



COUNTY OF ROCK
Community RECAP

303 W. Court St., Janesville, WI 53548 Phone: (608) 743-1736 Fax: (608) 743-1759

Screen Date: ___/___/___ Program: [] Drug Court [] Drug Court - DOC
Client Name: _____ Case # _____
Address: _____
Street City ST Zip
Home Ph: _____ 2nd Ph/Location: _____
Race: _____ Sex: [] M [] F Birth Date: ___/___/___ Age: _____
Judge or Probation Agent: _____

Agreement

I understand that participation in the Rock County Drug Court is a privilege that is offered to me. It is an opportunity to allow me to make positive changes in my life. I have received an explanation of the treatment components required by staff at the Community RECAP office and I am aware of the program requirements. Under this agreement I am requesting to be a part of this program.

During my participation in Drug Court I will be subject to random drug and alcohol testing. I will also be required to attend and be on time for all scheduled appointments and classes. I understand that my individual program may require that I attend groups on Cognitive Intervention, AODA substance abuse, anger management and a support group deemed appropriate by my Case Manager. I may also receive assistance in employment, housing and education. In addition, I will participate in individual and/or family counseling sessions.

I understand that there may be fees associated with being in this program and that \$100.00 is due when I come for my first intake appointment. I further understand that failure to comply with this agreement or any additional recommendations of the Court or my Case Manager will result in sanctions against me. These sanctions may include termination from this program.

Signature of Participant

Date

Signature of Witness

Date

An Effective Program Of Court Supervision And AODA Treatment for Offenders

Rock County Sheriff's Office - Rock County Courts - Rock County District Attorney
State Public Defender's Office - ACS Clinical Services