



Douglas County Adult Services

330 NE Industrial Lane

Lawrence, KS 66044

Douglas County Drug Court Participant Contract

I, _____ (name), Date of Birth: ____ / ____ / _____,

Address: _____ City: _____ State: _____ Zip: _____

Have entered a guilty plea:

Case Number	Charge	Severity Level

_____ I agree that I will live in Douglas County, KS, throughout the Drug Court program. I will keep my Adult Services Officer notified of my current phone number and will not change my residence without prior authorization.

_____ I agree not to leave Douglas County, KS, without obtaining prior authorization from my Adult Services Officer.

_____ I understand that I may not possess any dangerous weapons, including but not limited to firearms, ammunition or explosives, while I am in Drug Court. I will dispose of such weapons in my possession, and disclose the presence of any weapons possessed by anyone else in my household.

_____ I agree to inform any law enforcement officer that I come in contact with that I am in the Drug Court program and will immediately notify my Adult Services Officer of any contact with law enforcement.

_____ I understand that an individual treatment plan will be created and may be modified as circumstances arise. I agree to comply with any and all requirements or modifications made.

_____ I will take the Drug Court Doctor Notification Letter to all doctor appointments.

_____ I understand that participating in Drug Court requires me to be drug free at all times. I will not possess drugs, alcohol, or drug paraphernalia. I will not associate with people who use or possess drugs, nor will I be present while drugs or alcohol are being used or available. I agree not to purchase or use "designer drugs" that can be purchased legally.

_____ I understand that I will be tested for the presence of drugs or alcohol in my system on a random basis. Immediate sanctions will result for any late, missed, or attempts to alter a test.

_____ I understand that if I miss a court date without prior permission from the Drug Court Team, a no bond warrant will be issued for my arrest and I will be held in custody until seen by the Judge.

_____ I agree if ordered by the Drug Court to wear a sweat patch, electronic monitoring, Transdermal Alcohol Device or Soberlink. I understand that I may be required to endure some of the costs.

_____ I understand that upon graduation from the Drug Court Program, for program statistical purposes, my criminal background will be checked at 3, 6 and 12 months post-graduation.

_____ The state agrees if I successfully complete the Drug Court Program I will be allowed to withdraw my plea of guilty and the state will dismiss my case.

Waiver of Certain Rights

_____ I waive my right to require a search warrant. I hereby consent to search of my person, place of residence, any vehicle I own or am operating, or personal effects at any time with or without a warrant and with probable cause for such search, when requested to do so by a Drug Court Team member. Refusal to consent to a search will result in an immediate sanction.

_____ I hereby consent to be subject to random drug and alcohol testing by urinalysis during my participation in Drug Court, in addition, I consent to drug and alcohol testing by urinalysis at the request of the Court, treatment provider or Adult Services Officer. Refusal to consent to a search will result in an immediate sanction.

_____ I waive my right to appear before the Judge prior to the imposition of any jail sanction as a result of a positive drug or alcohol test. I understand that during my participation in Drug Court, progressive jail sanctions are utilized for positive drug and/or alcohol test and that they are imposed immediately and without an appearance or hearing before the Judge.

_____ I waive my right to be represented individually by defense counsel during participation in Drug Court, with the exception of any final procedure to determine if termination from Drug Court should occur.

_____ I waive my right to challenge the involvement of the Douglas County District Attorney's Office in the continued prosecution of the underlying criminal case should I quit or be terminated from the program.

I have read, or had read to me the conditions listed above. By my initials and signature, I understand that by entering into the Douglas County Drug Court I am bound by its terms and conditions. Failure to follow the terms and conditions may result in my termination from the program and the original charges reinstated, or sentence executed.

Client Signature	Client Printed Name	Date
Defense Attorney Signature	Defense Attorney Printed Name and Bar Number	Date
Assistant District Attorney Signature	Assistant District Attorney Printed Name and Bar Number	Date