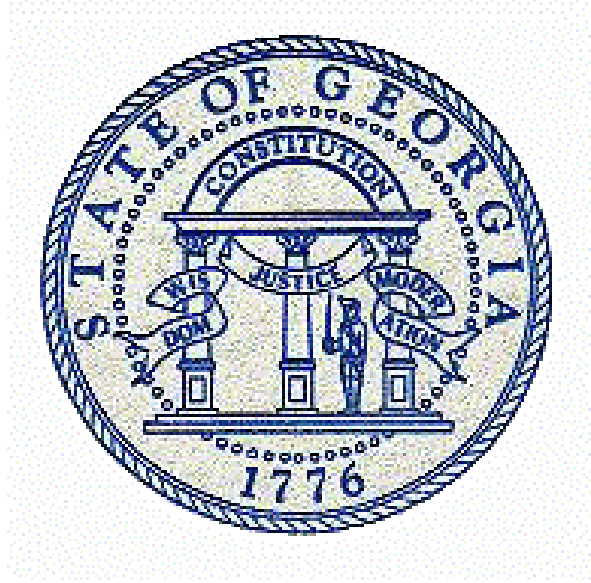




CHATHAM COUNTY

DUI COURT

If you are referred to DUI Court, these are the documents that you will be required to review with your attorney prior to scheduling an assessment appointment. For any questions or to schedule an appointment, please direct your inquiries to:

Charlene Middleton
DUI Court Coordinator

cmiddleton@chathamcounty.org

400 West Oglethorpe Ave, Suite 127, Savannah, Georgia 31401

(912) 652-3039

(Revised 05/13/25)



**If you are not a resident of Chatham County
you MAY not be eligible for DUI Court.
Please consult with your attorney or the District
Attorney (if pro se) for more information.**



Summary of CHATHAM COUNTY DUI COURT Treatment

DUI Court is an opportunity to participate in group counseling to address your substance abuse issues. This program is a part of your probation and failure to abide by the terms and conditions of this program may result in a petition for revocation of your probation.

Costs: As a condition of my probation I will be required to participate and comply with all conditions of the Chatham County DUI Court. I understand that one of the conditions of DUI Court will require my attendance at Recovery Place for group counseling sessions and participation in Recovery Place's urine drug screening program. In the event that I have private health care insurance, weekly cost of DUI Court treatment and drug screens may require you to meet deductibles and/or co-pays. In this instance the standard \$62.00 per week treatment fee will be deducted from the required deductibles and co-pays. If am uninsured/indigent I will be required to pay for treatment sessions and drug screens at a rate of \$62.00 per week for 52 weeks. **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.

Random drug/alcohol screens will be administered throughout your participation in DUI Court.

Probation, the treatment provider, or any DUI Court representative may conduct these tests at any time deemed necessary.

Length of Program: Minimum of 12 months and a maximum of 24 months. Your progress through the phases listed below is based on your completing all requirements as described in the individual treatment plan created for you by your treatment provider. Graduating from DUI Court is based on successful completion of all phases.

NOTE The DUI Court was designed to assist participants in meeting the DMV requirements for driver's license reinstatement, however, to accomplish this, requirements of the program must be strictly adhered too. **IT IS THE RESPONSIBILITY OF ALL PARTICIPANTS TO CONTACT THE DEPT OF MOTOR VEHICLES (DMV) TO ENSURE THEY ARE MEETING REINSTATEMENT REQUIREMENTS.**

General Requirements of Each Phase of Treatment

Orientation Phase – 8 Weeks:

1. Remain Alcohol and Drug free
2. Attend 3 group counseling sessions per week
3. Attend at least 3 Community Support meetings per week
4. Attend Court every other week
5. Complete a written assignment – Negative Consequence Inventory
6. Attend Victim Impact Panel (**20 hours community service credit**)
7. Relapse Prevention Plan
8. Make weekly payments for treatment services

Phase I – 12 Weeks:

1. Remain Alcohol and Drug free
2. Attend 2 group counseling sessions per week
3. Attend at least 3 Community Support meetings per week
4. Attend court every other week
5. Complete a written assignment – Progression Time-Line and Step One, Two, Three
6. Complete DHR Risk Reduction Program (DUI School) **(20 hours credit)**
7. Complete Clinical Evaluation (see probation officer) **(20 hours credit)**
8. Make weekly payments for treatment services

Phase II – 17 Weeks:

1. Remain Alcohol and Drug free
2. Attend 1 group counseling session per week
3. Attend at least 3 Community Support meetings per week
4. Attend Court twice per month
5. Complete a written assignment – Life story
6. Make weekly payments for treatment services

Aftercare – 15 Weeks:

1. Remain Alcohol and Drug free
2. Attend group counseling sessions every other week
3. Attend at least 3 Community Support meetings per week
4. Complete Goals Assignment
5. Attend Court once per month
6. Pay Drivers' License Fee
7. Obtain Drivers' License

Monitoring Phase (Year 2) – Client is monitored by probation

1. Remain Alcohol and Drug free
2. Comply with all terms and conditions of probation
3. Make regular payments on fines and fees

The Court cannot provide you with any driver's license or work permits. It is your responsibility to ensure that you are meeting the DMV's requirements to have your driver's license reinstated. It is suggested that you go to the DMV and ensure that any appropriate suspension(s) times have started. There have been cases in the past where suspension did not start automatically because of the issues as to the whereabouts of the actual license. If you believe the court can assist you, please do not hesitate to ask.

- You must participate fully in all phases of DUI Court.
- If you get arrested or cited for any new offense, you must report the incident to your treatment provider, your probation officer and the DUI Court Coordinator within 72 hours.
- You must attend all treatment group meetings, scheduled individual sessions, probation appointments and status conferences with the Judge.
- You must get permission from your treatment provider and the Court to miss any meeting.
- You cannot leave the State of Georgia without permission from the Judge.
- You must submit to random drug and alcohol screens - a positive test, or a refusal is a violation and will subject you to a court imposed sanction.
- Sanctions range from a verbal or written reprimand by the Court, additional community service, probation violation petition/warrant, jail time and even expulsion from the DUI Court.

Dishonesty with any DUI Court team member is grounds for expulsion.



Participation Agreement

CHATHAM COUNTY DUI COURT

*The Chatham County DUI Court is an opportunity to participate in a **sober** substance abuse treatment program. Participants who are placed into the Chatham 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 Chatham County DUI Court, all defendants must agree to the following after reviewing it with their attorney:*

I, _____ [defendant] understand that: (initial each line)

I, _____ [attorney] have reviewed each of the following with my client: (initial each line)

_____/_____**1.** While participating in the Chatham County DUI Court, I am under the jurisdiction of the State Court of Chatham 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 Chatham 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 non-compliance and I will be subject to sanctioning by the presiding DUI Court judge.

_____/_____**2.** 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 Chatham County DUI Court will involve a commitment of my time and money and will not be solely at my convenience.**

_____/_____**3.** 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.

_____/_____**4.** 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.

_____/_____**5.** I will be required to attend meetings at various locations in Savannah, GA. such as counseling at Recovery Place (515 East 63rd Street, Savannah, GA 31405) and court sessions at the Chatham County Courthouse.

_____/_____**6.** 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, Probation Provider and the **Clerk of the State Court.**

_____/_____**7.** 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 (usually 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.

_____/_____**8.** 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.

_____/_____**9.** As a condition of my probation I will be required to participate and comply with all conditions of the Chatham County DUI Court. I understand that one of the conditions of DUI Court will require my attendance at Recovery Place for group counseling sessions and participation in Recovery Place's urine drug screening program. In the event that I have private health care insurance, weekly cost of DUI Court treatment and drug screens may require you to meet deductibles and/or co-pays. In this instance the standard \$62.00 per week treatment fee will be deducted from the required deductibles and co-pays. If am uninsured/indigent I will be required to pay for treatment sessions and drug screens at a rate of \$62.00 per week for 52 weeks. **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.

_____/_____**10.** 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.

_____/_____**11.** Failure to attend treatment, or probation will be excused in emergency situations only.
Emergency situations are defined as:

- a) Illness, which must be verified in writing by a physician.
- b) Occasional work situations, which must be approved in advance and then verified in writing by my supervisor on company letterhead.
- c) Family emergency, which must be verified in writing by appropriate parties involved.
- d) Death of a close relative, verified by obituary.

_____/_____**12.** 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 non-compliance. **Refusal to take a test or missing a test will be considered a positive test and reported to the court for possible sanctioning. You CANNOT use any product or substance that is mood or mind altering even if purchased legally.**

_____/_____**13.** I am to willingly submit to any and all drug and/or alcohol screenings requested of me. These will be random, **monitored** drug screens.

_____/_____**14.** 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.**

_____/_____**15.** 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.

_____/_____**16.** Substituting, altering or trying in any way to change my body fluids for purposes of testing will be grounds for sanctioning.

_____/_____**17.** 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.

_____/_____**18.** 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.

_____/_____**19.** 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.

_____/_____**20.** Any positive or missed drug test will result in the DUI Court staff recommending a jail sanction.

_____/_____**21.** Participation in the Chatham County DUI Court will require me to attend a minimum of three (3) outside Support Group Meetings (ie, AA or NA Meetings) per week, and I agree to attend these as required in my treatment plan. Written proof of attendance will be required.

_____/_____**22.** After I have completed the treatment portion of DUI Court, I will be required to attend a minimum of two (2) Support Group Meetings per week for the remainder of my probation.

_____/_____**23.** As a condition of my participation in the Chatham County DUI Court, I am waiving my **4th Amendment Rights** in regards to search and seizures. I will be required to consent to home visits by DUI Court staff members to include Chatham 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.

_____/_____**24.** Any request for travel must be made in writing and submitted to the DUI Court Office no later than three weeks prior to the planned travel date.

_____/_____**25.** 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.

_____/_____
26. 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.

_____/_____
27. 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.

_____/_____
28. That payment of any imposed fine is my responsibility and any request for fine payment extensions must be submitted to probation prior to my fine being sent to collections.

I have read, and my attorney has fully reviewed, the terms and conditions set forth above with me.

Signature of Defendant

Date

Attorney

Date



Sanctioning Guidelines
CHATHAM COUNTY DUI COURT

These incentives/sanctions are only a guideline and may or may not be followed at the discretion of the court.

Positive/Missed Drug Screens

1st Positive Screen	Complete and process a <u>Recovery and Relapse Inventory Worksheet</u> and 8 hours of Community Service Work
1st Missed Screen	8 hours of Community Service Work
2nd Missed/Positive Screen	24 hours (1 day) incarceration (to be served immediately)
3rd Missed/Positive Screen	72 hours (3 days) incarceration (to be served immediately)
4th Missed/Positive Screen	120 hours (5 days) incarceration (to be served immediately)
5th Missed/Positive Screen	Arrest and hold/set for a Revocation Hearing.

Sanction will be doubled for denial of use when lab results confirm a positive screen.

Positive alcohol/drug test in or during court will result in an immediate 5 day jail sanction, regardless of previous history.

Any test that is sent to a lab and is returned confirmed for drug or alcohol use, will be considered a positive use and will subject the participant to the above sanctions. In addition, the participant may be required to reimburse the Chatham County DUI Court for lab expenses.

Unexcused and/or Missed Community Support, Treatment Sessions or Probation Meetings

Any participant who misses a Community Support Meeting, a Treatment Session, or a Probation Meeting will be sanctioned to 4 hours of community service for the first offense, 8 hours of community service for the second offense and 24 hours in custody for each subsequent sanction.

Driving Without a Valid License

30 days in jail with no credit for time served.

Driving and Testing Positive for Alcohol

45 days in jail with no credit for time served.

* Sanctions may be harsher than above for any defendant that is participating in DUI Court for the second or subsequent time.

The above list is not all inclusive and other sanctions may be imposed.

INCENTIVES

Fine extensions limited to two (2) six month periods. (The first six month extension is given to the defendant when fine payment plan is set up.)

Incentives

Completing a treatment phase	35 hours credit toward community service
Completing VIP during Orientation Phase	20 hours credit toward community service
Completing Risk Reduction during Phase 1	20 hours credit toward community service
Completing Clinical Evaluation during Phase 1	20 hours credit toward community service
Completing Health Exam with Labwork	20 hours credit toward community service
Obtaining a Valid License & completing treatment	Fine reduction considered by Judge Fowler

I have read and fully understand the above.

Signature of Participant

Date

Witness

Date

(Revised 06/30/22)