



CAUSE NO. _____

THE STATE OF TEXAS

V.

DEFENDANT

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§
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§
§

IN THE COUNTY/DISTRICT

COURT OF ELLIS COUNTY,

TEXAS

**ELLIS COUNTY VETERANS' TREATMENT COURT PROGRAM
PARTICIPANT CONTRACT**

Name: _____ DOB: _____

Address: _____

Cell No: _____

Email: _____

Employer: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Please read this carefully and *initial each* term, indicating you understand the Ellis County Veterans Treatment Court policies and procedures and agree to participate under these following terms and conditions of participation in the Ellis County Veterans' Treatment Court. The Veterans' Treatment Court reserves the right to modify this agreement with proper notice:

In consideration of being accepted into the above-named Ellis County Veterans' Treatment Court, you agree to abide by the following terms while you're in the program. By signing this document you are indicating that you voluntarily enter into this contract and agree to be bound by its terms.

I hereby agree to the following:

_____ I will obey all laws and report any new arrest or contact with law enforcement officials to the Court and Community Supervision Officer immediately. I will inform any law enforcement officer who contacts me or who I come in contact with of my enrollment in the Veterans Treatment Court program.

_____ I understand that I will have to follow orders given to me by the presiding Veterans Treatment Court judge, Veterans Treatment Court Coordinator, and other people involved in the Veterans' Treatment Court program.

_____ I agree to abide by all Court Orders, this includes but is not limited to No Contact Orders, Sanction Orders, and Orders to enter and complete treatment.

_____ I agree to abide by the rules and regulations of the Ellis County Community Supervision and Corrections Departments (ECCSCD) and follow all the Conditions of Supervision as ordered by the Court.

_____ I will promptly and truthfully answer all inquiries directed to me by all Veterans' Treatment Court Team members and ECCSCD.

_____ I will appear at all scheduled court hearings or as ordered by the Judge or as directed by the Ellis County Veterans' Treatment Court Team. I will be respectful of all court proceedings, and I will obey all courtroom rules.

- (1) I will be on time, dress appropriately, turn off my cell phone, not use foul language and be respectful to all Court staff. I understand there is NO talking or whispering in the gallery during Veterans' Treatment Court proceedings;
- (2) I will **not** call the Court to reschedule my Community Supervision Officer appointments nor my Community Supervision Officer to reschedule my Court appearances; and
- (3) I understand that if I miss a Court appearance I may be sanctioned.

_____ I will comply with all program requirements, including but not limited to:

- a) Being on time and attending all Veterans' Treatment Court appearances;
- b) Being on time and attending all treatment sessions;
- c) Participating in all treatment sessions;
- d) Completing all treatment assignments;
- e) Making satisfactory progress in the program as measured by phase requirements;
- f) Notifying my treatment provider and Community Supervision Officer of any drugs prescribed for me by a physician before I begin taking them; and
- g) Providing written notification to my physician that I am in Veterans Treatment Court.

_____ I will contact my Community Supervision Officer as directed.

_____ I agree to participate in the Ellis County Veterans' Treatment Court Program until successful completion, or until I am discharged.

_____ I will not violate city, state, or federal laws.

_____ I understand that if I engage in any criminal act, I may be removed from the Veterans' Treatment Court program, and prosecuted for any new charge(s).

_____ I will not commit acts of violence or threats of violence.

_____ I will not engage in verbal violence.

_____ I will not possess, use, own, or have under my control, any firearm, nor will I reside where firearms are present. Any exception as to residence requires prior written approval from the Court.

_____ I understand that I may owe court costs, supervision fees, lab fees, program fees, fines, treatment fees, restitution (if applicable). I understand that I am required to pay a program fee of \$500.00, with \$200.00 paid up front, with the remainder due in full prior to graduation.

_____ I will enter into and successfully complete all treatment deemed necessary by the Court. I will abide by all rules/regulations set by the treatment providers and all conditions and requirements ordered by the Court.

_____ I will sign all *Releases of Information* as deemed necessary by the treatment provider, the Ellis County Community Supervision and Corrections Department (CSCD), and the Veterans' Treatment Court team.

_____ I will reside in Ellis County, Texas or a contiguous county if approved by the Court. Without first notifying and obtaining permission from the Court I will not: 1) change residences; 2) spend the night at any address other than the one that has been approved by the court; 3) travel out of county/state; or 4) change my telephone number; or 5) change my employment. I will immediately notify my Community Supervision Officer and the Court of any unforeseen changes in residence.

_____ I understand that I must be employed, or in school, or in treatment, or involved in an approved activity that supports recovery through my participation in the Ellis County Veterans' Treatment Court.

_____ I will not associate with or be near anyone who is under Community Supervision (Probation), on Parole, currently incarcerated or has a criminal record unless they are attending a Veterans' Treatment Court, treatment session, 12 Step or support group meeting or living with me in transitional housing, without express permission from appropriate Veterans' Treatment Court personnel, before the contact takes place.

_____ I will not engage in sexual behavior of any type with another Veterans' Treatment Court client.

_____ I understand that as a result of infractions identified by the Veterans' Treatment Court team or Treatment Provider, certain sanctions may be imposed. Court ordered sanctions include but are not limited to:

- Judicial reprimands
- Increased frequency of court appearances
- Increased frequency of office and/or home visits with Community Supervision Officer
- Rotated to the bottom of the docket
- Placed on a behavior contract
- Delay in phase advancement or regress to a prior phase
- Required to write an essay
- Loss of privileges (curfew, travel)
- Imposition of community service
- Issuance of a Bond Forfeiture or Warrant
- **Jail remand**
- Termination from Veterans' Treatment Court Program
- Revocation of my deferred adjudication or community supervision, allowing the court to then convict and sentence me within the full range of punishment.

_____ I understand that the Veterans' Treatment Court Team and/or treatment provider may determine that my actions warrant a clinical response. These clinical responses include but are not limited to:

- Recommendation to treatment provider to modify treatment plan
- Increased frequency of 12 Step Meetings or other pre-approved support group meetings
- Mandatory group meetings (anger management; time management; money management)
- Hospitalization (voluntary or involuntary)
- Substance abuse treatment (Detox, Secure, Residential, IOP, SOP)
- Transfer to a more restrictive or less restrictive housing or treatment program
- Increased or decreased frequency in medication monitoring
- Increased or decreased contact with Veterans Treatment Court Team

_____ I understand that if I violate the terms of this agreement, I am still expected to comply with and follow Court directives and treatment recommendations.

_____ I understand that due to the waiver I have signed, the Veterans' Treatment Court can, in some cases, impose additional sanctions in the event of a finding that this agreement has been violated. I further understand that I have the right, with my attorney, to present my explanation to a Veterans Treatment Court Judge at the first opportunity.

_____ I acknowledge that I have been informed that if the Court, in its sole discretion, finds that I willfully failed to comply with any treatment and/or rehabilitation requirements, I may be revoked from the program and the Court may proceed to impose sentence.

_____ I understand that my failure to successfully complete the Veterans' Treatment Court program **will** result in re-instatement of criminal proceedings against me. I understand that my failure to complete the Veterans' Treatment Court Program cannot be a basis for withdrawing my previously entered guilty plea.

_____ I will perform any and all community service hours which may include a required community service project as directed by the Veterans' Treatment Court.

Alcohol and Drugs

_____ I will not possess or use alcohol or drugs unless lawfully prescribed in writing by a physician, in which case I will notify my Community Supervision Officer, court personnel or treatment provider before taking the medication. I will also provide copies of prescriptions at my next contact with the court or staff.

_____ I will not possess, buy, sell or consume any substances that are herbal incense, potpourri, bath salts and/or any non-prescribed mind or mood altering substances. Such substances include, but are not limited to: Spice, K2, "Mr. Nice Guy", Salvia and Brainfreeze. I understand and agree that although these mind-altering substances may not currently be illegal, I understand and agree that any possession, use, buying or selling by me of these substances, will result and be treated as a "use" sanction/penalty within the Ellis County Veterans' Treatment Court Team and will impact my progression through the program.

_____ I will not associate with or be near anyone who is using/possessing any illegal/controlled substance, synthetic cannabinoids (such as K2, Spice), or synthetic amphetamines/cocaine (such as Pure, Bliss).

_____ I understand that I am not to enter into any smoke shops or any known business(es) related to smoke shops.

_____ I understand that I am not to go into bars, liquor stores, taverns, clubs, parties, or places where alcohol is the main item for sale or consumption. I will not visit places where illegal drugs are sold, dispensed, or used.

_____ I understand that while participating in a Veterans' Treatment Court I cannot consume alcohol.

_____ I understand that while participating in a Veterans' Treatment Court, I am not to consume NON-ALCOHOLIC beverages (such as Odoul's, Near Beer, etc.).

Prescription Medication

_____ I understand that I am to inform all health care providers that I am a person in recovery, and 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 Veterans' Treatment Court team to fill the written prescription and take such medication.

_____ I understand that I will request, whenever possible, that any medication prescribed by a licensed health care provider be a non-narcotic. I will seek approval from my Community Supervision Officer and the treatment provider for any over-the-counter or prescribed medication prior to using such medication and I will take such medication as prescribed. Use of prescription drugs, other than psychotropic and antibiotic medications may impact my *clean time* and movement through my Ellis County Veterans Treatment Court phases.

_____ I understand that I am to provide the Court and Community Supervision Officer with a copy of all daily prescription and over the counter medications, including the milligrams and amounts taken throughout my participation in the Veterans Treatment Court program.

_____ I understand that I am required to notify the Court and Community Supervision Officer of any new prescription and over the counter medications immediately while in the program and for as long as I remain in the program.

_____ I understand that I **AM NOT** to take any prescription medications that are not prescribed to me.

Treatment

- _____ I understand and consent to completing substance abuse and/or mental health screenings and/or evaluations throughout the duration of my participation in this Veterans Treatment Court program.
- _____ I will submit to rehabilitative, medical, psychological, psychiatric, educational, vocational, alcohol, or other drug treatment and aftercare programs, including residential treatment, as directed by the Veterans Treatment Court.
- _____ I understand that I am expected to enroll and participate in all treatment program(s) ordered by the Court.
- _____ I understand and consent to a program being developed specific to my case and understand and consent to that program being changed throughout the duration of my participation in the above-named Veterans Treatment Court.
- _____ I understand and consent to participating in specialized programs and/or caseloads designed to help me avoid further legal action.
- _____ I agree to take psychiatric medications as prescribed by my licensed health care provider and that are approved by the court.
- _____ I agree to attend and participate in all psychiatric and/or counseling sessions if the Veterans' Treatment Court team deems it necessary.
- _____ I understand that I am not to leave any treatment program without prior approval of the Veterans Treatment Court Team.
- _____ I understand that my individual course of treatment may include in-patient treatment, residential treatment, Intensive Outpatient Treatment (IOP), Supportive Out Patient Treatment (SOP), Aftercare groups, education, and/or self-improvement courses such as anger management, parenting or relationship counseling.
- _____ I understand that, if ordered to residential treatment or certain types of housing, I may have to remain in custody until the facility or housing has availability.
- _____ I understand that I am to abide by all policies and procedures at the facility at which I attend treatment.
- _____ If the court sanctions me by sending me to jail, or I am arrested on a warrant, or I am arrested on a new offense, I **will** notify the jail of my mental status and, if applicable, my current medications.

Drug Testing

_____ I agree to submit to witnessed urine, breath, or other screening at any time, even if not on my testing day, as directed by the random call in system or any member of the Veterans' Treatment Court team or Treatment Provider.

_____ I understand that if, at the time of request, I refuse or fail to provide a specimen for a drug screen, the Veterans Treatment Court will consider my action a program violation and I may be sanctioned.

_____ I understand any attempt on my part to dilute or alter any type of drug test specimen, either through use of a foreign device, consumption of a masking agent, or any other means, will result in a sanction and may result in my immediate termination from the program and additional criminal charges.

_____ I understand that I will be advised of the procedures for submitting to a drug screen.

_____ I understand if I miss a drug test for any reason, I am required to test the next day.

_____ I understand that if I admit to using and my drug screen comes back positive for any other substance other than what I admitted to, I will be subject to additional sanctions.

_____ I understand that if I am taking vitamins, any type of work out supplements or consume energy drinks of any kind that they **will not** show positive for alcohol or drugs on my UA testing, drug patch results or DLD results.

Prior Participation

_____ I hereby attest to the fact that I have never obtained an expunction from this or any other Veterans' Treatment Court, or any other Specialty Court that offers an expunction upon successful completion/graduation.

My attorney has explained and we have fully discussed all of the above and I understand and wish to enter into this Ellis County Veterans' Treatment Court contract. I have no further questions.

_____ **Date:** _____
Defendant's Signature

I have read and discussed this Ellis County Veterans' Treatment Court contract and I believe the defendant is competent and fully understands the terms of this Ellis County Veterans' Treatment Court contract. My signature below also gives permission for direct liaison between the Veterans' Court Staff and my client.

_____ **Date:** _____
Defense Attorney's Signature

TBN # _____