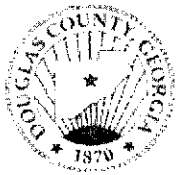


**TRANSFER REQUEST –**  
or request to transfer to a DUI court in your county of residence

<b>NAME</b>	
<b>ADDRESS</b>	
<b>PHONE</b>	
<b>DOB</b>	
<b>FBI #</b>	
<b>STATE ID #</b>	
<b>EMPLOYER</b>	
<b>SALARY</b>	
<b>CASE #</b>	
<b>PENDING CHARGES/arrest date</b>	
<b>BAC</b>	
<b>DUI HISTORY</b>	
<b>FELONIES</b>	
<b>ATTORNEY</b>	



# Douglas County DUI/Drug Court

## Participant Information

Case number(s): \_\_\_\_\_

### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *Middle*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Length of time at current address: \_\_\_\_\_ Email address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

ID Marks (Tattoos): \_\_\_\_\_ Alias name(s): \_\_\_\_\_

Driver's License # and status: \_\_\_\_\_ State: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ Attorney's Phone: ( ) \_\_\_\_\_

### Job Information

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Phone: ( ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary per wk: \$ \_\_\_\_\_

Work Hours: \_\_\_\_\_

### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *Middle*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_



# Douglas County DUI/Drug Court

## Participant Information (...Continued)

### Criminal History

List your current pending charge(s): \_\_\_\_\_ Was there an accident or wreck involved? Yes No

For your current case, describe the circumstances of your arrest (where were you drinking, why were you pulled over, breathalyzer result, etc.): \_\_\_\_\_

Prior Arrests/Convictions: \_\_\_\_\_ Number of DUI convictions: \_\_\_\_\_ in 5 years \_\_\_\_\_ lifetime

Are you currently on Probation/Parole? Yes No Offense: \_\_\_\_\_ County: \_\_\_\_\_

Probation/Parole Officer: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Do you have any other pending cases? Yes No Offense: \_\_\_\_\_ County: \_\_\_\_\_

### Medical Information

Primary Care Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Do you currently have medical insurance? Yes No Insurance Company: \_\_\_\_\_

Are you currently taking prescription medication? Yes No Medication(s) and dosage: \_\_\_\_\_

Are you currently taking over-the-counter (OTC) medication? Yes No OTC Medication(s) and dosage: \_\_\_\_\_

If you were to be alcohol/drug tested today, would you be positive? Yes No For what? \_\_\_\_\_ When was the last time you used? \_\_\_\_\_

In the last 30 days, have you spent any time in the following? (Circle) Jail or Prison? Inpatient alcohol/drug treatment? Inpatient medical treatment? Inpatient psychiatric treatment? None

### Education Information

Highest level of education: \_\_\_\_\_ Name of school: \_\_\_\_\_ Degree/Date: \_\_\_\_\_

Have you had any vocational training? Yes No For what skill? \_\_\_\_\_ Length of training: \_\_\_\_\_

Do you have a GED? Yes No Date GED obtained: \_\_\_\_\_

Are you currently enrolled in school? Yes No Full-time or part-time? Name of school: \_\_\_\_\_

Circle one

**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, I will be sanctioned. I understand a positive reading will lead to a sanction and a possible return to court for a non-compliance hearing.
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.
32. \_\_\_\_\_ I understand that all policies of the Douglas County DUI/Drug court are subject to periodic review during the course of my participation in the program. Policy changes will be announced with a reasonable notice of any changes given to current active participants.

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

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



IN THE STATE COURT OF DOUGLAS COUNTY

DUI/DRUG COURT

STATE OF GEORGIA

STATE OF GEORGIA

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

VS.

\_\_\_\_\_

DEFENDANT

**WAIVER OF RIGHT TO COUNSEL AND HEARING**

I, \_\_\_\_\_, having requested to participate in the Douglas County DUI/DRUG Court, and in consideration of the agreement by the State to allow such participation in lieu of traditional prosecution of my charged offense(s), hereby state the following:

I understand that I have the right to have notice of a hearing and a hearing before I may be incarcerated or any type of punishment is imposed.

I understand that I have the right to counsel at such a hearing.

I understand that these rights are guaranteed by the United States Constitution, as well as the Constitution of the State of Georgia.

I also understand that I can voluntarily give up these rights as a part of an agreement to provide an alternative to traditional prosecution or incarceration.

As a condition of my participation in the DUI/DRUG Court Program, I agree to waive my rights to **Notice and a Hearing and my Right to Counsel** when a **SANCTION** is imposed by the Court for a violation of **ANY** of the rules, requirements or conditions of the DUI/DRUG Court Program.

This will include, but is not limited to, sanctions that require incarceration, community service or attendance at additional court sessions or treatment meetings.

Further, as a condition of my participation in the DUI/DRUG Court Program, I agree to waive any right to appeal any decision made by the Court in regards to the imposition of any **SANCTION** imposed due to a violation or any rules, requirements or conditions of the DUI/DRUG Court Program.

I understand that I will be given Notice and a Hearing should the Treatment Team recommend that I be terminated from the Program prior to completion. I will also have the Right to Counsel at said hearing.

I have reviewed and understand this agreement and, in consideration of being allowed to participate in the Douglas County DUI/DRUG Court Program, do hereby freely and voluntarily agree to the requirements herein.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

DEFENDANT

\_\_\_\_\_

ATTORNEY FOR DEFENDANT

## URINE ABSTINENCE TESTING AND INCIDENTAL ALCOHOL EXPOSURE CONTRACT

Recent advances in the science of alcohol detection in urine have greatly increased the ability to detect even trace amounts of alcohol consumption. In addition, these tests are capable of detecting alcohol ingestion for significantly longer periods of time after a drinking episode. Because these tests are sensitive, in rare circumstances exposure to non-beverage alcohol sources can result in detectable levels of alcohol (or its breakdown products). In order to preserve the integrity of the Drug Court testing program, it has become necessary for us to restrict and/or advise Drug Court participants regarding the use of certain alcohol-containing products.

It is **YOUR** responsibility to limit your exposure to the products and substances detailed below that contain ethyl alcohol. It is **YOUR** responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products **BEFORE** you use them. ***Use of products containing ethyl alcohol (ethanol) in violation of this contract will NOT be allowed as an excuse for a positive test result.***

***When in doubt, don't use, consume or apply!***

Cough syrups and other liquid medications: Drug Court participants have always been prohibited from using alcohol-containing cough/cold syrups, such as Nyquil®. Other cough syrup brands and numerous other liquid medications, rely upon ethyl alcohol as a solvent. Drug Court participants are required to read product labels carefully to determine if they contain ethyl alcohol (ethanol). All prescription and over-the-counter medications should be reviewed with your coordinator before use (and prescriptions should be reviewed with and approved by the coordinator before being filled by a pharmacist). Information on the composition of prescription medications should be available upon request from your pharmacist. Non-alcohol containing cough and cold remedies are readily available at most pharmacies and major retail stores.

**Non-Alcoholic Beer and Wine:** Although legally considered non-alcoholic, NA beers (e.g. O'Douls®, Sharps®) do contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed. Drug Court participants are **not** permitted to ingest NA beer or NA wine.

**Food and Other Ingestible Products:** There are numerous other consumable products that contain ethyl alcohol that could result in a positive test for alcohol. Fermented products/fermented beverages (such as Kombucha) can have alcohol content percentages often above 0.5% and at higher unregulated levels which could result in a positive screen for alcohol. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts (such as Ginko Biloba), could result in a positive screen for alcohol or its breakdown products. Communion wine, food cooked with wine, and flambé' dishes (alcohol poured over a food and ignited such as cherries jubilee, baked Alaska) must be avoided. Read carefully the labels on any liquid herbal or homeopathic remedy and do not ingest without approval from your coordinator.

**Mouthwash and Breath Strips:** Most mouthwashes (Listermint®, Cepacol®, etc.) and other breath cleansing products contain ethyl alcohol. The use of mouthwashes containing ethyl alcohol can produce a positive test result. Drug Court participants are required to read product labels and educate themselves as to whether a mouthwash product contains ethyl alcohol. Use of ethyl alcohol-containing mouthwashes and breath strips by drug Court participants is not permitted. Non-alcohol mouthwashes are readily available and are an acceptable alternative. If you have questions about a particular product, bring it in to discuss with your coordinator.

**Hand sanitizers:** Hand sanitizers (e.g. Purell®, Germex®, etc.) and other antiseptic gels and foams used to disinfect hands contain up to 70% ethyl alcohol. Excessive, unnecessary or repeated use of these products could result in a positive urine test. Hand washing with soap and water is just as effective for killing germs.

**Hygiene Products:** Aftershave and colognes, hair sprays and mousse, astringents, insecticides (bug sprays such as Off®) and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol (or its breakdown products) excessive, unnecessary or repeated use of these products could affect test results. Participants must use such products sparingly to avoid reaching detection levels. Just as the court required Drug Court participants to regulate their fluid intake to avoid dilute urine samples, it is likewise incumbent upon each participant to limit their use of topically applied (on the skin) products containing ethyl alcohol.

**Solvents and Lacquers:** Many solvents, lacquers and surface preparation products used in industry, construction, and the home, contain ethyl alcohol. Both excessive inhalation of vapors, and topical exposure to such products, can potentially cause a positive test result for alcohol. As with the products noted above, Drug Court participants must educate themselves as to the ingredients in the products they are using. There are alternatives to nearly any item containing ethyl alcohol. Frequency of use and duration of exposure to such products should be kept to a minimum. A positive test result will not be excused by reference to use of an alcohol-based solvent. If you are in employment where contact with such products cannot be avoided, *you need to discuss this with your Drug Court Coordinator.* Do not wait for a positive test result to do so.

***Remember! When in doubt, don't use, consume or apply.***

**I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES; MY SIGNATURE IMPLIES MY CONSENT:**

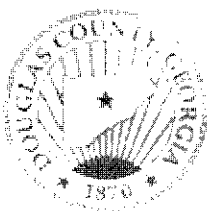
\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE



**Douglas County DUI/Drug Court Treatment Program**  
State Court of Douglas County

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION TO DOUGLAS COUNTY DUI/Drug COURT SUPERVISED TREATMENT PROGRAM**

I, \_\_\_\_\_, hereby consent to communication between the Douglas County DUI/Drug Court Supervised Treatment Program and Treatment Providers, State, Private or County Probation, Public Defender, Solicitor General, Drug Test Lab, and other agencies the following information: any and all information requested pertaining to this individual, to include but not be limited to information obtained through our court records, record checks, and information concerning substance use, drug testing, diagnosis, and treatment.

I further consent to any prison, detention center, county jail or any jail in which I have been confined, to release to the Douglas County DUI/Drug Court Supervised Treatment Program all information in my records concerning tests for HIV/AIDS, Tuberculosis, and Hepatitis.

I hereby release the facility that releases such information to the Douglas County DUI/Drug Court Supervised Treatment Program from any and all liability for complying with this authorization.

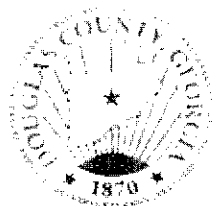
The purpose of and need for the disclosure is to inform the criminal justice agency(ies) listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, and drug test results

I understand that this consent will remain in effect until completion or termination from the Douglas County DUI/Drug Court Supervised Treatment Program.

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of AOD abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

\_\_\_\_\_  
Signature of Participant    Date    Witness    Date

\_\_\_\_\_  
Participant's Date of Birth



**Douglas County DUI/Drug Court**

State Court of Douglas County

8700 Hospital Drive

Douglasville, GA 30134

**CONSENT FOR THE RELEASE OF INFORMATION TO THE DOUGLAS COUNTY DUI/Drug COURT SUPERVISED TREATMENT PROGRAM**

I, \_\_\_\_\_, hereby consent to the Douglas County DUI/Drug Court Supervised Treatment Program requesting certain documents and information maintained by the State of Georgia. This includes GCIC and NCIC records and driving histories as maintained by the Department of Driver Services or equivalent agency in another State. This information will be used for purposes of screening for DUI/Drug Court eligibility prior to court entry and for up to five years after my completion of the program for recidivism research and data collection, if I am accepted into the program.

I hereby absolve the facility that releases such information to the Douglas County DUI/Drug Court Supervised Treatment Program from any and all liability for complying with this authorization.

I understand that this consent can only be revoked by written request to the Court.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
SEX                      RACE                      DOB

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER AND STATE

Case No.: \_\_\_\_\_ County: \_\_\_\_\_

**\*\* ORIGINAL ON FILE IN DUI/Drug COURT OFFICE \*\***

**Eddie Barker**  
**Brian Fortner**  
DUI/Drug Court Judges  
State Court of Douglas County

**Anita Grainger**  
Director/Coordinator  
agrainger@co.douglas.ga.us

**DUI/Drug Court Teams**  
Sonya Compton, Solicitor General  
Rodney Hendrix, DCSO  
JAG Probation  
Nilsa Martin, Case Manager  
Public Defender Office

**STATE OF GEORGIA**



**Douglas County**  
**DUI/Drug Court**  
State Court of Douglas County

**Josh Nation**  
Treatment Coordinator

**David Gonzalez**  
Probation Officer

8700 Hospital Dr.  
Douglasville, Ga. 30134  
**Telephone: (770)920-7522**  
Fax: (770)920-7168

**CONSENT TO SEARCH**

I, \_\_\_\_\_, am a participant in the Douglas County DUI/Drug Court Treatment Program. As a condition of the program, I understand I **MUST** allow my personal residence or motor vehicle to be searched for items that are prohibited by the program.

I hereby consent to searches of my person, property, residence and motor vehicles by any officer or representative of the Douglas County DUI/Drug Court Treatment Program. I understand searches are conducted on a random frequent basis during the entire term of the program. I acknowledge that my refusal to permit any such search is a violation of the Douglas County DUI/Drug Court Treatment Program and a warrant shall be issued for my arrest.

I further knowingly voluntarily authorize the officer(s) or representative(s) to seize any evidence of a violation of a condition of the program.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINT NAME**

**WITNESSED:**  
  
\_\_\_\_\_

**Reminder: These forms may be updated occasionally, so please get a new packet for each applicant. Do not keep copies for future use.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## PARTICIPANT SURVEY

1. Prior to your arrest, did you have any military service? Please check which branch and enter number of years served.

	YEARS SERVED	Discharge Date
Air Force		
Army		
Navy		
Marines		
Coast Guard		
Reserves		

2. Please rank, based upon our usage prior to your entry into DUI/Drug Court, your primary with a (1) and secondary with a (2), your substance of choice.

**DRUG NAME**

Alcohol \_\_\_\_\_  
Crack Cocaine \_\_\_\_\_  
Ecstasy/MDMA \_\_\_\_\_  
Hallucinogens (Ketamine, LSD, Acid) \_\_\_\_\_  
Heroin \_\_\_\_\_  
Inhalants \_\_\_\_\_  
Marijuana (Cannabinoids) \_\_\_\_\_  
Methamphetamine \_\_\_\_\_  
Prescription Narcotics \_\_\_\_\_  
Other Prescription Drugs \_\_\_\_\_  
Others: \_\_\_\_\_

3. Please check your race/origin and gender.

	MALE	FEMALE	TRANSGENDER
American Indian or Alaskan Native			
Asian			
Black/African American			
Hispanic/Latino or Spanish Origin			
Middle Eastern or North African			
Native Hawaiian			
White			
Other race/origin (specify)			
Two or more races/origin (specify)			



Name: \_\_\_\_\_

Date: \_\_\_\_\_

4. Please check, identify, your highest level of education

Elementary School	
Middle School	
Some High School	
High School or GED Graduate (circle one)	
Attended Some College	
Associate Degree	
Bachelor Degree	
Professional or Graduate Degree	

5. Please check your age category by gender.

	MALE	FEMALE	TRANSGENDER
18-20			
21-25			
26-35			
36-45			
46-55			
56-65			
66 years or older			

6. Please check your current status.

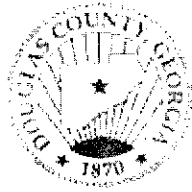
Married (and not separated)	
Separated	
Divorced	
Widowed	
Single (never legally married)	

7. Please check your average yearly income by level.

No Income	
Under \$999	
\$1,000 - \$4,999	
\$5,000 - \$9,999	
\$10,000 - \$14,999	
\$15,000 - \$19,999	
\$20,000 - \$24,999	

\$25,000 - \$34,999	
\$35,000 - \$44,999	
\$45,000 - \$54,999	
\$55,000 - \$64,999	
\$65,000 - \$74,999	
\$75,000 or higher	

8. At what age did you start using drugs/drinking alcohol? \_\_\_\_\_



**Douglas County DUI/Drug Court**  
State Court of Douglas County  
8700 Hospital Drive  
Douglasville, GA 30134

**Acknowledgement of Probation/Supervision**

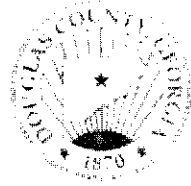
- \_\_\_\_\_ 1. I understand that I am to follow any special instructions given to me by my Probation Officer, The Drug Court Director and the Court.
- \_\_\_\_\_ 2. I understand that I am not to violate any criminal laws as this could cause my probation to be revoked.
- \_\_\_\_\_ 3. I understand that I must notify my Probation Officer within 24 hours of any arrest (including traffic citations), and/or any contact with law enforcement officers.
- \_\_\_\_\_ 4. I understand that I am subjected to random drug screens and if I request a Confirmation test, I will be responsible for the cost of the Confirmation test.
- \_\_\_\_\_ 5. I understand that I am to call my Probation Officer at least 24 hours prior to changing my residence or telephone number.
- \_\_\_\_\_ 6. I understand that I am not to leave the State of Georgia/Drug Court Director without permission from my Probation Officer.
- \_\_\_\_\_ 7. I understand that I am to make payments on each court date as instructed by my Probation Officer.
- \_\_\_\_\_ 8. I understand that I am to report to my Probation Officer at least a minimum of one time per month at scheduled appointment times.
- \_\_\_\_\_ 9. I understand that failure to comply with my probation will result in a Revocation Hearing or a Warrant for my Arrest.
- \_\_\_\_\_ 10. I understand that I must comply with all of the rules and regulations of the Douglas County DUI/Drug Court.

-----  
DEFENDANT

-----  
DATE

-----  
PROBATION OFFICER

-----  
DATE



## **Douglas County DUI/Drug Court Treatment Program State Court of Douglas County**

Chief Judge Eddie Barker  
Judge Brian K. Fortner  
DUI/Drug Court Judges  
8700 Hospital Drive  
Douglasville, GA. 30134

LOCATED IN THE:  
Old Douglas County  
Courthouse  
Lower Level  
12431 Veteran's Memorial  
Hwy.  
Douglasville, GA 30134

ANITA GRAINGER  
DUI/Drug Court Director  
Office: 770-920-7409  
8700 Hospital Drive  
Douglasville, GA 30134

### **General Program Information**

#### **What is DUI/Drug Court?**

DUI/Drug Court is a voluntary, pre/post-conviction, treatment-based program for those who have either been convicted multiple times for driving while under the influence of alcohol and/or drugs or have a substance abuse problem and meet one of the below criteria. The DUI/Drug Court program offers enhanced supervision, counseling, and treatment to help participants function in the community with continuing support. The program has two tracks, each one lasting a minimum of 18 months.

#### **Eligibility Criteria:**

- live in Douglas County OR be within 5 miles of the county border in a county that does not offer Misdemeanor DUI/Drug court (currently Paulding and Carroll);
- be charged with their 2<sup>nd</sup> DUI in 5 years or 3<sup>rd</sup> or more lifetime;
- have a prior drug conviction, and a current new drug charge;
- have a prior drug conviction, and the current case involves drugs either directly or indirectly;
- clearly have a drug or alcohol problem based on facts presented to the prosecutor or is voluntarily trying to get help for a drug/alcohol problem;
- be 17 years of age or older;
- show an indication of alcohol/drug abuse of dependence;
- must have a valid immigration status with no ICE (immigration) holds.

#### **Disqualifying Criteria:**

- prior convictions for violent felonies or current charges (either felony or misdemeanor) involving the use of force against another;
- active out-of-state warrants; and
- A co-occurring serious mental illness, such as schizophrenia, or mental disability that would prohibit meaningful participation in our treatment program; defendant may then be considered for HOPE court
- Known and active affiliation with a verified gang

*No offender will be excluded solely based on his or her sex, race, religion, age, national origin, marital status, parental status, sexual orientation, or physical disability*

### **Benefits of the program include:**

- less jail time;
- in DUI cases: a reduction of fine(s), conditioned upon successful completion the first 3 phases.
- community service credit of up to 200 sentenced hours
- affordable treatment and alcohol/drug testing;
- supervision in meeting license reinstatement requirements;
- possible license saving on those with multiple drug convictions; and
- support in achieving sobriety.

### **Cost**

For Track 1 and 2 - the cost of the program is \$260 per month for the first 12 months for treatment, Court fees, drug and alcohol screening and \$105 per month for the next 6 months. Anyone remaining in the program for more than 18 months will continue to pay a \$75.00 fee to include supervision, screening and treatments costs, until participant graduates from the program. There is a sliding scale application process for lower income participants. Track 3 participants will pay a \$100 per month fee that will include supervision and drug screening costs. Treatment costs will be paid to the provider they choose for ASAM level I treatment.

### **Phases**

DUI/Drug Court is divided into phases that each has a minimum duration; how long a participant is in a particular phase depends on the participant's level of compliance and readiness to progress in the program. In the higher phases, the program requirements lessen.

### **Court Status Hearings**

In Phases I through III or IV, participants are required to attend court two times per month depending on the Track they are placed in. In the last phase of the program participants will attend once per month. Track 3 will attend court as directed but usually once every other month.

### **Treatment**

Each participant accepted into the Douglas County DUI/Drug Court Program Track 1 or 2 will be required to attend treatment sessions at the DUI Court treatment facility, which is located at 12431 Veteran's Memorial Highway LOWER LEVEL, Douglasville, GA 30134. **Group treatment** sessions figure prominently into all phases of the program. When you inquire about the program you will be informed of the treatment days and times. You will also be required to attend individual sessions as deemed appropriate by your treatment provider but at a minimum of 1 time per month until the final phase. Track 3 will attend as required by their provider for ASAM Level I classes.

### **Alcohol/Drug Testing**

Drug testing is performed on a random basis; however, a breath or urine specimen may be required at any time. All Drug testing will be conducted at the DUI/Drug Court Office, Douglas County courthouse on DUI/Drug court days, or at your residence during home visits by the Douglas County Sheriff's Office.

### **Support Group Meetings**

Participants are not required to attend formal support group meetings, such as those offered by Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery, and/or other organizations; however, you will be encouraged to reach out to community support groups as you progress through the program. You may be required to attend such meetings should the team deem it to be appropriate for your treatment.

# Douglas County DUI/Drug Court Treatment Program

## State Court of Douglas County

Chief Judge Eddie Barker  
Judge Brian K. Fortner  
DUI/Drug Court Judges  
8700 Hospital Drive  
Douglasville, GA. 30134

LOCATED IN THE:  
Old Douglas County Courthouse  
Lower Level  
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Douglasville, GA 30134

ANITA GRAINGER  
DUI/Drug Court Director  
Office: 770-920-7409  
8700 Hospital Drive  
Douglasville, GA 30134

### Frequently Asked Questions

#### What is DUI/Drug Court? What kind of time commitment should I expect?

DUI/Drug Court is a voluntary, pre/post-conviction, treatment-based program for those who have either been convicted multiple times for driving while under the influence of alcohol and/or drugs or have a substance abuse problem and meet one of the below criteria. The DUI/Drug Court program offers enhanced supervision, counseling, and treatment to help participants function in the community with continuing support. The program has two tracks, each one lasting a minimum of 18 months.

- I work during the day. Will I be able to keep my job? **Classes are in the evenings beginning not earlier than 5PM and Judicial Status hearings are conducted twice per month not earlier than 3:30PM. If your employer will allow you to be out of work to attend these sessions, you can keep your job. Speak with staff regarding other shifts.**
- I lost my license. How can I get to the program if I don't have any transportation? **UBER and LYFT are possible alternatives. Family support and the Connect Douglas fixed route bus system are other options.**
- I don't have a place to live / live out of county. Can I still participate? **If you live in a county that has a DUI Court we can get you that application and have you assessed for that program. Once you enter your plea in your case, we would transfer your supervision to your local DUI Court program.**
- How does DUI/Drug Court compare to other inpatient / outpatient treatment options? **The Douglas County DUI/Drug Court is an 18 month intensive outpatient treatment program that uses evidence based treatment curriculum with a proven track record of helping people to get into and stay in recovery long term and reduce recidivism.**
- This is my first DUI. Can I still participate? **If you have a substance use issue that you would like to address or your BrAC or BAC was above a .15 you can still be considered for the program. The clinical evaluation will determine if your needs and risk level are high enough to be a participant.**
- Will this charge be restricted / sealed from my record if I participate? **By law, DUI charges cannot be restricted and will remain on your record. Non DUI charges are eligible for dismissal/restriction on a case by case basis. You should discuss this with your attorney.**
- I don't have a DUI charge, but I am interested in drug court. Can I participate in DUI/Drug Court? **Our court is a DUI/Drug Court and non DUI charges are eligible for consideration.**
- I have a mental health diagnosis. Is this court the right fit for me? **Your clinical evaluation will determine the court that best suits your needs. Douglas county has several accountability courts including HOPE court which is our Mental Health accountability court.**

**What are the benefits of participating in the program (reductions in jail time, fines, community service, etc.)?**

- less jail time;
- in DUI cases: a reduction of fine(s), conditioned upon successful completion the first 3 phases.
- community service credit of up to 200 sentenced hours
- affordable treatment and alcohol/drug testing;
- supervision in meeting license reinstatement requirements
- Ability to get Limited Permit sooner based on successful completion of Risk Reduction Class and ability to remain alcohol and drug free
- possible license saving on those with multiple drug convictions; and
- support in achieving sobriety.

**How much does the program cost? I don't think I can afford it.**

For Track 1 and 2 - the cost of the program is \$260 per month for the first 12 months for treatment, Court fees, drug and alcohol screening and \$105 per month for the next 6 months. Anyone remaining in the program for more than 18 months will continue to pay a \$75.00 fee to include supervision, screening and treatments costs, until participant graduates from the program. *There is a sliding scale application process for lower income participants that can cover up to ½ of the program fees. If you are eligible for this, you will be required to do community service hours at a county facility.* Track 3 participants will pay a \$100 per month fee that will include supervision and drug screening costs. Treatment costs will be paid to the provider they choose for ASAM level I treatment.

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