

Marathon County Adult OWI Treatment Court

Name: _____

Address: _____

City/State/Zip code _____

Date of birth: _____

Home phone: _____ Work phone _____ Cell phone: _____

Violation: _____

Pre-plea:

Post plea:

I understand that by entering into the OWI Court Program, I am bound by the following contract.

Contract

1. This contract is valid only if I am eligible for the OWI Court Program. If at any time after I sign this contract or during the OWI Court Program, I am found to be ineligible to participate, I may be terminated from the program. I will not be allowed to withdraw my plea of guilty or no contest because I was terminated from the program.
2. I understand that if I enter this program and fail to complete it, I may not be allowed to participate in the OWI Court Program in the future.
3. I understand that participation in OWI Court involves a minimum commitment of twelve months, but will likely require my participation for more than 12 months.
4. I understand that prior to my entry to OWI Court I must observe at least one OWI Court session. I observed OWI Court on: _____.

Rules of OWI Court

1. I understand that participating in OWI Court requires me to be drug and alcohol free at all times. I will not possess drugs or alcohol. I will not possess drug paraphernalia. I will not associate with people who use or possess drugs, nor will I be present while others are using drugs or alcohol.
2. I understand that I will be required to attend court sessions, treatment sessions, submit to random drug testing, **which might include more than one test a day**, and remain sober, and law-abiding.
3. I understand that I will be subject to random home visits by law enforcement or probation agents. Refusal to allow entry to my residence or failure to cooperate with home visits will be considered a violation.
4. I agree to inform any law enforcement officer I talk to that I am in OWI Court.
5. I agree to inform all treating physicians that I am a recovering addict. If a treating physician advises that I take narcotic or addictive medications, I must disclose this to my treatment provider and get specific permission from the OWI Court Team to take that medication. I will notify the OWI Court Coordinator of any medication that is prescribed to me and also of any non-prescribed medication that I am taking.
6. **I agree that this program will take priority over all other aspects of my life. I understand that the Court expects me to make this program my number one priority.** I will seek employment, job training and/or further education only as approved by the OWI Court Team.
7. I agree to keep the OWI Court Team and treatment provider advised of my current address and phone number at all times. My place of residence is subject to OWI Court approval.
8. I understand that I will be charged an OWI Court fee and that I will make monthly payments towards that fee.
9. I agree to abide by all rules and regulations imposed by the OWI Court Team, and that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program. I understand that sanctions may include time in custody, increased drug testing, community service, monetary consequences and other sanctions deemed appropriate by the OWI Court Team.
10. Expulsion from the OWI program will result in the commencement of revocation proceedings by the Department of Corrections.

Treatment

1. I agree to cooperate with planning for an individualized drug treatment program. I understand that the treatment provider or the OWI Court Team may modify my treatment plan as necessary. I agree to comply with the requirements of those modifications
2. I understand that the treatment provider will provide weekly updates to the OWI Court Team and participate as necessary with weekly staffing.
3. I understand that my individual course of treatment may include day treatment, residential treatment, other alcohol or drug treatment, education, and/or self-improvement courses such as anger management, parenting or relationship counseling.
4. I agree that I will not leave any treatment program without prior approval of my treatment provider and the OWI Court Team.
5. I understand that I will be required to pay for some or all of the cost of my treatment. I will make fee agreements with the treatment provider. I will complete a financial disclosure form if requested.

Alcohol/Drug Testing

1. I understand that I will be tested for the presence of alcohol/drugs in my system on a random basis according to procedures established by the Marathon County OWI Court Team and/or treatment provider.
2. I understand that if I am late for a test or miss a test, it will be considered **positive for alcohol/drugs**.
3. I understand that substituting, altering or trying in any way to change my body fluids for purposes of testing may be grounds for sanctions from OWI Court.
4. I agree to be alcohol/drug tested at any time by a police officer, probation officer, treatment provider, or at the request of the court of any agency designated by the court.
5. I am responsible for what goes into my body that may affect alcohol/drug test results. I will pre-register any and all medications, prescribed or over-the-counter, with my treatment provider and with the OWI Court Case Manager.

Waiver of Rights

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 when required by a probation officer or other law enforcement officer working with the OWI Court.

2. I agree to sign all required releases. I also understand that failure to authorize and consent to the release of confidential treatment records will exclude me from participation in OWI Court.

3. I understand that my OWI Court file will be treated differently than a normal court file. It will be kept secure and separate from other Marathon County Court files.

I understand that by signing this contract, I am bound by the terms of this contract and the rules of the OWI Court Program.

Participant's Signature

Date

Attorney for Participant

Date

Prosecuting Attorney

Date

Original to OWI Court File
Cc: Case Manager, participant
Rev.//drd/12/15/10