



**VETERANS TREATMENT COURT**  
Chattanooga / Hamilton County



## Participant Contract

1. Participant Contract Conditions (Please initial each blank):
  - a. \_\_\_\_\_ I will commit no offense against the laws of this State, any other State, or the United States of America.
  - b. \_\_\_\_\_ I agree to report as directed in person to the Veterans Treatment Court, (VTC) and all other service providers.
  - c. \_\_\_\_\_ I agree to never use alcoholic beverages, non-medically prescribed medications or drugs, controlled substances or any substance or chemical capable of or calculated to cause intoxication.
  - d. \_\_\_\_\_ I agree to avoid persons or places of disreputable or harmful character including places where narcotic drugs, marijuana and controlled substances are present, sold or used, and where alcoholic beverages are sold, except for bona fide eating places.
  - e. \_\_\_\_\_ I agree not to associate with persons who possess, sell, or use narcotic drugs, marijuana, or controlled substances; and to not associate with persons who have been convicted of a felony.
  - f. \_\_\_\_\_ I will report any and all medications prescribed to me by the Court.
  - g. \_\_\_\_\_ I agree to attend all meetings with rehabilitative treatment providers including the Veterans Administration, following all treatment guidelines, rules and instructions, and as required providing verification of my attendance to the VTC Team.
  - h. \_\_\_\_\_ I agree to remain suitably employed as far as possible.
  - i. \_\_\_\_\_ I agree to permit the VTC Team members to visit me at my home, place of employment, residence and/or elsewhere and answer any and all questions.
  - j. \_\_\_\_\_ I agree to notify VTC Team within twenty-four (24) hours of any law enforcement contact, or after any questioning or charge violating any law, stating the offense charged and the jurisdiction where the charge is filed.
  - k. \_\_\_\_\_ I agree to notify the VTC Team within twenty-four (24) hours of any change in residence, stating the address of my new residence.
  - l. \_\_\_\_\_ I agree to submit to drug and alcohol evaluation/rehabilitation up to and including inpatient treatment at the direction of the VTC Team, and to participate in such treatment until satisfactorily discharged from the program and pay all costs.
  - m. \_\_\_\_\_ I agree to submit to urine/blood/saliva and/or hair analysis, for the detection of illegal drugs, prescription medications and/or alcohol at the direction of the VTC, paying any required fees.
  - n. \_\_\_\_\_ I understand that my acceptance and entrance into the VTC program based on false information that I provide is grounds for removal.
  - o. \_\_\_\_\_ I understand I may be required to install SCRAM or Soberlink substance use monitoring device at the start of my VTC program for a probationary period based on treatment evaluation and/or the nature of my offense as determined by the VTC Team.
  - p. \_\_\_\_\_ I agree to participate in any rehabilitative programs as directed by the VTC Team and/or Community Supervision Officer paying all costs for the program until satisfactorily completed, providing verification of completion to the Team.

