

Arlington County Drug Treatment Court Participant Handbook



Participant's Name: _____

Date: _____

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I. Introduction

Welcome to the Arlington County Drug Treatment Court (the Drug Court). This handbook has been designed to answer questions and to provide information about this program. It is the responsibility of the participants to follow all of the requirements in this handbook and to follow the direction of the Drug Court Judge and the Drug Court Team. In order to be fully successful in this program, participants must make recovery the number one priority in his/her life. This program involves a great deal of time and commitment on the part of each participant. Every participant should carefully review this document with an attorney to fully understand what is expected of them upon entry into the Drug Court.

A. Mission Statement

The mission of the Arlington County Drug Treatment Court is to enhance public safety by providing a cost-effective, integrated system of treatment and judicial supervision, requiring participant accountability, in order to reduce recidivism and its effects on the community.

II. Entry Process

A. Eligibility Criteria

The following are the eligibility criteria for entry into the Arlington County Drug Treatment Court:

Candidates **must**:

- Have a pending violation of probation on a felony charge and admit the violation
- *Or* have a pending felony sentencing hearing after pleading guilty
- *Or* be scheduled for a felony disposition hearing where a guilty plea will be entered

AND

- Reside in Arlington County
- Meet the DSM-5 criteria for being drug and/or alcohol dependent
- Be placed on supervised probation for the felony offense
- No prior convictions for violent felonies or weapons offenses (as defined in 19.2-297.1) within the past 10 years
- Not be on probation for violent felonies or weapons offenses (as defined in 19.2-297.1)
- Have no other pending felony, or jailable misdemeanor offense

Participant's Initials: _____

- **Not** have probation or supervision obligations outside of Arlington County
- **Not** be a confidential informant

B. Entry and Referral Process

Probation Violations

Defendants may be referred to the Drug Court either by his/her defense attorney, probation officer, the commonwealth's attorney, or the sentencing Judge. When a referral is made by a probation officer, after a violation is alleged, the officer will complete a Drug Court Pre-Screening Form to determine if the probationer meets criteria for a referral to Drug Court. If the probationer is deemed eligible based on the Pre-Screening Form criteria, the probation officer will attach a copy of the Pre-Screening Form to the probation violation report. The report will be sent to the Drug Court Administrator and the court for review. Likewise, if a defendant's attorney or his/her sentencing judge makes a referral to the drug court program, the Drug Court Administrator is notified and processes the referral.

The Drug Court Administrator will contact the Drug Court Judge and sentencing judge, if different, as well as the probationer's attorney about the referral. If the judge and defense attorney agree that the probationer is suitable to proceed, the referral is then reviewed by the commonwealth's attorney and public defender. If the probationer is considered legally eligible for the Program, and the probationer accepts the terms of the Drug Court, he/she will set up an appointment for a clinical screening with a Drug Court Counselor. If the probationer is determined to be drug and/or alcohol dependent, and is not otherwise disqualified, the probationer will be deemed eligible for the Drug Court and directed to report to the next Drug Court docket. The probationer will appear before the drug court judge, admit that he/she is in violation of probation, if this has not been done previously, and be ordered to participate in the Drug Court. The participant will then be admitted to bail and placed on a personal recognizance bond. If, on the other hand, the probationer is not determined to have a substance dependency issue, he/she will be deemed ineligible for the Drug Court and returned to the court for normal case processing.

Sentencing

Defendants may be referred to the Drug Court program either by his/her defense attorney, probation officer, by the commonwealth's attorney, or by the sentencing Judge. Once the referral has been made, the Drug Court Administrator is notified. The Drug Court Administrator then sends the referral for legal review by the commonwealth's attorney and public defender. If the defendant is deemed legally eligible, a Drug Court Counselor conducts a clinical screening. If the defendant is determined to be drug and/or alcohol dependent, and is not otherwise disqualified, the defendant will be deemed

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eligible for Drug Court. The Drug Court Administrator will then inform the court of the defendant's eligibility. If, on the other hand, the defendant is not determined to have a substance dependency issue, he/she will be deemed ineligible for the Drug Court and returned to the court for normal case processing.

C. Finding of Violation of Probation and/or Guilty Plea

Entry into the Drug Court is voluntary. Prior to entering the Drug Court, the probationer must agree to participate in the Drug Court. This voluntary participation may be as an agreed condition of the suspended portion of a sentence after a guilty plea or to defer the imposition of sentence on a probation violation.

If the Drug Court is a condition mutually agreed upon in a plea agreement reached with the Commonwealth, failure to successfully complete the program will constitute a material breach of the plea agreement.

D. Waiver of Fourth Amendment Rights

All participants must understand the following: I waive my Fourth Amendment rights against unreasonable searches and seizures during the time that I am in the Program. This waiver of my Fourth Amendment rights applies only to ACDTC personnel or to other government officials acting at the direction of or on behalf of the Drug Court. This waiver additionally applies when government officials, in Arlington County, have a reasonable and articulable belief that I am in violation of drug court rules. This includes searches of my cell phone, and other electronic devices.

III. Program Components

A. Treatment

Participants in Drug Court will be provided substance abuse treatment through the Arlington County Department of Human Services. A clinical screening is required prior to entry into the program. Participants are required to attend all treatment groups and sessions, as well as community support groups as prescribed by his/her DHS therapist.

Clinical screenings- Clinical screenings are conducted to determine eligibility for the program. Screenings are conducted at the Sequoia Plaza located at 2120 Washington Blvd, Arlington, Virginia 22204. If a defendant is in custody at the time of the referral to the Drug Court, a clinical screening will be conducted in the jail.

Participant's Initials: _____

Treatment Groups and Classes- All participants are required to complete the following treatment classes and groups, which are located at 2120 Washington Blvd, Arlington, Virginia 22204:

Psychoeducation Group: Provides clients with weekly group sessions focused on general and basic education on various types of drugs. The class covers education about substance chemical composition, adverse effects related to specific substances, and possible legal implications due to substance use. Additionally, the weekly group sessions provide education of trigger identification, symptomology identification, and in-depth exploration of healthy coping mechanisms. Objective of the education group is to enhance client's knowledge of coping mechanisms, and aid in the retention of recovery orientated goals.

Moral Reconciliation Therapy (MRT): Provides clients with weekly therapy sessions centered on clinical assignments and client presentations. Group assignments and presentations emphasize and encourage client honesty, self-accountability, and behavior modification. Objective of MRT group therapy is to restructure client's criminal mentality and behaviors while emphasizing the importance of healthy moral development.

Drug Court Processing Group: Provides clients with weekly group processing sessions centered on re-emphasizing the importance of honesty, recovery, community support building and community re-integration. Objective of Drug Court processing group is to address client specific struggles while in recovery and provide a supportive and safe environment in which client can openly address his or her needs.

Individual Counseling and Case Management- All participants are required to complete the following individual counseling sessions, which will be located at 2120 Washington Blvd, Arlington Virginia 22204. Participants will be provided an appointment time and must adhere to this schedule. Should the participant miss an appointment without notifying the treatment staff **prior** to the appointment, the appointment may not be rescheduled.

- Phase I- A minimum of 1 time per week
- Phase II- As prescribed by treatment provider
- Phase III- As prescribed by treatment provider
- Phase IV- As prescribed by treatment provider
- Phase V- As prescribed by the treatment provider

Community Support Groups- All participants are required to attend community support groups, like Alcoholics Anonymous, Narcotics Anonymous or SMART Recovery. Meeting times and locations will be provided to participants by the drug court counselor. If

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participants are not working, they are required to attend seven meetings per week. One meeting per week may be a religious meeting (Priest, Pastor, Rabbi, Iman, etc.) Participants are required to attend support groups as determined by phase of the program:

- Phase I- A minimum of 3 meetings per week
- Phase II- A minimum of 4 meetings per week
- Phase III- A minimum of 4 meetings per week
- Phase IV- A minimum of 4 meeting per week
- Phase V- A minimum of 4 meetings per week

Treatment Fees- Treatment fees will be assessed by the Department of Human Services based on income. All participants must complete a financial assessment upon entering the program prior to entering treatment services.

B. Supervision

The supervision officer and Sheriff's Deputy will conduct/monitor the participants' compliance while in the Drug Court Program. Supervision will consist of, but not limited to, scheduled and random home, employment, community service site visits and verifying curfew compliance. The Supervision Team is responsible for placing participants on community service, and conducting random urine screens.

C. Ancillary Services

Referrals to other agencies for assistance will be monitored for compliance. These referrals may include Offender Aid and Restoration (OAR), the Department of Human Services Community Assistance Program, Employment Center, Health Department, and many others.

D. Phase Structure

Drug Court is made up of 5 phases. Participants must progress and meet all milestones prior to phase advancement. The total duration for all phases a minimum of 15 months, and participants must complete all 5 phases to graduate. The frequency of contacts in each phase is determined by evidence based assessments of drug courts and are designed to meet the needs of individuals in the program. As such, the frequencies noted below are not fixed and may be amended as the individual's treatment or behavior may require. These adjustments may occur at any time and without earning to the participant.

Participant's Initials: _____

Phase I- Stabilization

- Duration: at least 90 days
- Court appearances 1 time per week
- 9:00 pm initial curfew for the first month, and then it will extend to 10:00 pm
- Drug testing at least 3 times per week
- Home or field contacts at least 3 times per week
- Actively participant in all substance abuse treatment groups and classes as prescribed by treatment provider
- Complete at least 25 hours of work/community service/education or a combination thereof per week.
- Attend a minimum of 3 recovery support meetings per week if participants are employed. If participants are not employed, they must attend seven meetings per week
- Follow all SCRAM alcohol monitoring equipment instructions. The duration and type of equipment will be determined by the drug court team, but all will begin the program with this type of monitoring.
- Participants may travel to Arlington County, and City of Falls Church area without permission. All other movement outside these areas, must be approved by the Drug Court Team in advance
- Work to obtain employment/volunteer activity/training/education
- Work to obtain/secure stable housing
- Initiate a plan for payment of all costs/fines/restitution/fees
- At least 30 consecutive days of abstinence
- Complete Phase II Application demonstrating stability in treatment

Phase II- Intensive Treatment

- Duration: at least 90 days
- Court appearances every other week, unless otherwise decided by Drug Court Team
- 11:00 pm curfew unless the treatment team authorizes change due to work
- Drug testing at least 2 times per week
- Home contacts at least one time per week
- Actively participate in the substance abuse treatment groups and classes as prescribed by treatment provider
- Complete at least 30 hours of community service/employment/education or a combination thereof per week.
- Attend a minimum of 4 community support meetings per week

Participant's Initials: _____

- Participants may travel to Arlington County, City of Falls Church and City of Alexandria communities without first seeking permission. All other movement outside these area, must be approved in advance
- Work to identify a peer mentor and/or sponsor
- Maintain employment/volunteer activity/training/education
- Maintain stable housing
- Make progress towards payment of all costs/fines/restitution/fees
- At least 45 consecutive days of abstinence
- Complete Phase III Application demonstrating commitment in treatment and progress.

Phase III- Relapse Prevention and Personal Planning

- Duration: at least 90 days
- Court appearances every 3 weeks
- Midnight curfew
- Drug testing at least 2 times per week
- Home contacts at least one time per week
- Actively participate in the substance abuse treatment groups and classes as prescribed by treatment provider
- Complete at least 35 hours of community service/employment/education or a combination thereof per week.
- Attend a minimum of 4 community support meetings per week
- Participants may travel to Arlington County, City of Falls Church, City of Alexandria, and Fairfax County without first seeking permission. All other movement outside these areas, must be approved in advance of travel.
- Maintain weekly contact with peer mentor and/or sponsor
- Maintain employment/volunteer program/training/education
- Maintain stable housing
- Develop and engage in at least one pro social activity.
- Make progress towards completion of payment of all costs/fines/restitution/fees
- At least 60 consecutive days of abstinence
- Complete Phase IV Application demonstrating grasp of relapse prevention

Phase IV- Aftercare Planning

- Duration: at least 90 days
- Court appearances every 4 weeks
- No curfew unless deemed appropriate by treatment team

Participant's Initials: _____

- Drug testing at least 2 times per week
- Home contacts at least 2 times per month.
- Attend and actively participate in the substance abuse treatment groups and classes as prescribed by treatment provider
- Complete at least 35 hours of community service/employment/education or a combination thereof per week.
-
- Attend a minimum of 4 community support meetings per week
- Maintain weekly contact with peer mentor and/or sponsor
- Maintain employment/volunteer program/training/education
- Participants may travel to Arlington County, City of Falls Church, City of Alexandria, Fairfax County, Washington D.C., Montgomery County, Maryland, and Prince George's County, Maryland without first seeking permission. All other movement outside these areas, must be approved in advance of travel
- Maintain stable housing
- Finalize completion of all costs/fines/restitution/fees
- At least 90 consecutive days of abstinence
- Develop aftercare plan to include at least one pro-social activity.
- Complete Phase V application demonstrating a complete aftercare plan for sobriety

Phase V- Transition

- Duration: at least 90 days
- Court appearances every 5 weeks
- Drug testing at least 2 times per week
- Home contacts on average 1 time per month.
- Transition to outpatient substance abuse group that meets monthly
- Establish transition to a DHS individual therapist to support graduation from drug court
- Participants may travel to Arlington County, City of Falls Church, City of Alexandria, Fairfax County, Washington D.C., Montgomery County, Maryland, and Prince George's County, Maryland without first seeking permission. All other movement outside these areas, must be approved in advance of travel
- Complete at least 35 hours of community service/employment/education or a combination thereof per week.
- Attend a minimum of 4 community support meetings per week.
- Maintain weekly contact with sponsor
- Maintain stable housing
- Make progress towards completion of all fines/costs/restitution
- Complete all requirements of graduation from Drug Court
- Complete Graduation Application and interview with the Drug Court team

Participant's Initials: _____

E. Drug Testing

Arlington County Drug Treatment Court participants are expected to be drug and alcohol free. The Court monitors compliance through routine and random drug testing for alcohol and illicit substances. The Phases of the program will determine the number of drug screens that will be administered to participants. In all phases, drug tests will be administered randomly and will be observed. If the participant relapses, or for any reason the Drug Court Team feels the participant should be screened more frequently, the participant will be required to submit additional drug screens.

All participants will be given a location and time to report for a drug screen. The participant will have a 30-minute window from the announced time of the drug screen order to arrive and provide a sample. Drug screens may also be administered during home contacts. It is the responsibility of the participant to report to the assigned location at the time given for the test. Any participant who refuses a screen or supplies a sample that is not of sufficient quantity will be considered a positive test and the participant will be sanctioned accordingly. Any participant who fails to produce a specimen, or misses a screen will be responsible for the costs associated with sending the urine sample to the lab for analysis. Additional sanctions could be imposed if the screen is positive.

Diluting/Tampering

Its assumed that a test was altered when the laboratory results confirm the diluted sample has a low creatinine level. The diluted test will be considered positive and the participant will be sanctioned for an altered screen.

Likewise, any participant who substitutes or alters a specimen or tries in any way to modify their bodily fluids for the purpose of changing the drug test results will be considered to have produced a positive test for drugs/alcohol. The participant will again be given the opportunity to admit or deny use prior to the specimen being sent to a laboratory for confirmation. The participant will be sanctioned for the altered test.

The Arlington County Drug Treatment Court uses instant urine tests. The participant will be given the opportunity to admit use prior to any screen. A result appears within minutes of taking the test which will indicate a positive or negative result. If a specimen tests positive the participant will be notified immediately. The participant will again be given the opportunity to admit or deny use prior to the specimen being sent to a laboratory for confirmation. If a participant disputes the results of a screen, he or she may request the results be sent to a laboratory for review. A qualified laboratory will collect and analyze urine specimens and conduct urine screen test confirmations.

F. Attendance

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Attendance is mandatory throughout the Drug Court Program. If a participant is ill, he/she must personally speak with the supervision or treatment staff prior to the appointment and receive an excuse from program activities. Participants are still obligated to produce a urine screen if it is his/her scheduled day unless other arrangements are made with the Drug Court Team. If a participant's illness persists for 2 days or more, he/she MUST have a doctor's excuse verifying the illness. The Drug Court Team may at any time request medication information and verification

If case of emergencies, participants must call the supervision staff immediately if the emergency will affect attendance for any scheduled program activity.

In the event of inclement weather, please listen to radio station 1700 A.M. or visit the Arlington County website at www.arlingtonva.us for program announcements. Participants may also call the drug court team for direction. If the Arlington County Circuit Court is closed and the participant is scheduled for a court appearance, he/she is not required to appear. In the event that there is severe weather that may affect whether the court will hold its Drug Court docket, if there is a delayed court opening, Drug Court will still be held and all scheduled participants must appear.

G. Court Appearances

- Court sessions are conducted every **Thursday** at **8:30 AM** at the Arlington County Courthouse, Courtroom **10B unless otherwise noted.**
- If a participant is late to Court, he/she is subject to immediate sanction by the Court.
- Appropriate attire and conduct is required.
- Participants will be called forward to the podium in front of the Judge individually.
- When speaking to the court, participants must speak in a loud, audible voice in order to be heard by the court
- Participants are encouraged to invite family members, sponsors, and other supportive persons to attend Court.
- All sanctions and incentives will be imposed by the Court and given in writing to each participant.
- If the Court sanctions a participant to jail, the participant can expect the sanction to be imposed immediately. Immediately upon release from jail, the participants must report to the Supervision Team. If releases occur on a weekend day, the participant must call a member of the Supervision Team.
- The Court will notify each participant when they are allowed to leave the courtroom.

Participant's Initials: _____

H. Curfew

All participants are subject to a curfew throughout the duration of the program. Curfew is 9:00 p.m. in Phase I for the first month and then it will extend to 10:00 pm, 11:00 pm in phase II, midnight in phase III, and no curfew is phases IV, and V, unless otherwise adjusted by the Drug Court Team. If a participant needs an adjustment to his/her curfew, he/she must get permission in advance from the Drug Court Team to have the curfew modified for any reason. In the event of a medical emergency, curfew may be waived by the supervision team. Participants must contact the Drug Court Team after the medical emergency has resolved and provide documentation regarding the medical emergency.

I. Costs, Fees, and Restitution

Program Fee

Participants are required to pay a **\$300** non-refundable administrative program fee (which includes court costs) for participation in Drug Court. Payments can be made during business hours at the Treasurer's Office located at **2100 Clarendon Boulevard, Suite 201, Arlington, VA 22201**. Payments may be made in the form of cash, cashier's check, money order or by debit/credit card.

Treatment Fee

Participants are required to pay for all treatment costs. When participants enter into treatment they will go through a financial assessment and the ability to pay fees will be determined on a sliding fee scale. These fees cover all treatment services including, group therapy, individual therapy, substance abuse education, psychiatric/psychological testing and drug testing services. All payments are made at **2120 Washington Boulevard, Arlington, VA 22204**.

Court Costs and Restitution

Participants are also required to pay any restitution and/or court costs associated with his/her criminal case in order to graduate from Drug Court. Payments can be made in the Circuit Court Clerk's Office located at **1425 North Courthouse Road, 6th Floor, Arlington, VA 22201**.

J. Travel Restrictions

Participant's Initials: _____

Participants may travel in the designated areas outlined in the phase structure. If a participant requires travel outside those designated areas, the participant must contact the drug court team **with necessary lead time estimated by the supervision team.**

K. Sanctions

A formal system of sanctions has been developed to address noncompliant behavior. The sanctions will be predictable, immediate, consistent and appropriate to the seriousness of the violation. If the Court deems that a sanction is appropriate, any of the following may be ordered:

- Reprimand from the Court
- Writing assignment/Essays
- Attend a criminal docket and write a report on things learned from the experience
- Community service hours
- Fines
- Curfew restrictions
- Restriction on activities
- Increased supervision from a the drug court staff
- Increased contact with court
- Increased urine screens
- Fees for additional urine screens
- Home electronic monitoring
- Travel restrictions
- Jail time
- Termination from Drug Court

This list of sanctions is demonstrative only, and not exhaustive. Other sanctions and requirements to aid in a participant's recovery may be ordered by the court as deemed appropriate.

L. Incentives

Participants who are progressing through the Phases of the program and are in compliance with program rules merit an award of incentives to recognize positive behaviors and accomplishments. The following are examples of incentives that the Court may award:

- Recognition from the Court and the Drug Court Team

Participant's Initials: _____

- Certificates of recognition
- Gift certificates, medallions, and movie passes
- Release from Drug Court Docket early
- Promotion to higher phase
- Decreased court appearances
- Sobriety Coins

The list of incentives is not exhaustive. Other incentives may be given by the Court as deemed appropriate.

M. Graduation

In order to **graduate** from Drug Court, participants must:

- Successfully complete all treatment Phases
- Complete an aftercare plan approved by the Drug Court Team
- Be employed or in school
- Pay any Drug Court program fees in full
- Have at least 2 approved community support persons (only one may be a family member)
- Pay all fines and restitution as ordered by the Court
- Obtain approval by the Drug Court Team to graduate

The Drug Court Team will hold a graduation ceremony for each graduate. Family members and friends are invited to attend the ceremony.

Upon successful completion of the Drug Court program, participants may expect ANY one or more of a range of dispositions or outcomes in their cases, including, but not limited to:

- Dismissal of the rule to show cause or probation violation; and/or
- Closure of their case(s); and/or
- Modification of the terms of their probation; and/or
- Modification of the length of their probation, and/or
- Re-imposition of a suspended sentence; and/or
- Imposition of a shorter active incarceration term; and/or
- Dismissal of their case if a suspended imposition of sentence or deferred finding;
- Imposition of a lesser sentence; and/or
- Continued probation; and/or
- Acknowledgment of the satisfaction of probation conditions.

Participant's Initials: _____

Successful completion of the Drug Court program does not guarantee any one of the dispositions or outcomes listed above. Each case is different and depends upon the underlying charge and disposition originally entered.

N. Termination

The Drug Court Team is committed to working with participants to ensure that they successfully complete the program requirements. However, the Drug Court Judge can expel participants for any reason deemed sufficient by that Judge. Not all grounds for termination are automatic. The following, however, are considered grounds for automatic termination:

- Moving outside of Arlington County
- Committing a criminal act of physical violence
- Possessing a firearm (on person or in vehicle or home)
- Failing to attend treatment for 14 consecutive days
- Absconding from Drug Court for more than 14 days
- New conviction for a felony offense or jailable misdemeanor

Any participant being expelled from the program shall have a termination hearing. Notice to the participant shall be timely provided and the hearing will be scheduled on the next available Drug Court docket. At this hearing, the participant and counsel for the participant shall be given the opportunity to be heard concerning the proposed termination.

Upon termination:

1. The PR bond will be revoked, if not already revoked, and the Court will either reinstate an earlier bond or set an appropriate bond pending further Court action.
2. The Drug Court Coordinator will file a finding of termination from the Drug Court with the Circuit Court and the participant's case will be placed on the next available docket of the Circuit Court Judge who sentenced the participant.

O. Expectations

Drug Court participants are expected to comply with the following requirements:

1. The participant will appear in court on all scheduled dates, on time and dressed appropriately.
2. The participant must attend all meetings and appointments.

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3. The participant must tell the truth.
4. The participant will follow the treatment plan as developed by his/her treatment provider.
5. The participant will tell the Drug Court Team, or the Court before he/she changes address, changes or disconnects his/her telephone number, or changes his/her employment.
6. The participant will be tested for the presence of drugs on a random basis according to procedures established by the Drug Court Team. The participant will be given a location and time to report for a drug screen. It is the responsibility of the participant to report to the assigned location at the time given for the test. If the participant misses a screen, refuses a screen, fails to produce urine, produces a diluted or tampered screen, or supplies a sample that is not of sufficient quantity it will be considered a positive test and the participant will be sanctioned accordingly.
7. The participant must be employed, in school, or in a training program as required by the Drug Court Judge.
8. The participant will attend community support meetings as directed.
9. The participant must pay all court fees in full prior to graduating the program.
10. The participant will agree to sign any and all releases necessary to monitor his/her progress in the Drug Court Program.

Drug Court participants will refrain from committing the following acts:

1. The participant will not possess, use, distribute, sell, or have under his/her control any drug or drug paraphernalia, except as authorized by a lawful prescription with prior advanced noticed from the Drug Court.
2. The participant will not possess or consume alcohol.
3. The participant will not knowingly associate with persons using, possessing, or distributing a controlled substance except in the context of treatment.
4. The participant will not live with a convicted felon, unless approved by the Drug Court Team.
5. The participant will not violate any law, and understands that if he/she engages in any criminal act, he/she may be prosecuted for any new charges and the new charge may be the basis of his/her exclusion or expulsion from the Drug Court Program.
6. The participant will not ingest excessive amounts of fluids prior to a drug screen due to the possibility of a diluted screen.
7. The participant will not substitute or alter their drug screen specimen or try to modify their bodily fluids in any way for the purpose of changing their drug test results.

IV. Contact Information

Participant's Initials: _____

Arlington County Department of Human Services Behavioral Healthcare Division
2120 Washington Blvd, 4th Floor
Arlington, VA 22204
703-228-5150

Clerk of the Arlington County Circuit Court
1425 North Courthouse Road, 6th Floor
Arlington, VA 22201
(703) 228-4399

Arlington County Treasurer's Office
2100 Clarendon Boulevard, Suite 201
Arlington, VA 22201
(703) 228-4000

Arlington County Sheriff's Office
1435 North Courthouse Road
Arlington, VA 22201
(703) 228-4460

Arlington County Police Department
1425 North Courthouse Road
Arlington, VA 22201
(703) 228-4252

Office of the Commonwealth's Attorney
1425 North Courthouse Road
Arlington, VA 22201
(703) 228-4410

Office of the Public Defender for Arlington County and the City of Falls Church
2300 Clarendon Blvd, Suite 201
Arlington, VA 22201
(703) 875-1111

District 10 Probation and Parole
3300 North Fairfax Drive, Suite 320
Arlington, VA 22201
(703) 875-0100

Offender Aid and Restoration (OAR)
1400 North Uhle Street, Ste 704
Arlington, VA 22201
(703) 228-7030

Participant's Initials: _____

Arlington County Drug Treatment Court CONTRACT

Participant: _____

Date: _____

**VIRGINIA:
IN THE CIRCUIT COURT OF ARLINGTON COUNTY:**

I, _____, after consulting with my attorney and fully understanding the expectations of the Arlington County Drug Treatment Court (Drug Court), agree to participate in Drug Court and fulfill all of the program requirements. I understand and agree that I will continue to be supervised by the Department of Probation and Parole and I will comply with all of my current probation obligations. I understand that entry into and successful completion of Drug Court is a condition of my probation. This condition means that I will have additional obligations beyond what was required of me before being referred to Drug Court.

I understand and agree that after I enter into this contract, I will not have a defense attorney to represent me at each Drug Court hearing. I understand that the Drug Court can impose sanctions on me, up to and including incarceration, without my attorney being present. I understand that the Drug Court will notify my attorney if I am terminated from the program so that I will have legal representation when I am sentenced. I understand and agree that during my participation in the Drug Court I will be on a personal recognizance bond which can be revoked by the program Judge or another Judge of the Circuit Court.

By agreeing to participate in Drug Court, I understand and agree that I will be waiving some of my rights. I agree that:

- 1 **Waiver of Fourth Amendment Rights-** I waive my Fourth Amendment rights against unreasonable searches and seizures during the time that I am in the Program. This waiver of my Fourth Amendment rights applies only to ACDTC personnel or to other government officials acting at the direction of or on behalf of the Drug Court. This waiver additionally applies when government officials, in Arlington County, have a reasonable and articulable belief that I am in violation of drug court rules. This includes searches of my cell phone, and other electronic devices.
- 2 **Consent to Disclose Confidential Records-** I waive my right to maintain confidentiality of substance abuse records, presentence investigation reports prepared in my criminal cases and any other confidential record relevant to participation in Drug Court. I agree and

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consent to the disclosure of such records and agree that I will execute any disclosures or releases necessary for the examination and use of these records. I consent to allow information concerning me to be given to all the Drug Court members or authorized parties, as needed, to carry out official tasks of the Drug Court. This means that the program can discuss my case with treatment providers, medical professionals, social/community case workers or others who are providing services to me during my program participation. I understand that my participation in Drug Court may result in my status being entered into law-enforcement databases. I understand that all such information may be discussed in open court. I understand that if I withdraw my consent, or if I refuse to provide consent to the release of this information, I may be terminated from Drug Court.

Program Rules

By agreeing to participate in Drug Court, I am committed to abide by the following requirements:

- 1 **Honesty and Attendance-** I will be honest. I will attend all treatment meetings, court dates and other scheduled appointments. I will be respectful, dress appropriately, be on time, and remain in a sober condition when I attend program events. I understand that a failure to appear for an appointment, meeting, or court date can result in the immediate issuance of a capias or bench warrant. I will not use an electronic device including a cellular telephone during program events. This does not include an electronic monitoring device installed at the direction of Drug Court.
- 2 **General Good Behavior-** I will be of general good behavior, keep the peace and commit no new criminal offenses. I will not associate with any person engaged in criminal activity. I will not knowingly associate with any drug users or drug dealers, and I will not frequent places where controlled substances are unlawfully used, sold, distributed or administered.
- 3 **Participation and Supervision-** I will fully participate in substance abuse treatment as directed by Drug Court and I agree to be supervised by a person or persons designated by the Drug Court. I will cooperate with my treatment team at all times. My treatment plan will be subject to regular review and will be modified or enhanced where appropriate. Length of treatment participation will be determined by the treatment provider and/or the Drug Court. My treatment plan may require me to enter a residential treatment program or detoxification program.
- 4 **Progression in the Program-** Advancement in the Program will be conditioned upon the recommendation of the Drug Court Team and with approval of the Drug Court Judge. The total length of my participation in the program will depend on the nature of my substance abuse problem, treatment success and my own behavior.

Participant's Initials: _____

- 5 **Use of Drugs and Alcohol-** I will not use alcohol, illegal drugs, mood altering substances of any kind, or medications prescribed to others. I understand all of the following:
- The use of alcohol or unapproved drugs will result in the Drug Court imposing sanctions on me.
 - I will be tested for the presence of drugs in my system on a random basis according to procedures established by the Drug Court Team.
 - I will be given a location and time to report for my drug tests.
 - It is my responsibility to report to the assigned location at the time given for the test.
 - If I am late for a test, or miss a test, for I may be sanctioned.
 - If I fail to produce a urine specimen or if the sample provided is not of sufficient quantity, it will be considered as a positive test for drugs/alcohol and that I may be sanctioned.
 - If I produce a dilute urine sample, it will be considered a positive test for drugs/alcohol and that I may be sanctioned.
 - The ingestion of excessive amounts of fluids can result in a diluted urine sample and my urine sample will be tested to ensure the sample is not dilute.
 - Substituting or altering my specimen or trying in any way to modify my body fluids for the purposes of changing the drug testing results will be considered as a positive test for drugs/alcohol and will result in a sanction.
 - All prescribed medications or over-the-counter medications taken by me must be approved by my treatment team and by Drug Court before being taken except in a serious emergency. Failure to substantiate a serious emergency will result in a sanction.
 - I must provide the drug court team with documentation of a valid prescription within 24 hours of receipt from the physician.
 - I must disclose to any physician intending to prescribe me medication that I am a participant in the program.
- 6 **Program Fee, Fines and Restitution-** I will pay all fines and fees as directed by the Drug Court. I agree to pay the required fee of \$300 with regular payments as arranged with the drug court team. I understand and agree that I will continue to faithfully honor all other fines, fees and restitution obligations that I may have in my pending cases.
- 7 **Drug Testing-** I understand that I will be required to provide urine specimens and submit to alcohol or other drug testing at any time while I am in Drug Court. That testing may include submission to a preliminary breath test administered by law enforcement personnel if consistent with my drug court agreement. Falsifying, altering, tampering with or diluting any submitted specimens is prohibited. I agree that the Drug Court may generally rely on a presumptive chemical test result for alcohol or drugs. I may request a further confirming test but if I test positive, I will bear the cost of that test. I will be sanctioned or my participation in the Drug Court may be terminated for my failure to be honest about my drug or alcohol use.

Participant's Initials: _____

- 8 **Reporting-** I will, within 24 hours, report to the Drug Court all contacts with non-program law-enforcement agencies, probation, or courts during my participation in Drug Court.
- 9 **Residence-** I will notify the Drug Court Team of any changes to my place of residence or employment within 24 hours.
- 10 **Travel-** I understand that my whereabouts will be monitored and limitations on where I may travel will be imposed. I agree that I will not travel outside of my designated area without permission from Drug Court. I agree to regularly provide current and reliable contact information to Drug Court.
- 11 **Curfew-** I understand I may be subject to a curfew. Curfew violations will result in a sanction. I agree that Drug Court may direct persons such as law-enforcement, probation or community corrections personnel to monitor such a curfew.
- 12 **Home Visits-** I agree to submit to home and community visits as directed by Drug Court. These contacts may occur at my home, my workplace, a treatment center, the courthouse, or anywhere deemed necessary consistent with the goals of Drug Court. These contacts may be from law-enforcement, probation or community corrections personnel.
- 13 **Additional Services-** I agree that Drug Court can refer me or direct me to cooperate with or participate in many activities as may be required for my successful completion of the program. Such activities may include but are not limited to performing community service, writing papers, attending educational or vocational training, participating in pro-social activities or classes, and attending psychiatric or psychological counseling, testing or treatment. I understand that Drug Court may also require that I submit to a medically approved medication regimen that is monitored by program personnel. I agree to comply with all referrals and follow all the rules of the programs to which I am referred. Failure to follow such program rules or Drug Court directives will result in a sanction up to and including termination from the program.
- 14 **Relationships-** I agree that I will not engage in an intimate relationship with other program participants. I understand that contact of a sexual nature with another participant is prohibited.
- 15 **Sanctions-** I understand and agree that sanctions, including incarceration, may be imposed by the Drug Court for my failure to comply with the conditions imposed by the Drug Court. I understand that my failure to comply can result in additional conditions and requirements being imposed upon me. I understand that the Drug Court Judge or the original sentencing Court can, after a court hearing, revoke all or part of the suspended sentence(s) imposed on my underlying conviction(s).
- 16 **Termination-** I understand that I will be scheduled for a termination hearing and expelled from Drug Court if:
 - I tamper with a drug, alcohol or urine test, or
 - I move from Arlington County, or
 - I commit a criminal act of physical violence, or
 - I possess a firearm, or

Participant's Initials: _____

- I fail to attend treatment for 14 consecutive days, or
- I abscond from the Drug Court for more than 14 days, or
- I am convicted of, or receive a deferred finding or suspended imposition of sentence on, a felony or a jailable misdemeanor offense
- I am arrested and incarcerated for more than 14 days except when the specific incarceration is a sanction issued by Drug Court
- If I fail to actively participate in treatment or fail to progress in my treatment

If I am terminated from the program, that termination can be considered by the Court at any subsequent hearing in my case.

Executed this ____ day of _____, 20__.

Participant Signature

Participant Printed Name

I hereby certify that the above-named Participant was provided ample time to read and/or understand this Contract, and that I was present and advising the Participant concerning the waivers contained herein, the terms and conditions of participation in Drug Court and the consequences of the Contract's execution.

THE PROGRAM Attorney Signature

THE PROGRAM Attorney Printed Name

This Court finds that the defendant's decision to execute this Contract and waive the rights identified herein was made voluntarily and intelligently with an understanding of the nature and consequences of such execution and waiver and does hereby accept such Participant into the Arlington County Drug Treatment Court.

Entered this ____ day of _____, 20__.

Judge, Arlington County Drug Treatment Court
Arlington County Circuit Court

Participant's Initials: _____

VI. Drug and Alcohol Agreement

Drug and Alcohol Agreement

1. Location, Time, Random Schedule:

I understand that I am to participate in drug tests at the times designated by drug court staff. I also understand that staff will conduct random drug screenings at various times during the week. If I am late or miss a screen, I am consequentially subject to sanctions by the court.

2. Banned Substances:

I understand and agree that I will not possess any drugs or prescription medication unless approved by the drug court team. I must provide the drug court staff with documentation of a valid prescription within 24 hours or receipt from the physician. If found in my possession, I understand that I am subject to sanctions by the court. In addition to illegal substances (or illegally obtained substances), I will not possess, consume or apply synthetic or mood altering chemicals not intended for human consumption, performance enhancing supplements or diet supplements, or any food containing poppy seeds. If I have any question as to the contents of a substance or medication, I will contact a member of the team **before** consumption or use.

3. Alcohol:

I understand that the consumption of alcohol is prohibited. SCRAM equipment, remote breathalyzers, and other alcohol monitoring devices are used in the first phase of treatment, and are also used as sanctions if alcohol is suspected or detected in my drug screens. I also acknowledge that consuming substances that contain alcohol are not allowed, which include but are not limited to mouthwash, breath strips, cough medicines (e.g. Nyquil), hand sanitizer, non-alcoholic beer and wine, herbal supplements (e.g. ginkgo biloba), flavoring extracts (e.g. vanilla), communion wine, food containing alcohol, colognes, and body sprays. If I have any question as to the contents of a substance, I will contact a member of the team **before** consumption or use.

4. Allowed Substances

Participant's Initials: _____

If I have a bodily discomfort, I will consult the approved medication list to know what medication I am allowed to take. If I have an alternative medication I'd like to take, I will contact a member of the team **before** consumption or use.

5. Prescriptions:

If I have medical problems (e.g. high blood pressure, diabetes) that require additional medication not otherwise specified on the allowed over the counter medication reference guide, I will request permission to take the medication from the drug court administrator. If I have any questions, I will contact a member of the team **before** consumption or use.

6. Dilution, Substitution, Adulteration:

I have been informed that the ingestion of excessive amounts of fluid can result in a diluted sample, and will not drink more than 32 ounces of water within the 2 hours before my screen. I understand that a diluted screen will be considered as a positive test for drugs/alcohol and will result in a sanction.

7. Test Fee, Collection Process, Sample Size:

I am not required to pay for my regular screens. However, if I decide to contest the results of the screen and it is sent to the lab, I understand I am required to pay the cost for the screen if the screen is seen to contain illicit substances. Additionally, if I miss a drug screen, I will be responsible for the cost of that particular screen.

8. Test Results:

I understand that I must provide a negative urine screen for all drugs. A positive screen will result in a sanction. Urine samples will also be analyzed for temperature, specific gravity, creatinine, and other chemical markers to ensure a valid urine sample. I understand that the drug court team may not discuss my results with me, and the test results will be reported directly to the Court.

I have read and understood the above statements, and agree to adhere to the rules and regulations the Court has set.

Print name

Date

Signature

Participant's Initials: _____

VII. Medication Guide

Approved Over the Counter Medication Reference Guide

Participant's Initials: _____

The following medications are approved by the drug court team to take without prior permission. Substances required to treat other health issues (e.g. blood pressure, diabetes) may be allowed, but must be approved by the drug court administrator **before** consumption. When in doubt, ask the drug court administrator if medication is acceptable.

Symptoms	Common Brands	Generic Equivalents
Pain & Fever Relief (headache, joint pain, muscle pain, sore throat)	<ul style="list-style-type: none"> •Advil •Aleve •Anacin •Anbesol •Aspercreme •Alka Seltzer (Original, Extra Strength) •Bayer Aspirin •Ecotrin 	<ul style="list-style-type: none"> •Motrin •Nuprin •Orduis KT •Tylenol
Pain & Fever Relief (headache, joint pain, muscle pain, sore throat)		<ul style="list-style-type: none"> •Aspirin •Acetaminophen •Benzocaine (topical) •Ibuprofen •Ketoprofen •Naproxen sodium
Cough, Cold & Flu (runny nose, coughing, chest congestion)	<ul style="list-style-type: none"> •Luden’s Cough Drops •Hall’s Cough Drops •Mucinex (not D or DM) •Saline nasal spray 	<ul style="list-style-type: none"> •Guaifensin •Menthol •Pectin •Phenylephrine
Allergy & Sinus (Itchy throat, itchy eyes, sneezing)	<ul style="list-style-type: none"> •Ahist •Claritin (not D) •Dayhist •Neo-Synephrine 	<ul style="list-style-type: none"> •NasalCrom •Tavist (not D) •Zyrtec (not D)
Allergy & Sinus (Itchy throat, itchy eyes, sneezing)		<ul style="list-style-type: none"> •Cetirizine •Loratadine •Chlorpheniramine •Phenylephrine •Clemastine •Chromolyn Sodium
Feminine Products	<ul style="list-style-type: none"> •Femistat •Gyne Lotrimin •Monistat 	<ul style="list-style-type: none"> •Vagisil •Vagistat
Feminine Products		<ul style="list-style-type: none"> •Benzocane •Miconazole •Butoconazole •Rescorcinol •Clotrimazole •Tioconazole
Insomnia (sleep difficulties)	<ul style="list-style-type: none"> •Melatonin 	<ul style="list-style-type: none"> •Melatonin
Nausea (motion sickness, vomit)	<ul style="list-style-type: none"> •Bonine 	<ul style="list-style-type: none"> •Emetrol/Cola
Heartburn (indigestion, acid reflux)	<ul style="list-style-type: none"> •Axid AR •Basaljel •Gaviscon •Maalox •Rolaids •Mylanta (Liquid, Double Strength, Maximum Strength Liquid, or AR) 	<ul style="list-style-type: none"> •Prilosec •Pepsid •Tagament HB •Tums •Zantac Z5
Heartburn (indigestion, acid reflux)		<ul style="list-style-type: none"> •Aluminum Hydroxide •Omeprazole •Calcium Carbonate •Rantidine •Cimetidine •Famotidine •Magnesium Hydroxide •Nizatidine
Irregular Bowel (bloating, constipation, diarrhea, gas)	<ul style="list-style-type: none"> •Beano •Dul Colax •Exlax •Fibercon •Gas-X •Imodium •Kaopectate 	<ul style="list-style-type: none"> •Pepto-Bismol •Phillips Gelcaps •Milk of Magnesia •Charocaid Plus DS •Charco Caps •Liqui Char •Acidose-Aqua
Irregular Bowel (bloating, constipation, diarrhea, gas)		<ul style="list-style-type: none"> •Bismuth Subsalicylate •Loperamide •Magnesium Hydroxide •Simethicone
Smoking Cessation	<ul style="list-style-type: none"> •Nicorette •Nocotrol 	<ul style="list-style-type: none"> •Nicoderm

Participant's Initials: _____