

**IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
OF THE STATE OF FLORIDA, IN AND FOR HERNANDO COUNTY**

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STATE OF FLORIDA,	:		<u>Case No.</u>
Plaintiff,	:		
- vs -	:		Hernando County Adult Drug Court
	:		<u>Participation Agreement</u>
,	:		
Defendant.	:		
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I have a substance abuse problem and hereby request to be considered for the Hernando County Adult Drug Court Program. I understand that the opportunity to participate in this program is a privilege, not a right. Understanding that accountability is an important aspect of the program, I acknowledge and agree to the following conditions of my participation in the program:

1. I agree to enter into and complete the drug treatment components of Drug Court which may consist of in-patient/out-patient or a combination of both. Treatment will continue for no less than twelve (12) months from this date. **The Substance Abuse Treatment component** consists of three (3) phases of therapeutic and rehabilitative activities and, when successfully completed, is followed by the **Aftercare component**, which can continue for up to 26 weeks or longer if necessary under the particular facts of the case.
2. I will report to **The Harbor Behavioral Healthcare Institute**, 7074 Grove Road, Brooksville, Florida, for treatment, and actively participate as instructed.
3. The **Substance Abuse Treatment component** will be in three (3) phases:

Phase I: A minimum of **eight weeks** of intensive, outpatient treatment including individual and group sessions and attendance at Substance Abuse Peer Support meetings.

Phase II: A minimum of **twenty two weeks** depending on progress in treatment. Continued participation in group and individual sessions and attendance at Substance Abuse Peer Support meetings.

Phase III: A minimum of **twenty two weeks** depending on progress in treatment. Continued participation in group and individual sessions and attendance at Substance Abuse Peer Support meetings. Development of the Aftercare/Life Plan focusing on accomplishments, goals and relapse prevention.
4. **I will not use or possess alcohol or illegal or unapproved prescription drugs, including synthetic substances, and will not associate with persons who do. I will not enter an establishment whose primary purpose is to sell alcoholic beverages. I will not possess, carry, or own any weapons or firearms during the contract period.**

Initials of Defendant

5. I agree to submit to any drug testing methods as directed by the Court and to provide a urine specimen to be tested for the presence of alcohol and drugs as follows:

Phase I: Twice a week (minimum)
Phases II and III: Once a week (minimum)
Aftercare: Random

I will not consume products containing synthetic marijuana, poppy seeds, diet pills, protein powder, energy drinks or any substance that is designed to have an effect on my urinalysis. If I attempt to alter the urinalysis results with any chemical substance, I may be terminated from the Program.

6. I agree to appear for Status Check court appearances as follows:

Phase I: Once a week
Phase II: Once every two weeks (minimum)
Phase III: Once a month (minimum)
Aftercare: Once a month (minimum)

7. I agree to sign an individualized service plan for treatment with my case manager and to participate in the accomplishment of goals and objectives as designated, including obtaining a GED/H.S. Diploma and /or enrolling in GED preparedness classes.

8. I agree that the Hernando County Drug Court Team Members, as well as any persons and agencies connected with any pending Dependency action(s) I may have, will be informed of my attendance in counseling, results of urinalyses and progress in the Program.

9. I agree to maintain full time employment. If unemployed, I will perform an assigned number of employment searches that may include going to a day labor agency (unless proven disabled or attending school full time).

10. **I agree to pay the following fees associated with the Hernando County Drug Court Program:**

a. <u>Prepayment on Participation Fee:</u>	\$ 250.00
b. <u>Balance of Participation Fee:</u>	\$ 285.00
c. Drug Screens/Case Management:	\$ 1,300.00
d. Sanction fee for each positive/ dilute drug screen:	\$25.00 to \$50.00

Initials of Defendant

In the event I am unable to make the \$250.00 prepayment on program fee, and the Drug Court Program having confirmed same, I understand that in consideration for being released from jail I will perform 50 hours of Community Service (at a monitored and approved DOC site) within 30 days from signing the Waiver and Plea Agreement or I may be sentenced. I further understand that Community Service does not go toward a reduction in my program fee, which will remain \$1,835.00, plus any additional sanction fees incurred.

I further understand sanction fees for positive/**dilute** drug screens must be paid in full before my next drug court appearance in order to remain in good standing with the Court.

11. I will pay for the cost of my treatment as determined by the treatment provider based on my ability to pay.
12. Failure to attend counseling, remain drug and alcohol free, demonstrate progress in treatment, commit a new law violation, or strictly adhere to the rules and regulations of Drug Court will result in a review of my case by the Hernando County Drug Court Judge to determine my continued participation in the Drug Court Program or the imposition of sanctions including incarceration.
13. I waive confidentiality of my medical records and agree that they may be shared with members of the Drug Court Team.
14. I agree to abide by all of the conditions set by the Hernando County Drug Court Judge and by the Florida Department of Corrections (DOC) Probation Office. **I shall immediately notify the Probation Officer of any change in my address or place of employment and shall not leave the county of supervision without prior consent of the Probation Officer or a written travel pass.**
15. I understand and accept the contents and ramifications of this agreement which I have read or have had read to me and agree to abide by the same.

Signature of Defendant

Date

Printed Name

Case Number(s)

Defense Counsel

Date