



Douglas County Drug Court

Douglas County Drug Court Participant Contract

I, _____ (name), Date of Birth: ___ / ___ / _____,

Address: _____ City: _____ State: _____ Zip: _____

Have entered a guilty plea to:

Case Number	Charge	Severity Level

____ I agree to live in Douglas County, KS, throughout Drug Court.

____ I will keep my Adult Services Officer notified of my current phone number and will not change my residence without prior authorization.

____ I agree to not leave Douglas County, KS, without prior authorization from my Adult Services Officer.

____ I understand I cannot possess any weapons including, but not limited to: firearms, ammunition, or explosives while in Drug Court.

____ I agree to disclose the presence of any weapons in my household and agree to dispose of weapons.

____ I agree to inform any law enforcement officer that I come in contact with that I am in Drug Court and will immediately notify my Adult Services Officer of any contact with law enforcement.

____ I understand an individual treatment plan will be created and may be modified as needed. I agree to comply with all requirements or modifications.

____ I will take the Drug Court Doctor Notification Letter to all medical appointments.

____ I understand participating in Drug Court requires me to be drug free. I will not possess drugs, alcohol, or drug paraphernalia. I will not associate with people who use or possess drugs. I will not be present at places or events where drugs or alcohol are being used or are available to me. I agree not to purchase or use "designer drugs" that can be purchased, possessed, or used legally.

____ I understand I will be tested for the presence of drugs and alcohol in my system on a random basis. Immediate sanctions will result for any late, missed, or altered tests.

____ I understand if I miss a court date without prior permission from the Drug Court Team, a no bond warrant may be issued for my arrest and I will be held in custody until seen by the Judge.

_____ I agree to wear a sweat patch, electronic monitoring, Transdermal Alcohol Device, or Soberlink as ordered. I understand I may be required to pay the costs of such tests.

_____ I understand upon graduation from the Drug Court, for statistical purposes, my criminal background will be checked at 3, 6, 12, and 24 months post-graduation.

_____ The State agrees if I successfully complete the Drug Court Program I will be allowed to withdraw my plea of guilty and that the State will dismiss my case.

Waiver of Certain Rights

_____ I waive my right to require a search warrant. I hereby consent to a search of my person, place of residence, any vehicle I own or am operating, or personal effects at any time without a warrant, when requested by a Drug Court Team member. Refusal to consent to a search will result in an immediate sanction.

_____ I hereby consent to random drug and alcohol testing by urinalysis during Drug Court. I consent to drug and alcohol testing by urinalysis at the request of the Drug Court Team. Refusal to consent to testing will result in an immediate sanction.

_____ I have the right to request and have a formal hearing before the Judge prior to imposition of any jail sanction as a result of a positive drug or alcohol test. I understand during Drug Court, progressive jail sanctions may be utilized for positive drug and/or alcohol tests. Immediate jail sanctions may be imposed without an appearance or hearing before the Judge if I admit to using drugs.

_____ If I request a formal hearing before the imposition of a sanction of incarceration, I agree to be represented by defense counsel on the drug court team, unless I hire my own attorney.

_____ I waive my right to challenge the involvement of the Douglas County District Attorney's Office in the continued prosecution of the underlying criminal case should I leave Drug Court.

I have read, or had read to me the conditions listed above. By my initials and signature, I understand I am bound by its terms and conditions. Failure to follow the terms and conditions may result in termination from Drug Court and having the sentence executed.

Client Signature	Client Printed Name	Date
Defense Attorney Signature	Defense Attorney Printed Name and Bar Number	Date
Assistant District Attorney Signature	Assistant District Attorney Printed Name and Bar Number	Date