

**Defendant Name:** \_\_\_\_\_

**Charge:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

*By initialing the following, I am indicating that I have read these rules and they have been sufficiently explained to me. I understand and agree to:*

- ❖ **Complete all drug court requirements** and follow all rules specified in this contract in order to graduate and have pending case(s) dismissed. \_\_\_\_\_
- ❖ **Submit to and pay for assessment for treatment needs with qualified mental health provider.** The assessment results/recommendations will be shared with the drug court team to assist in determining the appropriate treatment plan. \_\_\_\_\_
- ❖ **Comply with treatment requirements as recommended in the case treatment plan.** This includes attending all sessions, completing all assignments, attending any self-help meetings or other referrals as dictated by the treatment provider. \_\_\_\_\_
- ❖ **Report every month and pay a monthly drug screen and supervision fees to Morgan County Community Corrections.** Fees are to be paid during the assigned report-in period of each month. YOU MUST REPORT WITH OR WITHOUT YOUR PAYMENT. \_\_\_\_\_
- ❖ **Pay court costs owed to Morgan County Circuit Clerk in full.** You will be required to make payments monthly to Morgan County Community Corrections, who will remit payments to Circuit Clerk. Monies must be paid in full to graduate. \_\_\_\_\_
- ❖ **Submit to urinalysis for testing UPON REQUEST of the Drug Court.** (Color Code). A refusal or failure to provide a urinalysis will be viewed by the Court as a positive test result and sanctions will be imposed. If a test is altered in ANY form, such as using urine other than from your own body, you will be taken into custody at that time. A diluted screen will also result in sanctions as outlined in attached sanction schedule. Further, all specimens will be collected at the Morgan County Community Corrections office unless permission is granted to screen elsewhere. \_\_\_\_\_
- ❖ **Remain drug and alcohol free; please see SAFE MEDS List and receipt of Safe Meds list form.** If you are prescribed any prohibited medications, you must provide prescriptions, medical records, and a treatment plan from a physician. \_\_\_\_\_
- ❖ **Do not visit establishments where alcohol or illegal drugs are sold.** \_\_\_\_\_
- ❖ **Notify treatment provider AND drug court case manager of any drugs prescribed by a physician before taking them.** You MUST provide documentation (Drug Court Physician form) that you disclosed enrollment in Drug Court to the physician and that narcotics cannot be taken. Pill count may be required.

- ❖ **See Safe Medications list and receipt of Safe Meds form for prohibited medications.**
- ❖ **Submit to any rehabilitative, medical psychological, psychiatric, educational, vocational, or alcohol or other drug treatment program** as directed by the Drug Court, including aftercare. \_\_\_\_\_
- ❖ **DO NOT leave the State of Alabama without permission.** \_\_\_\_\_
- ❖ **Immediately report any change in address, phone number, employment, or living arrangement** to the drug court case manager, including overnight stays at other residences. \_\_\_\_\_
- ❖ **Report to/contact drug court case manager/coordinator as directed,** in addition to regular monthly report in. \_\_\_\_\_
- ❖ **Surrender all firearms to specified law enforcement agency upon entering plea into drug court.** Retrieval of said firearms will be allowed only upon providing that law enforcement agency with the dismissal of the case. \_\_\_\_\_
- ❖ **Do not violate any city, state, or federal law** as a new arrest may result in termination from the drug court program. \_\_\_\_\_
- ❖ **Must be employed, in school or in-patient treatment** while enrolled in Drug Court. \_\_\_\_\_
- ❖ **Submit to searches by law enforcement** of his/her person, residence, vehicle, or any property under his/her control. Home visits will be conducted. \_\_\_\_\_
- ❖ **NOT be a Confidential Informant** for any law enforcement agency while actively enrolled in Drug Court. \_\_\_\_\_
- ❖ **Agree to allow all parties involved with drug court to share information** pertaining to case outside my presence. This includes but is not limited to the following: judge, treatment provider, attorney, Drug Court Coordinator/case manager, members of the Drug Court team, and/or probation officer \_\_\_\_\_.
- ❖ **Waive extradition to the State of Alabama** from any jurisdiction in or outside the United States where you may be found and also agree that you will not contest any effort by any jurisdiction to return you to the State of Alabama. \_\_\_\_\_
- ❖ **Sanctions will be imposed for violations of rules.** A list of violations and the respective sanctions will be provided to you \_\_\_\_\_.

**I understand the drug court team may revise the rules and sanctions, if it is deemed to be in the best interest of the program, its participants, and/or the community. Written notification of changes will be provided.**

**I understand that all stipulations above are effective upon my acceptance and plea into the drug court program.**

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**Defendant's Signature**

**Date**

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**Drug Court Coordinator**

**Date**

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**Defense Attorney**

**Date**

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**District Attorney**

**Date**

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**Honorable Charles B. Elliott**

**Date**