

Washtenaw County Veterans Treatment Court Program Participant Agreement

Defendant / Veterans Name: _____ Case Number: _____

Whereas,	the purpose of the Veterans Treatment Court Program is to provide assistance to me in an effort to address my alcohol abuse, substance abuse, and/or mental health which has/have led to my legal problems.
Whereas,	the Veterans Treatment Court is a treatment-based non-adversarial process to support my recovery.

I HEREBY VOLUNTARILY AGREE TO THE FOLLOWING:

1. I will appear for all court dates, treatment meetings, or other scheduled appointments as ordered by the Court; and I will be on time.
2. I will comply with my probation order(s) and pay all fines and costs in a timely manner.
3. I will not use or possess alcohol, illegal drugs, or any mood-altering substances while participating in the program. Furthermore, I understand that I must notify my probation officer within (2) business days of any new prescription medications.
4. I agree to be supervised by all person(s) designated by the Court
5. I will attend and complete any treatment program, including the mentorship program, that is ordered by the Court and obey all rules of the treatment court program.
6. I agree to keep the Court and treatment providers informed of my current address and phone number(s), and to report any change within (2) business days.
7. I will submit to urine, breath, and other drug testing as ordered by the Court.
8. I understand the Court may impose immediate sanctions for non-compliance with the conditions of the treatment program, which may include placement in the county jail or other detention, without a hearing.
9. I understand I can be rewarded for complying with program requirements, including but not limited to, being awarded incentives, reduced court appearances, reduced substance abuse testing and early termination from the program.
10. I will return all phone calls, e-mails, or other communications from the Veterans Court Probation Officer or any other Veterans Court Team member, including treatment providers within 24 hours from receiving the communication. Failure to comply may result in sanctions, including incarceration.
11. I understand that the treatment team will be spending time, energy and resources on my behalf. Thus, I need to be invested in my treatment and recovery and to be honest with all team members.
12. I agree to the terms set by the Veterans Treatment Court and understand that if I do not follow the Veterans Treatment Court rules and requirements, I will be terminated from the program and the probation oversight of the original court will resume.
13. I have received a copy of this document and agree to its terms and conditions.

Defendant / Veteran Signature

Date

Witness Signature

Date