

AGREEMENT OF PARTICIPATION

NAME: _____ **DOB:** _____ **SSN:** _____

If accepted for enrollment into the Williamson County DWI/Drug Court Program, I hereby agree to the following stipulations:

1. **Honesty.** I agree to be honest with the DWI/Drug Court Team, and understand that information I disclose about the offense I am under supervision for and/or information about my current use will be dealt with in DWI/Drug Court and will not be used against me in future prosecutions or motions to revoke or proceed with adjudication. I understand that this program lasts from 12 to 18 months, and consists of three phases that must be completed before I am successfully discharged and graduate from the program.
2. **Substance Abuse Treatment and Counseling.** I will attend, participate in, and complete the substance abuse treatment and counseling required by the DWI/Drug Court Team, to include but not be limited to detoxification, residential, inpatient, intensive outpatient, supportive outpatient, and relapse prevention counseling, twelve step program attendance, cognitive behavioral classes, and any supplementary treatment, counseling, or education considered essential as part of my rehabilitation process. I understand that depending upon my income, I may be responsible for some or all treatment costs.
3. **Abstinence from Alcohol and Drugs.** I will not possess and/or use alcohol and illegal drugs, and I will use prescription medication only as prescribed for me by a physician. I further agree to inform any treating physician or dentist of my substance dependency, and 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 community supervision officer and get specific permission from the DWI/Drug Court Team to take such medication. Before taking medication of any kind, I will check with the pharmacist to ensure that it is non-narcotic, non-addictive and contains no alcohol. I will list any and all over-the-counter and prescription medication names to my treatment provider or community supervision officer prior to submitting to any drug or alcohol screens. I further agree to submit to frequent and random testing for the presence of alcohol and drugs as directed by my community supervision officer, and to pay any required fee for testing.
4. **Disputing positive test results.** I understand that I may dispute positive test results, but that I will be responsible for payment in advance of confirmation costs, and that if the drug use is confirmed, the sanction will be more stringent than if I was honest about having used.
5. **Commit No New Offenses.** I will not violate laws, and I understand that any violation or arrest must be reported to my community supervision officer within 48 hours.
6. **Make All Scheduled Appearances.** I will appear or report as scheduled to DWI/Drug Court hearings, treatment and counseling sessions, and meetings with my community supervision officer. I will arrange for my own transportation, and I understand that lack of transportation is not an excuse for missing any scheduled event.
7. **Maintain Employment and/or Education.** I will maintain appropriate full time employment or full time status as a student, or will attend any education or job training programs to which I am referred. I will report any change of employment or education status to my community supervision officer within 48 hours.

8. **Housing.** I will maintain stable housing considered appropriate by the DWI/Drug Court Team for my recovery.
9. **Payment of Fees.** I agree to pay all Court-ordered financial obligations.
10. **Field Visits.** I understand that DWI/Drug Court Team members will conduct field visits to my residence, place of employment, and other areas I may inhabit or frequent.
11. **Appropriate Behavior.** I agree to respect the opinions and feelings of other program participants, and understand that verbal or physical threats or abuse will not be tolerated. I agree not to engage in any romantic or sexual relationships with other program participants while actively involved in the program.
12. **Respect for the Court.** I will use appropriate language in court, such as addressing the judge by saying "Yes, your Honor," and "No, your Honor," not leaning on the bench or using inappropriate language or slang in court. I will not bring food, drinks, gum, tobacco, or recording devices to court.
13. **Cellular Telephones and Pagers.** I agree not to bring cellular telephones or pagers to court or to any meetings required by the program.
14. **Dress Code.** I agree to dress appropriately for court and for any meetings required for the program. I understand that appropriate apparel does not include torn or dirty clothing, tank tops or halter-tops, "short" shorts or dresses, flip-flops, hats, and any clothing considered drug-related, sexually explicit or gang-related.
15. **Disclosure of Program Information for Review or Analysis.** I understand that, for purposes of study or review of this program, some otherwise confidential information may be disclosed to third parties, but that this statistical data will not include my name, address, or other personal identifying information.
16. **Confidentiality of DWI/Drug Court Participation.** I understand that enrollment in the DWI/Drug Court Program as a condition of community supervision will be a matter of public record, and that DWI/Drug Court hearings are open to the public, and that rules of confidentiality do not apply there. I understand that the DWI/Drug Court Team and possibly other treatment providers will make reports to the Judge concerning my progress in treatment and that the counselor-patient/psychologist-patient privileges shall not apply. I agree to release information and permit communication with outside agencies to assist in fulfilling my requirements of this program. I understand that by attending DWI/Drug Court and treatment sessions, I will learn information about other participants. I agree to maintain their confidentiality, and I will not disclose information regarding any DWI/Drug Court and/or treatment participant.

I understand that I must abide by the conditions of community supervision and the DWI/Drug Court, including my individual treatment plan, and failure to do so may result in sanctions including, but not limited to, admonishment, verbal reports, written reports, increased drug/alcohol testing, increased treatment requirements, movement back into previous phases, increased community service, jail time, or involuntary termination from the program.

PARTICIPANT

DATE

WITNESS

DATE