

# THIRTEENTH JUDICIAL CIRCUIT VETERANS TREATMENT COURT CONTRACT

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

I agree to enter the Veterans Treatment 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, Veterans Treatment Court Administrator, Probation Officer, and other treatment providers 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 maintain my residence in Boone or Callaway County throughout the length of the Program.
4. I must follow the treatment plan as directed by Program personnel.
5. 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.
6. I must get permission from my Probation Officer/Case Manager if I wish to move or change my telephone number, or disconnect my telephone.
7. I must get permission from my Probation Officer/Case Manager if I wish to change employment.
8. I must get permission from my Probation Officer/Case manager before I leave Boone or Callaway County.
9. I must not use illegal drugs or alcohol.
10. I must submit urine samples (UAs) and breathalyzers (BACs) for testing upon request.
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 treatment plan and remain drug free. If I fail to do so, the Veterans Treatment Court may impose additional conditions upon me which can include but are not limited to:
  - a. Increased Probation Officer / Case Manager Contacts
  - b. Increased Community Support Contacts
  - c. Community Service
  - d. Extra Individual Session in Counseling
  - e. Extra Group Session / Group Therapy
  - f. Residential Treatment / Hospitalization
  - g. 48 Hour Intensive Program
  - h. AA/NA/DRA Meetings
  - i. A Period of Incarceration in Boone County Jail
  - j. Termination from the Program

I UNDERSTAND THAT IF I HAVE NOT ATTENDED TREATMENT, MY VETERANS TREATMENT COURT TREATMENT PROVIDER WILL CONTACT MY PROBATION OFFICER IMMEDIATELY.

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

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

\_\_\_\_\_  
Date