

**IN THE STATE COURT OF DOUGLAS COUNTY  
STATE OF GEORGIA**

**STATE OF GEORGIA,**

**CASE NO. \_\_\_\_\_**

**vs.**

\_\_\_\_\_  
**Defendant**

**DOUGLAS COUNTY DUI/Drug COURT CONTRACT**

Participants who are placed into the Douglas County DUI/Drug Court Program agree to comply with specific conditions. Failure to comply with conditions may result in removal from the DUI/Drug Court Program and revocation of some or the entire probationary sentence or bond modification imposed by the Court.

1. \_\_\_\_\_ While participating in the Douglas County DUI/Drug Court Program, I understand I am under the jurisdiction of the Court, which holds discretion in revoking all or any portion of the probation time on my case. I will be assigned to attend DUI/Drug Court sessions in Douglas County State Court for a progress review every first and third Thursday or first and third Wednesday of each month at the assigned times in my assigned Judge’s courtroom. My participation in the Douglas County DUI/Drug Court Program will involve commitment of my time and will not be solely at my convenience.
2. \_\_\_\_\_ The DUI/Drug Court Judge will supervise my case and monitor my progress and participation in treatment. The DUI/Drug Court Team will meet regularly to discuss my progress and/or noncompliance. I understand if I do not follow the rules of the program, the Court will be provided with the specific details regarding the alleged violation of program rules and will process violations accordingly, either through sanctioning, probation revocation hearing or bond revocation hearing.
3. \_\_\_\_\_ I understand as part of the treatment services, the treatment provider will supply the Court with all necessary reports concerning my diagnostic intake, involvement and participation in assigned treatment sessions, individual counseling or treatment programs; this includes any non-compliance. I understand my privacy will be protected and the DUI/Drug Court Team will have and share only necessary information in order to assist me in this program.
4. \_\_\_\_\_ I understand the validity of this contract is conditioned upon my eligibility for the DUI/Drug Court Program (Hereafter referred to as “Program”). If at any time after the execution of this agreement and in any phase of the Program, it is discovered

that I am, in fact, ineligible to participate in the Program, I may immediately be terminated from the Program and subject to further sanction.

5. \_\_\_\_\_ I understand if I enter this Program and fail to complete it, I may be barred from future participation.
6. \_\_\_\_\_ I understand participation in the Program involves a minimum time commitment of eighteen months.
7. \_\_\_\_\_ I understand during the entire course of the Program, I will be required to attend court sessions, treatment sessions, submit to random drug and/or alcohol testing; remain clean and sober, and law abiding. I agree to abide by the rules and regulations imposed by the DUI/Drug Court. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program.
8. \_\_\_\_\_ I will be responsible for my own transportation and will appear *ON TIME* for all Program court sessions, counseling sessions, and meetings as required. Lack of transportation is *NOT* an acceptable excuse to miss or be late for any Program related activity.
9. \_\_\_\_\_ I understand sanctions may include time in custody, increased drug screening, additional community service, curfews, and such other sanctions as may be deemed appropriate by the DUI/Drug Court.
10. \_\_\_\_\_ I agree to cooperate in an assessment/evaluation for planning an individualized DUI/Drug treatment program adequate to my needs. The initial evaluation will determine my placement in the program and to which Judge I will be assigned. I understand my treatment plan may be modified by the treatment provider or the DUI/Drug Court Team as circumstances arise, and I agree to comply with the requirements of any such modifications.
11. \_\_\_\_\_ I understand I must attend all scheduled treatment sessions and appointments required by the staff. If it is necessary to miss any sessions, I will get approval by my case manager or the Coordinator *IN ADVANCE*. Also, I will bring my documentation from my employer or doctor for verification. If I fail to get approval in advance and bring verification to my next scheduled session, the absence will be considered unexcused and will be sanctioned as such.
12. \_\_\_\_\_ I understand I will be required to pay a total of \$260 per month for 12 months and then \$105 per month for 6 months, for payment of my DUI/Drug Court Program and treatment counseling. This includes my supervision and drug screening fees. If I am in the program for longer than 18 months, I will continue to pay treatment and drug screening in the amount of \$75.00 per month until I am out of the program.

13. \_\_\_\_\_ I understand I will be tested for the presence of drugs and/or alcohol in my system on a random basis according to procedures established by the DUI/Drug Court and/or treatment provider. I understand it is my responsibility to report to the assigned location at the time given for the test. I understand if I am late for a test, or miss a test, it will be considered a positive test and I may be sanctioned. I understand a positive reading will lead to a sanction and a return to court for non-compliance.
14. \_\_\_\_\_ I understand substituting, altering or trying in any way to change my body fluids for purposes of testing will be grounds for immediate termination from the Program.
15. \_\_\_\_\_ I understand participating in the Program requires me to be drug and alcohol free at all times. I will not possess drugs (including marijuana) or alcohol, or drugs or alcohol paraphernalia. I will neither associate with people who use or possess drugs, nor will I be present while drugs are being used by others.
16. \_\_\_\_\_ While in the Program, any arrest for any violation of the law must be reported to the DUI/Drug Court Director and the Probation Officer immediately. I agree to report any and all police contact in the community, no matter how insignificant, to the DUI/Drug Court Director and the Probation Officer immediately.
17. \_\_\_\_\_ I will inform all treating physicians that I may not take narcotic or addictive medications or drugs. If a treating physician wishes to treat me with narcotic or addictive medications or drugs, I must disclose this to my treatment provider and get specific permission from the DUI/Drug Court Team to take such medication. All prescription medication is to be reported to the DUI/Drug Court Director and the Probation Officer and treatment provider within 24 hours of receiving the prescription. I will give any Dr. I visit a *Notice to Medical Professionals* PRIOR to being treated so they will know that I am in a treatment program. This form is to be faxed directly from the Dr.'s office or the original signed form returned to the DUI/Drug Court office within 24 hours of my visit.
18. \_\_\_\_\_ I agree to be responsible for what goes into my body and which may affect drug and/or alcohol test results. Before taking medication of any kind, I will check with the pharmacist to ensure it is non-narcotic, non-addictive, and contains no alcohol. I will pre-register any and all medications, prescribed or over-the-counter, with my treatment provider and with the Program.
19. \_\_\_\_\_ I will abstain from the use of any drugs, **legal or illegal, (includes synthetic marijuana, bath salts, and any other substitute for drugs/alcohol)**, unless prescribed by a doctor and the use of such prescribed drug(s) is made known to the treatment provider and the DUI/Drug Court Coordinator. I understand that I must submit any prescription for drugs to the DUI/Drug Court for verification and approval. I further understand even over-the-counter, non-prescription medications shall not be used without pre-approval of the DUI/Drug Court, as some over-the-counter medications will produce a positive reading on drug screens and contain

substances such as codeine. I will refer to the attachment of Medications to Avoid and those which can be taken to ensure that what I am taking is allowed.

20. \_\_\_\_\_ I understand I may dispute positive test results, but re-testing may be at my expense, and I may face more severe sanctions for a re-test which is still positive.
21. \_\_\_\_\_ For the purposes of regular Program court sessions, I agree to waive my right to have my attorney present. I understand my case may be discussed without my attorney or the prosecutor present.
22. \_\_\_\_\_ I understand within the time directed by the DUI/Drug Court, I will seek employment, job training and/or further education as approved by the DUI/Drug Court, and failure to do so may result in sanctions or termination.
23. \_\_\_\_\_ I understand that I must report, in writing, any change of my home address, place of employment and work/home telephone numbers prior to the change to the DUI/Drug Court Director, Case Manager, Probation Officer, Surveillance Officer and Treatment Provider. I will stay in Douglas County or within 5 miles of the Douglas County line in Carroll or Paulding County.
24. \_\_\_\_\_ I agree to execute the Consent for Disclosure of Confidential Substance Abuse Information. I understand any information obtained from this release will be kept apart from the Court file.
25. \_\_\_\_\_ I understand that if I am guilty of a DUI, I must comply with all State Court orders and recommendations. In addition, I understand the Program will not *nolle prosequi* any DUI charges. I also understand that if I have entered a plea of guilty to other charges and am on a bond modification that failing to abide by the conditions of the DUI/Drug Court Program will result in my being adjudicated under my previously withheld sentence, or, if I am already under sentence, that I may be revoked to the county jail for the remainder of that sentence.
26. \_\_\_\_\_ I agree to submit to a search of my person, residence, papers, vehicle, and/or effects at any time of day or night without a search warrant, whenever requested to do so by a probation officer, law enforcement officer, or DUI/Drug Court Team/Treatment Provider. I specifically consent to and acknowledge anything seized during a search can be used as evidence in any hearing, trial, or judicial proceeding. [I understand there is a distinction between reporting drug usage for treatment purposes (which can be used in considering DUI/Drug Court sanctions, but cannot be used against me in non-Drug Court proceedings pursuant to O.C.G.A. § 15-1-5) and having illegal items on my person, in my residence, or vehicle (which can be used against me in other non-DUI/Drug Court proceedings).]
27. \_\_\_\_\_ If and/or when I have completed the Program or received a Certificate of Participation, I agree to have my criminal/driver history reviewed by the DUI/Drug Court Director annually for a period of three (3) years.

28. \_\_\_\_\_ I understand that failure to satisfy any of the previously stated terms of this contract may result in my case being returned to the Court for appropriate action. I understand that failure to participate in the Program may result in the revocation of my probation with incarceration for the remaining probation period.
29. \_\_\_\_\_ I am not involved in nor do I have any intention of being involved in any gang or gang related activities. I understand that if it is determined that I am, I will be immediately terminated from the program and will face a revocation or sentencing hearing.
30. \_\_\_\_\_ I understand that I am prohibited from carrying any firearms to the treatment facility or to court for any reason. If I am found to be carrying a weapon on these grounds, it will be cause for immediate termination from the program.
31. \_\_\_\_\_ I have received a copy of the Douglas County DUI/Drug Court handbook and agree to all the terms and conditions contained in it.

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Participant's Attorney's Signature

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DUI Court Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge, State Court

\_\_\_\_\_  
Date