

**COURT OF COMMON PLEAS, BELMONT COUNTY, OHIO**

State of Ohio,

**Plaintiff**

**Case No.:** \_\_\_\_\_

vs.

\_\_\_\_\_ ,

**Date:** \_\_\_\_\_

**Defendant**

**Belmont County Drug Court  
Post-Conviction and Intervention in Lieu of Conviction  
Participation Agreement**

I understand that the Belmont County Drug Court is a Specialized Docket designed to offer a therapeutically oriented judicial approach to providing court supervision and appropriate treatment to substance dependent persons who entered a Guilty Plea to a Felony Offense, wherein drug and alcohol usage by the offender was a factor leading to the criminal behavior. The goals of the Belmont County Drug Court are to help me gain and maintain sobriety through appropriate drug and/or alcohol treatment; to gain mental health stability; to stabilize my living environment; to ensure compliance with my Case Plan objectives; to acquire employment and/or to participate in the development of appropriate skill enhancement activity and to lead a drug-free life.

I understand that the Belmont County Drug Court program is voluntary. Should I agree to participate in the program, I understand that the Court will expect me to comply with all of the rules and expectations of the program. **I have received and read the Participant Handbook and the Drug Court Petition. These documents clearly outline the rules and expectations of the Drug Court.**

## **RIGHTS TO BE WAIVED**

I understand that I must waive certain rights in order to participate in the Belmont County Drug Court. The rights that I waive by entering the Drug Court Program include:

1. **The right to remain silent and the right against self-incrimination.**

As a participant in the Belmont County Drug Court, I understand that I will be required to appear before the Judge for status review hearings on a regular basis. I understand that I must be honest with the Judge and Drug Court staff about my activities, behavior and compliance with the Drug Court rules. I further understand that it is my responsibility to self-report any violations of the Drug Court rules, Court Orders or the law. I also understand that statements made in Drug Court would not be admissible unless it is provable by independent, extrinsic evidence in subsequent criminal proceedings.

2. **Right to Due Process.**

I understand that the Court will impose sanctions on me if I do not comply with the Court Orders and the rules and expectations of Drug Court. I understand that I will be advised of any allegation(s) of non-compliance on the record during status review hearings. I understand that I will be given the opportunity to voluntarily enter an admission to the allegation(s) or deny the allegation(s) and request a hearing with my attorney present. **A Motion, Notice, Service and Hearing are required for a Motion to Terminate from Drug Court Program.** Additionally, I would have the right to be represented by my attorney at the Hearing for the Motion to Terminate from the Drug Court Program.

3. **Right to an attorney.**

I understand that I do have the right to request the attendance of my attorney at the treatment team meetings (also known as staffing) during the period of time that my case is being discussed. I further understand that I would have the right to have my attorney represent me at a Motion to Terminate Hearing. While my attorney may be present during my status review hearing before the Judge, I understand that the Court will proceed with my case regardless of my attorney's presence and that the court may impose sanctions or award incentives at these hearings.

4. **Right to freely associate.**

I understand that the Court may determine that it is not in my best interest for me to interact with a specific person. If that determination is made, I understand that I may be ordered to stay away from that person while I am a participant of the Drug Court program.

5. **Right to travel.**

I understand that I am required to reside in Belmont County while I am in Drug Court. Additionally, I understand that my travel may be restricted due to my need to meet all requirements of the Court and my treatment while I am in the Belmont County Drug Court Program.

6. **Right to confidentiality.**

I understand that I must sign releases of information in accordance with the "Health Insurance Portability and Accountability Act of 1996," 42 U.S.C. 300gg-42 and section 2151.421 and 2152.99 of the Revised Code for the Drug Court staff, my treatment provider, doctors, dentists, mental health providers, hospitals and other professionals. I understand that information received from these releases will be shared with the Drug Court Team on an on-going basis.

7. **Right to request recusal of Judge.**

I understand that while I am a participant in Drug Court, I will be required to appear before the Drug Court Judge on a regular basis. I understand that only one Judge is assigned to the Drug Court docket, except for the reasonable unavailability of said Judge. I agree to have all Drug Court matters heard and determined by the Judge assigned to Drug Court and I waive my right to request the recusal of the Drug Court Judge from any Drug Court hearings.

8. **Right to object to the admission of drug testing results.**

As a Drug Court participant, I understand that I waive my right to object to the admission of drug test results in any hearings within the jurisdiction of the Belmont County Drug Court.

9. **Right against unlawful Search or Seizure**

I understand that while I am in the Drug Court program, the Drug Court staff may conduct searches of me, my residence or my property.

## **PROGRAM EXPECTATIONS**

I understand that the Belmont County Drug Court consists of five (5) phases and that my progression through these phases will depend upon my performance on my treatment plan, my case plan objectives, my results on randomized drug and alcohol testing as well as my compliance with phase requirements and the Drug Court Program rules. While in phase one of the program, I will be required to appear before the Drug Court Judge on a regular basis which shall be no less frequent than twice monthly. At the status review hearings, the Judge will review with me my progress or lack of progress with program expectations. The Judge may award an incentive for good progress or impose a sanction for violations at the status review hearing. As I progress through the phases, I understand that the length of time between status review hearings will lengthen but typically will be no less frequent than once monthly.

## **APPEARANCES FOR STATUS REVIEW HEARINGS**

I will appear for all status review hearings as ordered. I understand that my failure to appear for a status review hearing will result in the issuance of a warrant. I will appear on time, dressed appropriately, and I will conduct myself in an orderly and respectful manner. I will be attentive during status review hearings. I will not talk or use any electronic device while court is in session. I acknowledge that I am required to maintain the confidentiality of other Drug Court participants. Therefore, I will not disclose any information regarding other participants shared during a status review hearing to any other person.

## **APPEARANCE FOR STAFF MEETINGS**

Additionally, I acknowledge that I will be required to meet with Drug Court staff on a regular basis outside of the status review hearings. I will appear for these appointments on time unless I have called in advance to reschedule. I agree that I will keep Drug Court staff aware of any changes in my home address, phone number or source of income, or employment status, including my work schedules.

### AA/NA ATTENDANCE

In addition to all other orders of the Belmont County Drug Court Program, I am aware that I will be required to attend community support groups on a weekly basis. Qualifying community support groups include a 12-step program such as NA or AA or other community support groups which have been pre-approved by Drug Court staff. The number of groups that I am required to attend each week will be determined by Drug Court staff but it shall be no less frequent than two meetings per week.

### OBEY ALL LAWS

I will obey all federal, state and local laws as well as all orders of Drug Court or any other court. I understand that I am obligated to immediately report any new charges or arrests or any outstanding warrants from any case to Drug Court staff.

### DESIGNATED LENGTH OF PROGRAM

I understand that there is not a pre-determined length of time that I will be in the Drug Court Program, except that the program shall continue for **not less nine (9) months, nor more than two (2) years**. I acknowledge that my compliance with my treatment plan, court orders and the rules of the Drug Court Program will directly affect the length of time that it will take me to successfully complete the program. I also acknowledge that I am aware of the **six (6) months of probation that I am required to complete following graduation** to assure an actual outcome. If I agree to participate in the program, I understand that I must remain in the program until I successfully complete and graduate or until the court determines that I must be terminated.

### ASSESSMENT, REFERRAL AND TREATMENT EXPECTATIONS

I understand that I will be individually assessed and placed in an appropriate drug and/or alcohol treatment program. I agree to regularly attend and fully participate in treatment. I further agree to follow all treatment recommendations including an increased level of care which may include residential treatment in a voluntary treatment program and/or imposition of a sentence at the Eastern Ohio Correction Center. I understand that the Drug Court team will always consider clinical assessments and treatment recommendations but that they are not obligated to follow such assessments or recommendations.

### **ADDITIONAL SERVICES**

I understand that the Belmont County Drug Court Program will assess my individual needs and will refer me to additional services that I may require. These services may include, but are not limited to, psychiatric/mental health assessment and services, domestic violence counseling, educational or vocational training, parenting programs, anger management counseling, housing assistance, doctors or dentists. I agree to cooperate with all referrals and to appear for all scheduled appointments.

### **MEDICATIONS**

If I am prescribed medication by a physician, I will immediately notify Drug Court staff and, if approved, I will take all medications as prescribed. I will immediately notify Drug Court staff of any problems that I may experience with taking the medication including lost or stolen medication or problems with obtaining necessary refills.

### **HEALTH INSURANCE COVERAGE AND RELEASE OF INFORMATION**

I agree that I will pursue health insurance coverage as directed by Drug Court staff and that I will do all that is necessary to maintain that coverage. Should I be denied health insurance coverage or lose coverage, I will immediately notify Drug Court staff.

I understand that as a condition of my participation in the Belmont County Drug Court, I will be required to sign releases of information in accordance with the "Health Insurance Portability and Accountability Act of 1996," 42 U.S.C. 300gg-42 and section 2151.421 and 2152.99 of the Revised Code for the Drug Court staff, my treatment provider, doctors, dentist, mental health providers, hospitals and other professionals. I further understand that this information will be shared with the Drug Court team on an ongoing basis in an effort to monitor my overall performance in the program.

## **PARTICIPANT MONITORING**

In addition to the requirements of attending status review hearings, meetings with Drug Court staff, attending treatment, community support groups and all other referrals as outlined above, I understand that I will be required to submit to random, frequent and observed drug and/or alcohol testing. As a participant, I will be required to call my Counselor, as Ordered, to schedule my designated call-in window to determine if I am required to submit to drug and/or alcohol testing. If selected to test, I understand that I am required to present myself to the Crossroads Agency, located at 255 West Main Street, St. Clairsville, Ohio 43950 or an appropriate location in Belmont County, during my designated testing window.

I understand that my failure to call, when ordered, will result in a sanction imposed by the Court. I further understand that failure to submit for testing when required, submitting an adulterated sample, or submitting the sample test of another individual or a diluted sample will be treated as a positive test, resulting in immediate imposition of Court Ordered sanctions.

## **PROGRESSION IN PROGRAM**

In addition to Court imposed sanctions, I understand that non-compliance with the drug and/or alcohol testing procedures and positive test results will impact my progression through the Drug Court phases and the level of treatment that I am required to complete. Again, I understand that while the Drug Court team will consider the level of care recommended by assessments and treatment, they are not obligated to follow those recommendations.

## **NO UNPRESCRIBED MEDICATIONS**

I agree that as a Drug Court participant, I am not permitted to purchase, use or possess, either on my person or in my home, any illicit drug, alcohol or other mood-altering substances. Additionally, I agree that I will not possess any drug paraphernalia.

I agree to notify all doctors and dentists treating me that I am in a recovery program. I will present my Physician Information Letter to all treating doctors and dentists upon initial contact for them to review and sign. I further understand that it is my responsibility to bring the signed Physician Information Letter to Drug Court and to present it to Drug Court staff. I will

not take any prescription medication unless prescribed to me by a licensed physician and approved by the Drug Court staff and my treatment provider. I agree to provide verification of the prescription to Drug Court staff. I understand that if I have a positive test as a result of taking a prescribed medication that is prohibited by Drug Court or that I have not received prior authorization from Drug Court staff to take, the test will be considered a positive test, subject to Court Ordered sanctions.

I have read the Drug Court Testing Contract and I understand that there are a variety of over-the-counter medications and other products that I am prohibited from taking or using. I understand that if I have a positive test as a result of taking an over-the-counter medication or using a product that is prohibited by the Drug Court Testing Contract or that has not been approved by Drug Court, the test will be considered a positive test, I will have to recount my clean days and I will be sanctioned by the court.

### **INCENTIVES AND SANCTIONS**

I understand that as a Drug Court participant, my overall performance with meeting all expectations of Drug Court will be monitored and information concerning my performance will be shared with the Drug Court team members in a timely manner. Team members will have ongoing communications concerning all aspects of my compliance with the Drug Court program including, but not limited to, my attendance at status review hearings; attendance at office visits with Drug Court staff; attendance and participation in treatment; drug and alcohol testing history as well as my call-in history; attendance at community support groups (AA, NA, or other pre-approved support group; my community service requirements) follow-up on referrals to other services in the community; general compliance with Drug Court orders as well as the orders of other courts and my ability or failure to follow all laws.

I will appear before the Drug Court Judge on a regular basis for a status review hearing which will be no less frequent than twice monthly while in phase one of the program. I understand that during this status review hearing, the Judge will review my progress in the program.



If I have been determined by the Drug Court team to be compliant with rules and expectations, the Judge will relate my compliant behavior and may award an incentive to me. Incentives range from praise for the compliant behavior, progressive phase advancement, certificates, inspiration cards, reduced counseling requirements to graduation from the Drug Court Program.

### **SANCTIONS FOR NON-COMPLIANCE**

If I have been determined to be non-compliant with the Drug Court rules, the Drug Court Judge will explain the violations and may immediately impose sanctions. I understand that sanctions are graduated in severity and will include reprimand from Judge; warning letter; writing or reading assignment; increase in frequency of drug and/or alcohol testing; community service hours; imposition of fees; more frequent status review hearings; demotion in phase assignment; increase in meetings with Drug Court staff; increase in AA/NA attendance; issuance of warrant for failure to appear at status review hearing; jail sentences (1 day, 3 day, 10 day, 30 day); sentence to the Eastern Ohio Correction Center; Last Chance Contract; or Motion to Terminate from the Drug Court Program. **If a Motion to Terminate is filed, I will be served with the Motion and I will have the right to be represented by my attorney and to request a contested hearing, which shall address my Drug Court record and the grounds for my termination from the Program.** I understand that all other sanctions will be imposed immediately and without an additional hearing.

### **SUCCESSFUL COMPLETION CRITERIA**

**I understand that the Belmont County Drug Court consists of five (5) phases which I must complete successfully before I will be considered for graduation from the program.** The Participant Handbook details what I must do to satisfactorily complete a phase in order to be considered for promotion into the next phase. I understand that there is not a pre-determined length of time that I will be in each phase. Phase completion and promotion will depend on my motivation and my ability to satisfy each of the requirements listed for the phase that I am currently in.

**In order to be considered for graduation, I understand that I must have six (6) months of continuous negative drug and/or alcohol screens; have completed my drug and/or alcohol treatment program; regularly attend any and all mental health**

**appointments and be compliant with mental health medication, if prescribed to me; continue to attend community support meetings; satisfied all court orders, including full payment of restitution and Drug Court Fees imposed upon me; and the completion of community service hours.**

Once the Drug Court Judge determines that I am ready for graduation from the program, I understand that I will be required to have completed all of my Drug Court assignments, including an exit interview and a staff accepted exit assignment prior to graduation.

Finally, I understand that the Notice which indicates that I have successfully completed the Belmont County Drug Court will be filed with the Clerk and placed in my court file.

### **TERMINATION CRITERIA**

#### **Neutral Termination**

I understand that if I become unable to participate in Drug Court through no fault of my own, the Belmont County Drug Court may determine that it is necessary to terminate me from the program. This type of termination would be called a “Neutral Termination”. A neutral termination may not result in a dismissal of the original criminal charge and may subject me to sentencing. Notice of my neutral termination will be filed with the Clerk and placed in my court file.

#### **Unsuccessful Termination**

I acknowledge that the Belmont County Drug Court may choose to Unsuccessfully Terminate me from the program. Behavior that may cause Unsuccessful Termination includes, but is not limited to: **failure to appear for Drug Court Hearings without just cause; failure to participate in treatment; continued, willful non-compliance with program rules and regulations; persistent use of illegal drugs and/or alcohol; continued disrespect of fellow Drug Court participants and/or Drug Court staff; and failure to comply with my case plan.** Should the Belmont County Drug Court choose to Unsuccessfully Terminate me from Drug Court, I will be scheduled to be sentenced for the crime(s) to which I have plead guilty and/or for violations of my Community Control Sanctions.

**Successful Termination**

**My graduation from the Drug Court Program will constitute successful termination.**

If I am successfully terminated from the Belmont County Drug Court Program, I will be relieved of all additional Community Control Sanctions, and, if I am an Intervention in Lieu of Conviction participant, I understand that, pursuant to **R.C. §2951.041**, my criminal charges will also be dismissed and that I may otherwise be eligible, pursuant to law, for the Court to Order the sealing of my records related to the offense in question, pursuant to **R.C. §2953.31 to 2953.36**.

The participant acknowledges that he/she has read and understands this participation agreement, freely and voluntarily relinquishes the rights discussed herein and agrees to abide by all the rules and conditions of the Belmont County Drug Court.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Drug Court Judge

\_\_\_\_\_  
Date