STATE OF FLORIDA

VS

_____

IN THE CIRCUIT COURT, SEVENTH JUDICIAL CIRCUIT, IN AND FOR ST. JOHNS COUNTY

CASE NUMBER(S):
CHARGE(S):

St. Johns County Drug Court Participation Application and Disclosure (Adopted: 07/07/2015)

I have a substance abuse problem and hereby request to be considered for the St. Johns County Adult Drug Court. I understand that the opportunity to participate in this program is a privilege, not a right. Understanding that accountability is an important aspect of the program, I acknowledge that if I am accepted, the following will apply to me as long as I am a participant in the program:

1. **I will enter the Program as a condition of probation:** I understand that I will enter this program at sentencing as a condition of probation and that I must comply with the requirements of the program in addition to all other conditions of probation that are imposed by the sentencing judge. Failure to comply may result in violation of my probation and the issuance of an arrest warrant. I understand that I have up to fourteen (14) days to opt out of the program with the understanding that this action may result in any lawfully allowed sentence to include incarceration in state prison.

2. **I will fully cooperate in the completion of all background checks** that will be conducted to determine if my participation in the Program is appropriate. I have never been found guilty nor had adjudication withheld for any violent felony offense anywhere.

3. **I will appear at all Hearings as instructed by any member of the St. Johns County Drug Court Team.** The Team is comprised of representatives from the State Attorney's Office, the Public Defender's Office, the Clerk of the Court, Substance Abuse Treatment Providers, the Florida Department of Corrections Probation and Parole Services, the Seventh Judicial Circuit's Court Administration, St. Johns County Sheriff's Office, St. Augustine Police Department, St. Augustine Beach Police Department and the Judge.

4. **I consent to allow information concerning me to be given to all drug court team members** as needed to carry out official tasks of the Program. This includes, but is not limited to: urinalyses results, treatment group attendance, required office visit compliance, contact with law enforcement and overall program progress.

5. **I will not violate the law** or associate with any person engaged in criminal activity.

6. **I will not leave St. Johns County** without the approval of my Probation Officer.

7. **A substance abuse screening and assessment will be required** to determine if my participation in this program is appropriate. I will cooperate with the substance abuse counselor at all times.

8. **I will report to the substance abuse treatment provider as instructed** which will be as soon as possible after placement into the program. Treatment will continue for a minimum of one year. It may be extended as deemed necessary by the Judge. I agree to sign an individualized substance abuse treatment plan with my treatment counselor and to participate in the accomplishment of goals and objectives as designated. I will pay the greatly reduced rate for outpatient treatment fees of ten ($10) dollars per week. Failure to make progress may result in increased treatment. If my treatment plan ultimately requires me to enter residential treatment, I understand that I may be required to pay some or all of the expenses related to residential treatment.

9. **I agree to fully participate in the substance abuse treatment** that will be delivered in the following four phases. Advancement to the next phase will be conditional upon recommendation of the Team and final approval of the Judge.

Phase 1: (Minimum Duration – two (2) months)

- Court Appearances: Once (1) a week in front of the Drug Court Judge
- Group Therapy Sessions: Participate in at least three (3) sessions per week and at least twelve (12) sessions during the phase
- Individual Therapy session: Participate in at least two (2) sessions during the phase
- Drug Tests: Complete at least three (3) random drug tests each week
- Support groups such as Alcoholics Anonymous (AA), Smart Recovery or other team approved sessions: Attend one a day for at least five (5) days each week.
- Probation Office Visits: Once (1) a week as instructed by a Probation Officer
- To advance to the next phase of the program, I must progress in my treatment plan to the satisfaction of my counselor, accumulate at least sixty (60) consecutive clean days in the phase, be current on my treatment fees, complete twenty-five (25) community service hours, meet with the program coordinator and complete a phase advancement form.

Phase 2: (Minimum Duration - four (4) months)

- Court Appearances: Once (1) every two weeks in front of the Drug Court Judge
- Group Therapy Sessions: Participate in at least three (3) sessions per week
- Individual Therapy session: Participate in at least one (1) session per month
- Drug Tests: Complete at least two (2) random drug tests each week
- Support groups such as Alcoholics Anonymous (AA), Smart Recovery or other team approved sessions: Attend one a day for at least five (5) days each week.
- Probation Office Visits: Once every two (2) weeks as instructed by a Probation Officer
- To advance to the next phase of the program, I must progress in my treatment plan to the satisfaction of my counselor, accumulate at least ninety (90) consecutive clean days in the phase, be current on my treatment fees, complete twenty-five (25) community service hours, meet with the program coordinator and complete a phase advancement form.

Phase 3: (Minimum Duration - four (4) months)

- Court Appearances: Once (1) every month in front of the Drug Court Judge
- Group Therapy Sessions: Participate in at least two (2) sessions per week
- Individual Therapy session: Participate in at least one (1) session per month
- Drug Tests: Complete at least one (1) random drug test each week
- Support groups such as Alcoholics Anonymous (AA), Smart Recovery or other team approved sessions: Attend one a day for at least three (3) days each week.
- Probation Office Visits: Once (1) a month as instructed by a Probation Officer
- To advance to the next phase of the program, I must progress in my treatment plan to the satisfaction of my counselor, accumulate at least one hundred twenty (120) consecutive clean days in the phase, be current on my treatment fees, complete twenty-five (25) community service hours, meet with the program coordinator and complete a phase advancement form.

Phase 4 (After Care) (Minimum Duration – two (2) months)

- Court Appearances: Once (1) every month in front of the Drug Court Judge
- Group Therapy Sessions: Participate in at least four (4) sessions during the phase to include relapse support, peer led activities, family involvement, etc.
- Individual Therapy session: Participate in at least two (2) sessions during the phase
- Drug Tests: Complete at least one (1) random drug test each week
- Support groups such as Alcoholics Anonymous (AA), Smart Recovery or other team approved sessions: Attend one a day for at least three (3) days each week.
- Probation Office Visits: Once (1) a month as instructed by a Probation Officer
- To advance to the next phase of the program / graduate, I must progress in my treatment plan to the satisfaction of my counselor, accumulate at least one hundred eighty (180) consecutive clean days, be current on my treatment fees, complete twenty-five (25) community service hours, meet with the program coordinator and complete a phase advancement form.

Graduation Phase (Waiting for next scheduled graduation ceremony)

- Court Appearances: Once (1) every month in front of the Drug Court Judge
- Group Therapy Sessions: Participate in at least one (1) session per month
- Drug Tests: Upon specific request of drug court team member – do not call random drug test system
- Support groups such as Alcoholics Anonymous (AA), Smart Recovery or other team approved sessions: Attend one a day for at least two (2) days each week.
- Probation Office Visits: Once (1) a month as instructed by a Probation Officer
- To graduate the program, I must simply be in good standing with the program on graduation day. A participant in this phase is not required to pay treatment fees, complete community service hours or to call the random drug testing line.

10. **Remaining drug free**: I understand that drug court will assist me to remain drug free by requiring the following:
    - **Urine samples**: I understand that I may be required to provide urine samples at any time while I am in this program. Failing to provide a valid sample, giving a *diluted sample* or missing a urinalysis may result in a sanction as great as a sanction imposed for a *positive result*. When an independent drug-testing lab is utilized for special needs, I may be ordered to pay for the testing services. Substituting or adulterating my urine specimen may result in termination from drug court.
    - **Alcohol**: I will not ingest alcohol or enter an establishment whose primary purpose is to sell alcoholic beverages. Examples of alcohol include beer, wine, whiskey, Nyquil, Sterno and mouthwash.
    - **Illegal Drugs:** I will not ingest, purchase or possess any illegal drugs. Examples of illegal drugs include cocaine, marijuana and heroin.
    - **Prescription Drugs:** I will not use prescription drugs without a valid prescription and disclosure to my treatment counselor prior to taking the medications except in case of an emergency where disclosure may take place the next workday after using the prescription. I understand that use of a controlled prescription drug may delay my advancement in or completion of the program, whether or not that drug was validly prescribed. Currently, the program is not able to incorporate the use of methadone or buprenorphine in the course of addictions treatment. Finally, I must disclose to any doctor who intends to prescribe medication to me, that I am a participant in this drug court program where abstinence from mind altering substances is my goal.
    - **Over the Counter (OTC) Drugs:** I will not ingest mind altering OTC drugs that may result in a positive drug screen. Such medications include those that contain alcohol, dextromethorphan, pseudo-ephedrine and ephedrine. I will discuss all over the counter medications and supplements that I plan to take with my treatment counselor before I take the medication. This is particularly important before ingesting diet pills, herbal supplements or energy drinks. Examples of OTC drugs that contain prohibited ingredients include, but are not limited to: Nyquil, Actifed, Sudafed, Coricidin, Nasal Crom and Robitussin DXM. Examples of OTC medications that will not result in a positive drug screen when taken as directed include: aspirin, acetaminophen, ibuprofen and naproxen.
    - **Other substances:** I will not possess or ingest any mind and/or mood altering substances. I will not possess or ingest designer drugs, smoking mixtures, synthetic cannabinoids, poppy seeds or anything labeled "not for human consumption". Specific examples of these substances include, but are not limited to: spice, bath salts, kratom and products containing poppy seeds.
    - **Not prohibited:** I may use nicotine, caffeine and sugar while in drug court; however, I will consider my health first.

11. **I understand that Supervision Officers employed by both the Florida Department of Corrections Probation and Parole Services and Court Administration will conduct supervisory contacts** concerning me. These contacts may occur at my home, my work, the treatment center, the courthouse, or anywhere deemed necessary, consistent with the confidentiality of my treatment. I will report when and where as directed by these officers. I am to report all contact that I may have with Law Enforcement, to my Probation Officer within twenty four hours of the aforementioned contact.

12. **I understand that I can expect to receive incentives** when I progress in the program and sanctions when I do not. Various forms of positive reinforcement such as "A" Team recognition, compliments from the Judge, certificates of recognition, as well as awarding community service hours will be used by the Team to encourage me to progress in the program. Failure to attend required counseling sessions, self help meetings, supervision office visits, and urinalyses tests, failure to remain drug and alcohol free, or failure to demonstrate progress in treatment will result in a review of my case by the Judge. Additional group therapy or additional attendance at self help meetings may be required. Sanctions might include the loss of clean days, additionally required community service hours, written assignments, tighter supervision, incarceration or termination from the program.

13. **Concerning drug court team members, I agree to**:
    - promptly and truthfully answer all questions asked by any drug court team member
    - obey all lawful directions given to me by any drug court team member
    - reside locally and not change my address without the approval of a drug court team member
    - maintain my employment and/or educational status unless a team member approves a change

14. **Employment, Education and Constructive Use of Time**: I understand that after I adjust to program requirements, I will be expected to maintain legitimate employment of at least twenty (20) hours per week or participate in school full time. A combination of the two is acceptable also. I know the team will consider approving an alternative plan to use my time in a constructive manner if I request it. I understand that if I refuse to find a job or engage in another approved constructive use of time, I may be subject to a sanction.

15. **I will complete all tasks as directed by the Judge**. Examples of such tasks may include, but are not limited to: paying restitution, remaining employed, staying in school, life skills education, literacy training, vocational rehabilitation, community resource referrals, and community service work.

By signing below I confirm that I have read (or have had read to me), understand, accept and agree to abide by the contents of this form and the program's Participant Handbook.

_____ _____

Defendant's Signature / Date | Defense Counsel / Date

_____ _____

Defendant's Complete Physical Address | Defendant's Phone Number