

**THIRTEENTH JUDICIAL CIRCUIT COURT
POST PLEA DRUG COURT CONTRACT**

Name: _____ Case No: _____

I agree to enter the Drug Court Program, and by doing so I understand I will have certain obligations and responsibilities. I will have to follow the orders given to me by the Judge, Drug Court Administrator, Diversion Manager, Treatment Providers, and other Drug Court Team Members involved in the Program.

CLIENT RESPONSIBILITIES

My Responsibilities Are:

1. I must tell the truth:
2. I must attend all court sessions as ordered:
3. I must follow the treatment plan as directed by Program personnel:
4. I must not violate the law, and I understand that if I engage in any criminal act, I will be prosecuted for the charges pending against me:
5. I must tell my Diversion Manager/Probation Officer within 48 hours if I move or change my telephone number or disconnect my telephone:
6. I must tell my Diversion Manager/Probation Officer within 48 hours if I change employment:
7. I must get permission from my Diversion Manager/Probation Officer before I leave Boone County:
8. I must submit urine samples for testing upon request:
9. I understand the Program is at least twelve (12) months and that I must pay a monthly fee of \$50.00. I understand that my fee account must have a zero balance to be eligible to move to the next phase. I also understand the time and cost could be reduced based upon my progress and successful participation:
10. I understand I must complete at least 40 hours Community Service:
11. If restitution is owed, I must pay this amount in full as ordered by the Court:
12. I understand that I must follow the directives given me and remain drug free. If I fail to do so, the Judge may impose one or more of the following therapeutic responses as well as consequences to be accountable for behavior:
 - a. Additional Community Service:
 - b. A period of incarceration in the Callaway County Jail:
 - c. Extra individual sessions in counseling:
 - d. Extra group sessions:
 - e. Extra AA/NA meetings:
 - f. Residential treatment:
 - g. 48 hr. intensive Program (Weekend Relapse Intervention Program)
 - i. Termination from the Program.

CLIENT RIGHTS AND BENEFITS

I UNDERSTAND:

1. That during the time I am in the Program, the final disposition of the criminal charge(s) against me will be delayed:
2. That if I successfully complete the Program, the criminal charge(s) against me in this case, will be disposed of in court under the terms set forth at my plea hearing.
3. That I can quit the Program at any time, but I also understand if I do so I will be placed on the next available docket for sentencing under the terms set forth at my plea hearing.
4. That if I quit the Program, or I am terminated, anything I have said concerning my drug use while in the Program cannot be used against me in Court:

I FURTHER UNDERSTAND THAT IF I AM TERMINATED FROM THE PROGRAM MY CONDUCT IN THE PROGRAM MAY BE CONSIDERED BY THE JUDGE AT SENTENCING.

CLIENT SIGNATURE

DATE

ATTORNEY SIGNATURE

DATE