

**PUTNAM ADULT DRUG COURT OPERATION (PADCO)
PARTICIPANT CONTRACT**

NAME _____ ID# _____ DC# _____

1. I agree to participate in all alcohol and other drug treatment requirements as directed by the Court and specified in my individualized treatment plan. My plan will likely involve participation in treatment sessions and support groups such as twelve step meetings, smart recovery, church attendance or an approved alternative. This plan is intended to help me live a law-abiding, drug free lifestyle. My level of participation in treatment will be reported to the Drug Court Judge.
2. I understand I will be supervised by the Department of Corrections and agree to follow all conditions of my probation/community control as ordered by the Court.
3. I understand failure on my part to comply with the requirements of this contract will result in consequences being imposed including, but not limited to incarceration in the county jail and community control (house arrest).
4. I understand if I fail to successfully complete this program and am terminated from the program I will be sentenced to any lawfully allowed sentence which may well include prison.
5. I will be on time to all treatment sessions, court dates and other scheduled appointments.
6. I will pay fees as directed by the Court.
7. I understand I will be required to submit to random urine screens and breath tests.
8. I understand if I fail to produce a urine specimen or if it is not of sufficient quantity, it may be considered a stall on my part and it may be treated as if it was positive for drugs/alcohol.
9. I understand that failure to fully participate, failure to appear, positive urine tests and other program failures may result in consequences being imposed against me.
10. I understand that any attempt to falsify a urine test is grounds for immediate termination.
11. I understand a missed drug test may be considered a test which is positive for drugs and will be subject to the same consequences as a test which actually tested positive for drugs.
12. I agree to sign a consent form waiving confidentiality of any medical, treatment or social service records. If I withdraw consent, I understand that I may be terminated from drug court.
13. I understand that after entry into PADCO, statements made by me to any member of the PADCO Team regarding the current offense which I am charged will not be used against me in any action or proceeding while participating in the drug court program.

14. I understand that a failure to appear for a court date or any other breach of this agreement may result in an immediate bench warrant.
15. I agree to keep the Court, Treatment Provider and Probation informed of my current address and telephone number(s).
16. I agree that I will not use, possess or associate with persons who use or possess any controlled substance or illegal drug such as marijuana, heroin, cocaine, methamphetamine, PCP, or LSD. I will not use or possess alcohol or visit any place where the sale of alcohol is the primary source of income (such as bars and package stores).
17. I understand I will not use or possess any prescription drugs without a valid prescription. If prescribed medication, I will consult my treatment counselor prior to taking them (except in the event of an emergency). I am responsible for confirming with a pharmacy or medical professional that any prescription medications or over-the-counter medications I may take are non-addictive and do not contain alcohol. I will not eat any foods containing poppy seeds or take over-the-counter medications which may result in a false positive urine test. Before taking any over-the-counter drugs, I will consult my treatment counselor prior to taking them.
18. I will not eat foods containing poppy seeds. I will be mindful that some foods, drinks, or supplements can result in false positive urine tests. For example poppy seeds, pure vanilla, protein and energy drinks, etc. I understand that a positive test is a positive test and I am responsible for what I consume.
19. I understand that using ANY mood-altering substances may result in removal from the Putnam Adult Drug Court Program.
20. I understand I will not use any electronic devices during treatment, community service, AA/NA meeting and court proceedings.
21. I understand that I will not discuss or disclose any information regarding drug court and any participants through social media.

Date: _____ Participant Signature: _____

Date: _____ Witness: _____