

5TH OFFENSE — staff to discuss termination; client to present case at staffing.

***If client has any violation(s), then goes 3 months without another violation, sanction level is reduced to 1st offense.

These are minimum sanctions; actual sanction(s) may be more severe--up to and including termination. Actual sanction(s) will be based on clients' overall history and behavior.

*** Client can be Terminated at any time.****



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