



Hamilton County Veterans Treatment Court Participation Contract

Participant Name: _____ DOB: _____

Court Division: _____ Judge: _____

Docket Number(s): _____

If accepted for enrollment into the Hamilton County Veterans Treatment Court (VTC) Program, I hereby agree to the following stipulations:

1. **Honesty:** I agree to be honest with the VTC Team, and I understand that information I disclose about the offense I am charged with committing and/or information about my mental health and/or my alcohol and drug use will not be used against me in future prosecutions or punishment hearings. I also understand that my acceptance in to VTC based on false information that I provide is grounds for my immediate removal from the program.
2. **Strategic Action Plan:** I will attend, participate in, and complete all treatment and counseling ordered by the Judge as a condition of my bond, to include but not limited to detoxification, residential treatment, inpatient treatment, outpatient treatment aftercare and relapse prevention treatment, counseling, support group attendance, cognitive behavioral classes, and any supplementary treatment, counseling or education considered essential to attaining goals listed on my action plan. I understand that depending upon my income, I may be responsible for some or all treatment costs.
3. **Abstinence from Alcohol and Drugs:** I understand that VTC staff can require a urine/blood/saliva and/or hair analysis screen at any time, for the detection of illegal drugs, prescription medications and/or alcohol. I agree that I will not possess and/or use alcoholic beverages, non-medically prescribed medications or drugs, controlled substances or any substance or chemical capable of or calculated to cause intoxication. I will report any and all medications prescribed to me to the Court. I will use prescription medications only as prescribed for me by a physician. I further agree to inform any treating physician or dentist of my substance abuse dependency, and that I should not take any narcotic or addictive medications or drugs and should request non-narcotic alternatives. Furthermore, if a treating physician determines that narcotic or addictive medications or drugs are necessary, I must disclose this to my treatment provider(s) and VTC Team. The VTC Team will determine my continued program participation. Before taking medication of any kind, I will check with pharmacist to ensure that it is non-narcotic, non-addictive and contain no alcohol. I will list any and all over the counter and prescription medication names to my treatment provider and probation officer prior to submitting to any drug or alcohol screens. I further agree to submit to frequent and random testing for the presence of alcohol and drugs as directed by the Judge, and to pay any required fees for testing. I understand I may be required to install SCRAM or Soberlink substance use monitoring devices 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 and that I will be responsible for paying any installation or monitoring fees for the duration of use.

4. **Disputing positive screening test results:** I understand that diluted urine samples will be counted as a positive urinalysis and treated as such. I understand that I may dispute positive test results, but that I will be responsible for payment in advance for the drug testing confirmation costs. If positive drug use is confirmed, the sanction will be more stringent than if I had been honest about having used alcohol or drugs. I understand that I am responsible for any substances that I choose to put in my system. If there are any questions about whether a medication or similar product is approved, I will ask my Case Manager.
5. **Commit no new offenses:** I will commit no new offense against the laws of this State, any other State, or the United States of America, and understand that any law enforcement contact, any questioning, violation or arrest must be reported to my Case Manager within forty-eight (48) hours stating the offense charged and the jurisdiction where the charge is filed. I understand that an arrest or citation for a criminal offense that occurs during the course of the program will be considered a violation of program rules, and that the Court need not await disposition of new criminal offenses before implementing sanctions on the case already pending in Veterans Court. 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. 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.
6. **Make all scheduled appearances:** I will appear or report as scheduled to Veterans Court proceedings, hearings, treatment, probation meetings, drug screens, counseling sessions, meeting with case manager, and The Veterans Administration, following all treatment guidelines, rules and instructions, and as required providing verification of my attendance to the VTC Team. I will arrange for my own transportation and understand that lack of transportation is not an excuse for missing any scheduled event. I understand that VTC staff maintain office hours from 8:00a-4:00p and will not be reachable outside of those hours. I understand that my outside support group requirements change throughout my time in the program and that I am responsible for obtaining valid signatures confirming that I am attending these outside meetings. I understand that forging signatures is a sanctionable action.
7. **Maintain employment and/or education:** I will maintain appropriate full-time employment or full-time status as a student, or I will attend any education or job training programs to which I am referred. I will report any change in status to the judge within forty-eight (48) hours.
8. **Housing:** I will maintain stable housing considered appropriate by the VTC Team for my recovery.
9. **Payment of fees:** I agree to pay all Court ordered financial obligations.
10. **Field visits/Searches:** I understand that VTC case manager(s) and/or other VTC personnel may conduct field visits to my residence, place of employment and other areas I may inhabit or frequent. I understand that as a program participant I may be subject to periodic home visits by court personnel which may be either announced ahead of time or unannounced. For the purpose of home visits, I agree to waive any Fourth Amendment Search or Seizure claims, and I agree to cooperate fully with court personnel in the event that a home visit is conducted. I understand that failure to fully cooperate with a home visit will be considered a violation of program rules and will make me subject to potential sanctions. I understand that VTC staff can conduct a search of my person, my automobile and/or my personal belongings at will.

11. **Appropriate behavior:** I agree to respect the opinions and feelings of other program participants and understand that verbal or physical threats or abuse will not be tolerated.
12. **Cell Phones:** I agree to make sure that all cell phones/devices are turned off while in court, treatment, counseling, and meetings. I authorize VTC Staff to contact me, if needed, by way of text message on my personal phone. I understand that texting will not be utilized for counseling purposes.
13. **Maintain Contact with VTC:** I agree to notify the VTC Team within twenty-four (24) hours of any change in residence, phone number or email.
14. **Dress code:** I understand and agree to dress appropriately for court and for any meetings required while in the VTC.
15. **Disclosure of program information for review:** I understand that, for the purpose of data collection or review of this program, some otherwise confidential information may be disclosed to third parties. Statistical information will not include my name, address, or personal identifying information.
16. **Confidentiality of Veterans Court:** I understand that my enrollment in the VTC program will be a matter of public record, and that the VTC proceedings are open to the public, and the rules of confidentiality do not apply here. I understand that the VTC Team and other treatment providers will make reports to the Judge concerning my progress in treatment. I have signed a release of information to facilitate this exchange of information. I agree to release information and permit communication with outside agencies to assist in fulfilling my requirements of the program. I will not disclose information regarding any other VTC participants and agree to maintain their confidentiality. I authorize the VTC Treatment Team whose members include representatives from: Hamilton County District Attorney's Office, Hamilton County Public Defender's Office, Hamilton County Sheriff's Office, Hamilton County Probation Office, Hamilton County Human Resources Office, Tennessee Department of Mental Health and Substance Abuse Services, the Department of Veterans Affairs, Judges, and members of the Hamilton County VTC, including Mentors, to discuss my case openly as part of treatment planning, but to maintain the upmost of confidentiality with my personal information.
17. **Travel:** I understand that I must notify court coordinators of my county/counties of residence and work upon entering the program. When traveling within Tennessee during the course of the program I will notify court personnel in advance of my travels plans, including the county/counties that I intend to be visiting. Before leaving the state or the country I understand that I am expected to notify court coordinators and my attorney, and that explicit permission of the Court must be informed of my destination, the length, and the purpose of my trip before engaging in interstate or international travel.
18. **Statute of limitations/Speedy Trial:** I understand that by entering the VTC program I am waiving any future claims regarding speedy trial or statute of limitations issues on the case or cases under which I am being accepted into the court. I understand that I will not be permitted to raise objections pertaining to timeliness or speedy trial on cases which have remained pending pursuant to admission in the VTC program.
19. **Sanctions:** I understand that I must abide by the conditions ordered by the Judge of the VTC including my individual treatment plan. Failure to comply may result in sanctions including, but not limited to, admonishment, verbal report, written reports, community service work, increased

drug/alcohol testing, increased treatment requirements, jail time or involuntary termination from the program.

Acknowledgment and Understanding

I acknowledge that I have read and understand my responsibilities, conditions and listed duties.

I voluntarily agree to abide by each and every condition in this contract and all program rules as outlined in the VTC Handbook.

I understand that program requirements/conditions may change as new mandates are released by state and federal regulatory agencies, the treatment team makes adjustments, or funding changes occur.

I understand my participation in the VTC Program is voluntary and I may remove myself from the program at any time without cause. I understand if I do not successfully complete the VTC Program or comply with the conditions of this agreement, the VTC may modify my treatment program or a hearing may be scheduled which may result in termination from the program resulting in a new sentencing hearing.

After reviewing this contract, I voluntarily request entry into the Hamilton County Veterans Treatment Court Program. I understand that entry into the program requires I plead guilty to my criminal offense.

Participant	Date	Participant's Attorney	Date
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Assistant District Attorney	Date	Judge	Date
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