

**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 Callaway County:
8. I must submit urine samples for testing upon request:
9. I understand the Program is approximately eighteen (18) months and that I must pay a monthly fee of \$30.00. I understand that my fee account must have a zero balance to be eligible to move to the next phase
10. I understand I must complete 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 and alcohol free. If I fail to do so, the Judge may impose sanctions upon me which can include but are not limited to:
  - 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