



## **Participation Agreement**

### LOWNDES COUNTY DUI COURT

The Lowndes County DUI Court is an opportunity to participate in a **sober** substance abuse treatment program. Participants who are placed into the Lowndes County DUI Court **agree to comply with specific conditions**. Failure to comply with these conditions may lead to termination from the DUI Court and the revocation of the probationary sentence imposed by the Court. To be eligible to participate in the Lowndes County DUI Court, all defendants must agree to the following:

I understand that: **(initial each line)**

- \_\_\_\_\_ 1. I understand that in order to participate in the DUI Court program, I must pay a \$100.00 one-time participation fee. Payment arrangements can be made with the coordinator.
- \_\_\_\_\_ 2. While participating in the Lowndes County DUI Court, I am under the jurisdiction of the State Court of Lowndes County, which holds discretion in revoking all or any portion of the probation time in my case. I will be required to attend DUI Court review hearings in the Lowndes County State Court for a case status review on a regular basis. If I am non-compliant with any requirement, the Court is provided with the specific details regarding the noncompliance and I will be subject to sanctioning by the presiding DUI Court judge.
- \_\_\_\_\_ 3. The DUI Court Office will oversee the supervision of my case and monitor my progress and participation in the program. The DUI Court Coordinator may require periodic meetings with me at the DUI Court Office. **My participation in the Lowndes County DUI Court will involve a commitment of my time and money and will not be solely at my convenience.**
- \_\_\_\_\_ 4. I understand that the DUI Court Team will meet with the presiding DUI Court Judge prior to court to discuss participant's progress in DUI Court and to recommend sanctions and incentives. The team only makes recommendations and all final decisions rest with the presiding judge.
- \_\_\_\_\_ 5. Information concerning my participation in DUI Court may be shared with any party that the DUI Court Coordinator deems appropriate for the successful completion of DUI Court. This information may be communicated by any means deemed necessary by the Court.
- \_\_\_\_\_ 6. I will be required to attend meetings at various locations in Valdosta, GA. such as counseling with a treatment provider, community support meetings at various locations, and court sessions at the Lowndes County Judicial complex.
- \_\_\_\_\_ 7. I must report any change of my home address, place of employment, hours of employment and work/home telephone number within 24 hours of the change to the DUI Court Coordinator. I also understand the changes must be reported in **writing** to the Treatment Provider and Probation Provider.

- \_\_\_\_\_ 8. I will be required to attend substance abuse treatment for a **minimum of 12 months** and that any non-compliance may affect my treatment completion date. If I continue to use drugs/alcohol while in DUI Court, I may be mandated to enroll in and complete a residential treatment program (for a minimum of six months) at which time I would be re-evaluated to determine my treatment needs. Locating an appropriate residential treatment program will be my responsibility and must be approved by the DUI Court team.
- \_\_\_\_\_ 9. As part of the treatment services, all treatment providers will provide the Court with any necessary reports concerning my diagnostic intake, involvement and participation in assigned classes, assigned counseling or treatment programs, or any non-compliant status.
- \_\_\_\_\_ 10. As a condition of my probation I will be required to participate and comply with all conditions of the Lowndes County DUI Court. I understand that one of the conditions of DUI Court will require my attendance at a treatment provider for group counseling sessions and participation in the treatment provider's urine drug screening program. I am required to pay for this treatment at a rate of \$50.00 per week. **If I do not, or cannot pay the fees, I will not be allowed to attend group or have the required urine drug screens and will be reported noncompliant with the court.** Continued noncompliance may result in my case being scheduled for a probation revocation hearing.
- \_\_\_\_\_ 11. I agree to attend all group and/or individual counseling sessions to which I am assigned. I will be on time for all sessions. Attendance is mandatory, but **attendance alone will not satisfy the requirements for successful completion of the program.** Poor participation, inattentiveness, chronic lateness, violation of the abstinence requirements, or failure to attend my program assignments will result in my return for judicial review and possible revocation of my probation. I agree to actively participate in the group meetings, to look at my behavior regarding both alcohol/drug use and alcohol/drug use as it relates to my driving, and by taking full responsibility for my behavior.
- \_\_\_\_\_ 12. Failure to attend treatment or probation will be excused in emergency situations only.  
a. **Emergency situations are defined as:**  
i. Illness, which must be verified in writing by a physician.  
ii. Occasional work situations, which must be approved in advance and then verified in writing by my supervisor on company letterhead.  
iii. Family emergency, which must be verified in writing by appropriate parties involved.  
iv. Death of a close relative, verified by obituary.
- \_\_\_\_\_ 13. **I must not use, possess or consume alcohol and/or illegal or harmful drugs.** Abstinence is a necessity if I am to remain involved in DUI Court. I must ensure that any item(s) that I consume do not contain any substance that may jeopardize my sobriety or treatment. If in doubt, I will consult with a DUI Court staff member prior to consuming the item(s). I also understand that prescription medication should only be used if prescribed to me and then only with prior permission from the treatment provider, except in a medical emergency. Regular, random, monitored breath and urinalysis tests will be required of me. I also understand that other forms of

drug/alcohol testing may be required. I agree to submit to all such tests. I understand that a positive reading will lead to sanction and a return to court for noncompliance. Refusal to take a test or missing a test will be considered a positive test and reported to the court for possible sanctioning.

- \_\_\_\_\_ 14. I am to willingly submit to any and all drug and/or alcohol screenings requested of me. These will be random, monitored drug screens.
- \_\_\_\_\_ 15. I understand that if I am required to wear an electronic monitoring device that I must comply with the monitoring agreement which includes not tampering with the device, removing the device, or damaging the device. Confirmed tampers and/or consumptions while on the monitoring device will be treatment as a positive test.
- \_\_\_\_\_ 16. I stipulate, as an express condition of agreeing to participate in DUI Court, that any and all drug screening records reflecting drug screening results shall be admissible at any court hearing, without the need of laying further foundation and I expressly waive any and all objections to such records, including but not limited to hearsay, chain of custody, and qualifications of experts or examiners.
- \_\_\_\_\_ 17. If I request that my drug testing sample be sent to a laboratory for further confirmation of a positive test, and the test is confirmed positive, the DUI Court staff will recommend harsher sanctions than if I had admitted to the use. I also understand that I will be responsible for the payment of the lab test.
- \_\_\_\_\_ 18. Substituting, altering or trying in any way to change my body fluids for purposes of testing will be grounds for sanctioning.
- \_\_\_\_\_ 19. Urine drug screen with a **creatinine** (chemical waste molecule that is generated from muscle metabolism) **level below 20 MG/DL** indicates an intentionally diluted sample (except in the rare case of certain medical conditions) and will be treated as a positive test and the DUI court staff will recommend harsher sanctions than if I had admitted to use. I understand that attempting to dilute any sample by any means, such as flushing, (drinking large amounts of liquid prior to the test), will cause a laboratory to report creatinine levels and specific gravity to be out of parameters and is forbidden.
- \_\_\_\_\_ 20. I will be required to inform my physicians that I am in a substance abuse treatment program and that any prescribed use of mood or mind altering medications will require my physician to agree to communications with the DUI Court staff concerning my prescription drug use.
- \_\_\_\_\_ 21. Any DUI Court staff member (or anyone acting under their direction) may ask me to submit to a drug test at any time. I understand that refusing to submit to such test will result in the DUI Court staff recommending a harsher sanction for the refusal.
- \_\_\_\_\_ 22. Any positive or missed drug test will result in the DUI Court staff recommending a jail sanction.

- \_\_\_\_\_ 23. Participation in the Lowndes County DUI Court will require me to attend outside Community Support Group Meetings (ie, AA or NA Meetings) every week, and I agree to attend these as required in my treatment plan. Written proof of attendance will be required and submitted to your probation officer.
- \_\_\_\_\_ 24. As a condition of my participation in the Lowndes County DUI Court, I am waiving my **4<sup>th</sup> Amendment Rights** in regards to search and seizures. I will be required to consent to home visits by DUI Court staff members to include Lowndes County Deputies. During these home visits I will be required to submit to alcohol and/or drug test. I also understand that my residence will be searched for any signs of alcohol or drugs and any prohibited items are a violation of my probation. I understand the staff members may photograph or record the visits for evidence in any court or hearing. The results of the home visits will be reported to the court. If any illegal contraband is found I may be subjected to arrest in accordance with the laws of the State of Georgia.
- \_\_\_\_\_ 25. Any request for travel must be made in **writing** and submitted to the DUI Court Office no later than two weeks prior to the planned travel date.
- \_\_\_\_\_ 26. Confidentiality is of the highest importance in treatment. The identity of other group members and any personal information they may share during the group sessions is confidential and may not be disclosed to anyone without the written permission of the person to whom it pertains. Violation of confidentiality may lead to sanctions.
- \_\_\_\_\_ 27. While on probation, any arrest/citation must be reported to the DUI Court Office and probation immediately. I understand that committing any criminal act is possible grounds for termination from the DUI Court and a filing of violation of probation.
- \_\_\_\_\_ 28. Failure to satisfy any of the previously stated terms of this agreement will result in my case being returned to the Court for appropriate action.
- \_\_\_\_\_ 29. That payment of any imposed fine is my responsibility and any request for fine payment extensions must be submitted to probation.
- \_\_\_\_\_ 30. I hereby waive my right to be present at any pre-court hearing staffing conference and waive any claims that the Judge has heard any staffing matter ex parte.

**I have read and fully understand the above.**

\_\_\_\_\_  
**Signature of Defendant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**