

**THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
DRUG TREATMENT COURT PROGRAM**

Drug Treatment Court Program Participant Agreement & Waiver of Confidentiality

I, _____, wish to participate in the Western District of Virginia's Drug Treatment Court Program, a federal drug court. I understand that if I am accepted into the Drug Treatment Court Program, I agree to fully comply with all program requirements, all other court orders, and any orders that govern the conditions of my bond or supervised release. I understand that failure to comply with the terms of this agreement, other Drug Treatment Court Program requirements, or court orders may result in the imposition of sanctions or, ultimately, in my termination from the Drug Treatment Court Program. I also understand that any misconduct I may commit while I am a Drug Treatment Court Program participant could result in the revocation of my bond, probation, or supervised release.

_____ I agree that I will not violate any federal, state, or local laws, and I acknowledge that I may be immediately terminated from the Drug Treatment Court Program if I am charged with any such violations.

_____ I agree that I will not use any mood- or mind-altering drugs or alcohol, even if those substances are legally available, except as prescribed.

_____ I understand that I may receive medication-assisted treatment ("MAT") under the supervision of a medical health professional, if such treatment is recommended and I elect to obtain such treatment. I agree that I will not use any medications provided in the treatment in a manner inconsistent with the medical health professional's instructions.

_____ If I am placed on bond before or during my participation in the Drug Treatment Court Program, I agree that participation in the Drug Treatment Court Program is a condition of my bond.

_____ If I am placed on supervised release before or during my participation in the Drug Treatment Court Program, I agree that participation in the Drug Treatment Court Program is a condition of my supervision.

_____ I agree that I will be honest and disclose all relevant matters to the Drug Treatment Court Program's presiding judge, my supervising probation officer(s), and other members of the Drug Treatment Court Program team, and I

understand that my failure in this regard will be grounds for termination from the Drug Treatment Court Program.

_____ I understand that I have the right to be represented by an attorney and that, as a participant in the Drug Treatment Court Program, if I cannot afford an attorney, one will be assigned to represent me for drug court proceedings. Because success in the program is entirely dependent upon my honesty and forthrightness with the court, with treatment providers, with probation officers, and with counsel, I am presumed to be acting in good faith. That presumption gives rise to my duty, and my counsel's duty, to disclose to and be completely honest with the court.

_____ While I am represented by the Drug Treatment Court Program appointed counsel, I would like that counsel to communicate with my retained/appointed counsel _____, in the event that issues or concerns arise regarding my participation in the program. **IF YOU INITIALED AND COMPLETED THIS PARAGRAPH, IT MUST ALSO BE INITIALED BY THE ATTORNEY WHO HAS AGREED TO REPRESENT YOU DURING YOUR PARTICIPATION IN THE DRUG TREATMENT COURT PROGRAM.**

_____ I understand that for purposes of the Drug Treatment Court Program the above-listed conditions and obligations of disclosure and honesty likewise apply to my relationship with my regular retained/appointed counsel.

_____ I agree to obey all instructions and orders given to me by the Drug Treatment Court Program's presiding judge and by my supervising probation officer(s).

_____ I understand that the supervising probation officer will conduct announced and unannounced visits while in the program. These contacts may occur at my home, my work, the treatment center, the courthouse, or anywhere deemed necessary, consistent with the confidentiality of my treatment. I will report when and where I am directed to report by these officers.

_____ I agree to report to my supervising probation officer(s), as soon as possible but in no event later than 24 hours, every contact I have with law enforcement personnel, including arrests, questioning, or traffic stops.

_____ I agree to notify my supervising probation officer(s), as soon as possible but in no event later than 24 hours, of changes in any of the following: my home address; my phone number(s); my employment; and my educational pursuits.

_____ I agree to notify my supervising probation officer(s), as soon as possible but in no event later than 24 hours, if I lose my mobile telephone.

_____ I understand that in order to qualify for the Drug Treatment Court Program I must meet certain legal and clinical criteria and that there is no right to acceptance or guarantee that I will be accepted.

_____ I understand that, while I am being considered for the Drug Treatment Court Program, my criminal case will continue, and I must continue to make all scheduled criminal or other court appearances and that a warrant for my arrest will be issued if I fail to attend court hearings.

_____ I agree to participate in the evaluation process to determine if I qualify for the Drug Treatment Court Program and to help me decide if I want to enter the program if I qualify.

_____ I agree to cooperate in the intake process, including filling out forms and providing information, consents, and releases so that the Drug Treatment Court Program can obtain relevant information about me, including medical, mental health, and substance abuse treatment information.

_____ I agree to participate in psychological, substance abuse and dependence, and risk evaluations that may include completing written forms and tests and interviews with mental health and/or substance abuse professionals.

_____ I agree to permit the members of the Drug Treatment Court Program team to share the information they obtain about me among themselves and with the mental health professionals who evaluate me to determine whether I qualify for the Drug Treatment Court Program.

_____ I hereby waive all federal and state requirements of confidentiality between treatment staff, courts, and other probation agencies from whom I receive treatment and/or services. **Confidentiality between therapists, case workers, probation officers, and the court will be waived for the duration of my participation in the Drug Treatment Court Program.**

_____ **I hereby waive all federal and state requirements of confidentiality regarding obtaining prescription drugs.**

_____ I agree to submit to drug testing as directed by the Drug Treatment Court Program presiding judge or my supervising probation officer(s).

- _____ I agree to immediately enroll in a substance abuse treatment program as directed by the Drug Treatment Court Program's presiding judge or my supervising probation officer(s). I further agree to abide by the rules and regulations of that program until I am discharged from that program.
- _____ I agree that I will participate in a court-approved self-help or peer support group in addition to professional counseling as directed by the Drug Treatment Court Program's presiding judge or my supervising probation officer(s).
- _____ I agree to execute release forms that allow my supervising probation officer(s) to access any and all of my financial records, including but not limited to records maintained by banks, credit unions, credit reporting services, and the Social Security Administration.
- _____ I agree to execute release forms that allow my supervising probation officer(s) to access any and all of my health records, including but not limited to records held by hospitals, health care providers, and pharmacies.
- _____ I agree to allow my supervising probation officer(s) to access and monitor any and all of my social networking accounts, including but not limited to Facebook, Twitter, Instagram, and Snapchat.
- _____ I agree to allow my supervising probation officer(s) to access and monitor my educational records, including any online accounts that allow me to check my interim and final grades.
- _____ I understand that members of the Drug Treatment Court Program team may gather relevant information from members of my family, which may include family, social, and clinical history.
- _____ I agree to notify all health care providers of the specifics of my substance abuse addiction, particularly before those health care providers prescribe any medication to me.
- _____ I agree to report to my supervising probation officer(s), as soon as possible but in no event later than 24 hours, every contact I have with health care personnel, including but not limited to physician and emergency room visits.
- _____ I agree to report to my supervising probation officer(s), as soon as possible but in no event later than 24 hours, any and all medication that has been prescribed to me. I further agree that I will notify my supervising probation officer(s) that I have received a prescription before I begin taking that medication.

_____ I agree that I will use prescription medication only in the manner in which it has been prescribed to me. I agree that I will use over-the-counter medication only in keeping with that medication's directions. If my health care provider prescribes alternate instructions for using over-the-counter medication, I will report those directions to my supervising probation officer(s) as soon as possible, but in no event later than 24 hours.

_____ I agree to undergo a criminal record check for up to three (3) years following the termination of my term of supervision only for purposes of the Drug Treatment Court Program evaluation.

_____ I understand that, subject to any exceptions to confidentiality that may apply under federal or state law, the Drug Treatment Court Program team may use the confidential information hereby authorized to be released only in connection with their evaluation of my participation and progress in the program and my compliance or noncompliance with the terms of my diversion and their evaluation of the effectiveness of the program as a whole.

_____ I understand that confidential information disclosed pursuant to this authorization may subsequently be used by the U.S. District Court for the Western District of Virginia and/or the U.S. Probation Office for the Western District of Virginia, to initiate or support an action alleging a violation of the terms of the Drug Treatment Court Program and/or to prepare a Presentence Report, make a recommendation regarding sentencing, and determine the appropriate sentence, as a result of which the information may no longer be deemed confidential and may no longer be protected by federal or state law.

_____ I understand that if I decide to opt out of the Drug Treatment Court Program, that decision may be taken into account by the court and could be a factor that may affect the sentence subsequently imposed by the court.

_____ I understand that my confidentiality authorization will remain valid until my termination from the Drug Treatment Court Program, whether successfully or unsuccessfully, at which time this authorization for disclosure of confidential information will expire.

_____ I understand that I have the right to revoke this authorization to release confidential information, in writing, at any time by sending written notification to my supervising probation officer(s). I understand that if I revoke this authorization to release confidential information, I will thereby revoke my

authorization for further disclosure of such information. I also understand that if I revoke this authorization to release confidential information before I complete the Drug Treatment Court Program, it may result in my termination from the program.

_____ I will not disclose confidential information discussed in Drug Treatment Court Program hearings to anyone not in attendance at those hearings.

_____ I understand that Drug Treatment Court proceedings are open to the public, but that every effort will be made to protect the confidential nature of treatment issues during open court proceedings.

_____ I understand that the identity of all Drug Treatment Court Program participants must be kept confidential, and I agree that I will not disclose the identity of the Drug Treatment Court Program participants to non-participants.

_____ I will not associate with any Drug Treatment Court Program participants outside of the status hearings, drug treatment sessions, and self-help meetings, unless my supervising probation officer(s) expressly permits me to do so.

_____ I will not associate with any persons engaged in criminal activity. I shall not associate with any person convicted of a felony, unless my supervising probation officer(s) expressly permits me to do so.

_____ If accepted into the Drug Treatment Court Program, I agree that, if applicable, my right to a speedy trial will be tolled while I continue in the Drug Treatment Court Program, and I otherwise waive having my case heard within applicable time limits.

_____ I understand that information provided during Drug Treatment Court Program hearings may not be protected by any privilege and could be used against me in future court proceedings.

_____ I understand that should I fail to appear for any of the Drug Treatment Court Program's status hearings, a warrant may be issued for my arrest only for purposes of the Drug Treatment Court Program evaluation.

_____ I understand that the United States Attorney's Office may move the Court, or petition—at any time—for my termination from the Drug Treatment Court Program, and further that the supervising probation officer and/or members of the Drug Treatment Court team may request or recommend that the United

States Attorney's Office so petition. I understand that the decision regarding termination rests in the sole discretion of the Drug Treatment Court Program's presiding judge.

_____ I have not been promised any particular outcome with regards to the resolution of the federal charges or supervised release violation that I am currently facing. I understand that if I successfully complete the Drug Treatment Court Program, the United States Attorney's Office—in its sole discretion— may reduce the charges to a lesser offense, recommend a non-guideline sentence, or dismiss the charges entirely. Similarly, the U.S. Probation Office may recommend dismissal of my violation charge(s) and/or reduce the term of my supervised release or probation. The United States and the U.S. Probation Office are under no obligation, however, to take any of these actions, and no outcome is guaranteed.

_____ I understand that, upon my successful completion of the Drug Court Treatment Program, the Drug Treatment Court Program's presiding judge may recommend that I attend up to twelve bi-monthly counseling sessions as part of an after-care program for graduates. I agree that the district judge presiding over my sentencing, bond hearing, or supervision hearing may, in his or her sole discretion, order me to attend these counseling sessions. These counseling sessions, if required, will be provided at no or low cost to me.

_____ I understand that, upon my successful completion of the Drug Treatment Court Program, the district judge presiding over my sentencing, bond hearing, or supervision hearing may, in his or her sole discretion, order me to perform a specified amount of community service, and/or attend a specified number of self-help meetings, and/or be present for a specified number of the Drug Treatment Court Program hearings.

_____ I understand that information about my case may be used for statistical purposes to evaluate the Drug Treatment Court Program.

_____ I have read and understand the Western District of Virginia's Drug Treatment Court Program Drug Testing Participant Contract.

_____ I understand that acceptance into the Drug Treatment Court Program is within the sole discretion of the presiding judge, the United States Attorney's Office, and the U.S. Probation Office and is not subject to appellate review of any type.

I have read the *Participant Overview* and this *Participant Agreement*, or they have been read to me, and I understand the terms and conditions of my participation in the Drug Treatment Court Program. I agree to fully comply with these terms and conditions. By agreeing to participate in the Drug Treatment Court Program, I consent to the disclosure of my confidential information to Drug Treatment Court team members; I also consent to the disclosure of confidential information during Drug Treatment Court Program hearings as appropriate. I understand that this is a voluntary program. By agreeing to participate in the Drug Treatment Court Program, I agree that I will abide by all of the program's rules.

Participant

Date

I have advised my client of all of the Drug Treatment Court Program's terms and conditions. I believe that my client fully understands those terms and conditions and that he or she knowingly and voluntarily seeks permission to participate in the Drug Treatment Court Program.

Attorney for Participant

Date

I recommend the above-named individual for participation in the Drug Treatment Court Program.

Assistant United States Attorney

Date

I recommend the above-named individual for participation in the Drug Treatment Court Program.

United States Probation Officer

Date

I approve the above-named individual for participation in the Drug Treatment Court Program.

United States District Judge

Date

I further understand that the Federal Public Defender may be appointed to represent me for the purposes of the Drug Treatment Court Program only.

- I consent to the appointment of the Federal Public Defender to represent me for the purposes of the Drug Treatment Court Program only. I understand that my defense attorney of record will continue to represent me in all matters arising in my underlying criminal case.
- I do not consent to the appointment of the Federal Public Defender to represent me for the purposes of the Drug Treatment Court Program. I understand that my defense attorney of record will represent me for the purposes of the Drug Treatment Court Program as well as in all matters arising in my underlying criminal case.
- The Federal Public Defender has previously been appointed to represent me in my criminal case and will also represent me for purposes of the Drug Treatment Court Program.

Participant

Date

Attorney for Participant

Date

Assistant Federal Public Defender

Date