

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO		<i>FOR COURT USE ONLY</i>
<input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910		
PEOPLE OF THE STATE OF CALIFORNIA		
DEFENDANT(S)		SUPERIOR COURT CASE NUMBER
ADULT DRUG COURT PARTICIPANT CONTRACT		DA CASE NUMBER

<p>Upon successful completion of the San Diego Superior Court Drug Court Program, the following charges will be dismissed: _____</p> <p>_____</p> <p>There is no current agreement to dismiss the following charges: _____</p> <p>_____</p>

1.0 Conditions for Acceptance into Drug Court

1.1 The validity of this contract is conditioned upon my eligibility for the San Diego Superior Court Drug Court Program (“Drug Court”) and is subject to the following representations:

- a. The information provided to the Drug Court Team is true in all material respects.
- b. I am not currently an affiliated gang member.
- c. I am not currently a confidential informant.
- d. I understand that I may not be in a gang or serve as a confidential informant while participating in Drug Court.

1.2 I understand that participation in Drug Court is a condition of my formal probation and involves a MINIMUM time commitment of 18 months, which includes an aftercare component consisting of six months.

1.3 I understand that I will be required to attend court hearings, treatment sessions, submit to random drug testing, remain clean and sober, and remain law-abiding.

1.4 I agree to pay a co-payment of \$20 per week to the treatment provider. If I am unable to pay, I will arrange a payment schedule or seek approval to substitute volunteer service in lieu of payment. If medical (or Medi-Cal) coverage is accepted, I will not need to pay fees.

1.5 I understand that I am required to diligently seek and maintain employment as directed by the Drug Court Team. I understand that my failure to do so may result in a sanction and possible termination from Drug Court.

1.6 While participating in Drug Court, I agree that any motions or hearings regarding the above listed cases must be set before the Drug Court Judge.

DEFENDANT NAME	CASE NUMBER
----------------	-------------

1.7 I agree to waive my right to have a court reporter present during regular Drug Court Review Hearings. _____

1.8 I agree to submit my person, vehicle, residence, property, and personal effects (including computers, cell phones, or other devices storing electronic information) to search at any time with or without a warrant and/or reasonable cause when requested by any law enforcement officer. _____

1.9 I agree to execute the Consent for Release & Exchange of Confidential Health Information (HIPAA) (SDSC Form #CRM-254). Any information obtained from this release will be kept separate from the court file. _____

2.0 Case Management and Legal Counsel

2.1 The contractually designated Drug Court Treatment Provider is responsible for my treatment and case management. _____ is currently the designated Drug Court Treatment Provider. _____

2.2 The Drug Court Team may place me in residential treatment programs as needed. _____

2.3 I agree to attend self-help meetings each week, and show proof as requested. I understand that each of the meetings required must be done on different days. I understand that the number of meetings required of me may change over the course of my participation in Drug Court. _____

2.4 I agree to obtain a sponsor with substantial clean time, who is accessible at all times, and who will guide me in my sobriety and help me work the program. _____

2.5 I have the right to be represented by the Deputy Public Defender assigned to Drug Court. I may also have my retained attorney appear at my request. _____

2.6 Consistent with other legal requirements, I understand I can be sanctioned if I violate this contract. _____

2.7 I understand that if there is a request for sanctions due to allegations of non-compliance with this contract I may dispute those allegations by requesting an evidentiary hearing. At such a hearing I can be represented by my attorney and the allegations against me must be proven by a preponderance of the evidence. I also understand that I may be remanded into custody pending the evidentiary hearing. _____

DEFENDANT NAME	CASE NUMBER
----------------	-------------

3.0 Rules

- 3.1 I understand that I may not use or possess drugs (including marijuana, spice, and salts) or alcohol. _____

- 3.2 I understand that I may not possess drug paraphernalia. _____

- 3.3 I will submit to the drug testing procedures of Drug Court and understand the following:
 - a. I may be tested for the presence of drugs or alcohol in my system at any time.
 - b. I will be assigned a testing color or code and shall be responsible for calling the test hotline daily to determine if my color or code is due to test. If my color or code is due to test, I will arrive at the testing location during testing hours.
 - c. I must provide a minimum of 2 milliliters of my own urine.
 - d. I understand I may be sanctioned for failure to produce a sample.
 - e. I understand that I will be sanctioned, including possible incarceration and or termination from the program, for producing a diluted sample.
 - f. Other sanctions may also include interventions such as research papers and seeking medical attention if requested.
 - g. I further understand that altering or otherwise tampering with my sample is grounds for sanction or termination from the program. _____

- 3.4 I will not keep weapons on my person, in my car, or in my household. _____

- 3.5 I understand that if I am placed in a residential treatment program or sober living residential facility, I am also bound by the rules and regulations of that program or facility. My failure to comply with these rules and regulations may result in the imposition of sanctions within the Drug Court's structure even if I am also separately sanctioned by the other program or facility. _____

- 3.6 I understand that I may not leave any residential treatment program without prior approval from the Drug Court Team. If I am terminated from such a program, I must immediately contact my Drug Court Case Manager and follow any instructions I am given. _____

- 3.7 I agree to attend Drug Court Review Hearings specifically as ordered, but generally as follows:
 - a. Residential Treatment: once per month or as agreed by the Drug Court Team.
 - b. Phase 1: once per week.
 - c. Phase 2: once every two weeks.
 - d. Phase 3: once every three weeks.
 - e. Phase 4: once every four weeks.
 - f. Phase 5: minimum of once every three months. _____

- 3.8 I understand that I may not schedule work, appointments, or other obligations which will conflict with required Drug Court Review Hearings and agree to abide by the following rules:
 - a. I will arrive on time and remain until excused.
 - b. I will dress appropriately and behave respectfully.
 - c. If I bring small children to court, I will have someone with me who can care for them outside the courtroom if necessary. _____

DEFENDANT NAME	CASE NUMBER
----------------	-------------

3.9 With respect to law enforcement, I will inform any law enforcement officer who contacts me that I am a Drug Court Participant, and I will report any law enforcement contact to my case manager on the next business day. _____

3.10 With respect to housing, I understand and agree to the following:
 a. My place of residence is subject to Drug Court approval.
 b. I will keep the Drug Court Team and law-enforcement liaison advised of my current address and phone number at all times.
 c. If I wish to change my residence, I must notify my case manager at least 3 days prior to moving. Changing residence is subject to Drug Court approval. _____

3.11 I understand that I may not leave San Diego County without prior approval of my case manager and the Drug Court Team. Absent an emergency, I agree to seek such approval at least three (3) days in advance. _____

3.12 With regard to medical attention, I understand and agree to the following:
 a. Unless I am unable to do so, I will inform all treating physicians that I am a recovering addict and may not take narcotics or otherwise addictive medication.
 b. After such disclosure if the physician still wishes to treat me with an addictive medication, I must provide notice to my treatment provider and get specific permission from the Drug Court Team to take such medication unless the nature of a medical emergency makes such notice and permission impossible. _____

3.13 With regard to employment, I understand and agree to the following:
 a. During the early phases of the program, I may be required to attend treatment, even if such attendance jeopardizes my employment or precludes me from working.
 b. I must seek and maintain employment or pursue education as directed, unless excused by the Drug Court Team. _____

4.0 Sanctions and Termination

4.1 I understand that failure to abide by the provisions of this contract will result in sanctions. _____

4.2 I understand sanctions may include termination from Drug Court, time in custody, community service, increased treatment sessions, increased testing, and any other consequences deemed appropriate by the Drug Court Team. _____

4.3 With respect to drug tests, I understand the following:
 a. Positive tests will result in sanctions and/or appropriate interventions.
 b. Late or missed tests are treated as positive tests and will result in sanctions.
 c. If I dispute the validity of test results, I may request to have the sample retested within 24 hours of the initial results and pay for a more detailed analysis of my urine. _____

4.4 I understand that failure to abide by the rules, failure to conform my behavior as directed, and acts of fraud or deception (e.g. attempting to use another's urine during drug testing) are grounds for termination from the program. _____

DEFENDANT NAME	CASE NUMBER
----------------	-------------

4.5 I understand that failure to successfully complete and graduate from the program cannot be a basis for withdrawing my previously entered guilty plea. _____

4.6 I understand that if I do not successfully complete Drug Court, I may be sentenced to prison or jail as provided by law. _____

5.0 Time Commitment and Graduation

5.1 I agree to participate in Drug Court for the period of time necessary to move through the Five Phases of the program and understand the following:

- a. Drug Court requires a minimum time commitment of 18 months, and I must complete one year of substance abuse treatment to the court’s satisfaction.
- b. In order to “phase up,” I must be in good standing with Drug Court and current on fees and requirements.
- c. Upon entering Phase Five, I will participate in aftercare as directed. _____

5.2 I agree to complete the graduation prerequisites as directed in order to graduate from Drug Court, which include but are not limited to: completion of a graduation packet, participation in an exit interview, a personal relapse prevention plan, an autobiography, continued participation in self-help meetings of my choice and sustained sobriety. _____

5.3 I understand that upon my successful completion of Drug Court, I may still be continued on formal or informal probation until expiration of the term, unless otherwise ordered by the court. (This is usually to complete or comply with some term of your probation that was not a part of Drug Court or to pay victim restitution.) _____

5.4 On my final appearance date, if all conditions of the contract have been met, the Prosecutor will move to dismiss the charges that are so designated on page 1 of this contract. The court may reduce my charges and delete fines and fees associated with my case. At that final date the court will relieve me of further obligations under this contract. _____

DEFENDANT NAME	CASE NUMBER
----------------	-------------

6.0 Re-Affirmation

6.1 I understand that participation in Drug Court is a privilege, not a right, and that it is an opportunity to obtain information, associations, services, and skills to help me change my life and fulfill my potential. I promise to give Drug Court my honest and best efforts. _____

6.2 I have read and understood the above contract, and I am willing to enter into this agreement with the San Diego Superior Court Drug Court Program. _____

Date: _____ _____
Signature of Participant

Date: _____ _____
Signature of Attorney for Participant

Date: _____ _____
Signature of Prosecutor

Date: _____ _____
Signature of Treatment Director

Date: _____ _____
Signature of Drug Court Judge