

**Acknowledgement of the
Receipt of Documents Related To Enrollment In
the Carroll County Adult Drug Treatment Court Program**

Participant's Name: _____

Case Number (s): _____

As the Defendant in the above-captioned case (s), I hereby acknowledge that I have received the following documents from Carroll County Adult Drug Treatment Court Program.

I further acknowledge that the Participant Handbook has been reviewed with me and I understand the contents including the specific policies, statements and instructions contained therein

(Please Check)

_____ Hearing Notice

_____ Supervision Order

_____ Drug Treatment Court Agreement

_____ Participant's Handbook including

_____ Program Structure

_____ Drug Screen Policy

_____ Sweat Patch Instructions

_____ Suboxone (Buprenorphine) Policy

_____ Calendar

ACKNOWLEDGED:

Participant's Signature

Participant's PRINTED name

Date

Revised 07/09