

**IN THE SUPERIOR COURT OF CHATHAM COUNTY
STATE OF GEORGIA**

STATE OF GEORGIA

vs.

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§
§
§

Case No.

_____,
Defendant

SAVANNAH-CHATHAM COUNTY DRUG COURT CONTRACT

You are voluntarily entering the Savannah-Chatham County Drug Court (Drug Court) program. Read the terms of this contract carefully, initial each term of the contract, and sign and date the contract.

I, _____, understand that I have been permitted to participate in the Savannah-Chatham County Drug Court program and that I must fully comply with the counseling recommendations and other court orders set forth.

1. _____ I will pay a Drug Court fee in the amount of \$1,500, preferably in installments of \$16 per week, until the balance is paid in full. Accumulated payments equal to one-fourth of the fee are mandatory in order to advance through each phase of the Drug Court program.
2. _____ I will not violate the law. However, if I do violate the law, I will report it to Drug Court staff immediately, and I understand that such violations may subject me to termination from the Drug Court program. I understand that my arrest record may be researched for up to 5 years after graduation or termination for statistical purposes without using identifying information.
3. _____ I will not use alcohol in any form.
4. _____ I will be gainfully employed full time unless the Judge approves otherwise.
5. _____ I will not use any drugs, legal or illegal. I will submit any prescriptions for drugs to my counselors for verification and approval. I will not use over-the-counter, non-prescription medications without permission of the Drug Court counselor. Further, I will not use any mood-altering substances, legal or illegal, including, but not limited to, Molly, Kratom, K2, Spice, potpourri, incense, bath salts, or any synthetic marijuana or controlled substance.
6. _____ I will enroll and complete any inpatient/outpatient counseling program and any additional treatment deemed necessary as ordered.
7. _____ I will obey all instructions of the Drug Court counselors and/or state probation officers.
8. _____ I will immediately inform my Drug Court counselor and the state probation officer of any change of address, telephone number, and employment status. I will not leave the Chatham County or the State of Georgia for any reason without first obtaining permission from Drug Court.
9. _____ I will allow Drug Court counselors, state probation officers, and law enforcement to visit me in my home or elsewhere.
10. _____ I will attend the treatment recommended number of community support meetings (A.A., N.A., Celebrating Recovery, Smart Recovery, etc.) per week.
11. _____ I will give a breath, blood, urine, hair, or sweat sample, as required, for drug testing. I understand that I may admit to use. If I deny use and subsequent laboratory analysis

confirms use, I will pay the cost of the test and will serve additional sanction days for dishonesty. Admitting use after the sample has been sent to the lab but before the results come in will not change the consequences of having first denied use. If the lab report is negative, I will not be subject to a sanction or to payments for the confirmation.

12. _____ I will be responsible for my own transportation and will appear for all Drug Court sessions, counseling sessions, meetings, community service, etc. I understand that saying "I didn't have a ride" will not excuse me from fulfilling any of my obligations.
13. _____ Should I fail to appear for any Drug Court session, counseling session, or meeting as required, a bench warrant may be issued for my arrest. I understand that if I fail to appear for any sessions required for the Drug Court program for fourteen (14) days or more, I will automatically be terminated from the Drug Court program, and my probation will be revoked.
14. _____ I understand that the Drug Court program will last a minimum of eighteen (18) to twenty-four (24) months or longer if all requirements of the program have not been met. I understand that a minimum of 9 months continuous clean time is required for me to be eligible to graduate from the program. I understand that Drug Court graduations are held four times each year. I further understand I will be required to remain in the program until the next graduation ceremony is held, even if this results in my remaining in the program for an excess of the minimum 18-24 months. I understand that I must complete 80 hours of community service in order to graduate.
15. _____ I will not possess a firearm or a knife exceeding three inches (3") in blade length while in the Drug Court program. I understand that I am to bring NO weapons of ANY kind to the Drug Court treatment facility.
16. _____ I will support any legal dependents that I may have to the best of my ability.
17. _____ I will not fraternize with current SCCDC clients of the opposite sex or same sexual orientation outside of group, without the consent of the court or treatment. I understand this prohibition includes phone, electronic, or written communication; transportation; employment etc. I understand that dating and/or sexual involvement between participants is strictly prohibited and that if I violate this policy, I will be subject to sanctions up to and including termination from the program. Furthermore, I will avoid people or places of disreputable or harmful character. This includes people currently on probation or parole, people with felony convictions, and drug users and drug dealers.
18. _____ I will stay away from establishments where the primary business is the selling of alcohol, e.g. bars, clubs, liquor stores.
19. _____ I will submit to a search of my person, residence, papers and/or effects without there having to be probable cause to conduct the search and without there being a warrant, any time of the day or night whenever required to do so by a probation officer, law enforcement officer, community policing staff, or Drug Court treatment staff. I specifically consent to the use of anything seized as evidence in any hearing or judicial disciplinary proceedings.
20. _____ I understand that the court will impose sanctions for program violations that include, but are not limited to, increased curfew, in court detention, increased reporting, additional drug testing, essays, issuance of bench warrants, jail time, or expulsion from the program.
21. _____ I understand that I may be required to wear an electronic ankle monitor. I will follow all instructions from State Probation regarding the monitor and the charging of it. I understand that tampering with or cutting off the monitor is a felony carrying a five (5) year sentence. I further understand that if I do damage or lose the monitor, I will be responsible for paying for a replacement monitor.
22. _____ I will follow all other program rules of which I am informed.

23. _____ I understand that **any** attempt to tamper with a drug test, including, but not limited to, using devices (bottles, bags, hoses, Whizzinators, etc.) to give a substitute sample, using substances to “clean” my system, attempting to dilute my sample by drinking water or any other liquid to “flush” my system, or by dipping the specimen cup into toilet water, will be considered as both a positive screen and an act of dishonesty, and I will be sanctioned for **both** infractions.

24. _____ I understand that should I be subject to termination from the program, I am entitled to a termination hearing which will be presided over by the Drug Court judge unless I, upon consultation with my attorney, make a motion to recuse the Drug Court judge from hearing the proceeding and such motion is granted.

25. _____ I agree to obey any special orders per the attached petition or that might be listed here:

I understand that if I fail to successfully complete the Drug Court Program, then I will be subject to a probation revocation hearing. At such hearing, any or all of my remaining probated sentence(s) can be revoked to prison.

If I successfully complete the Drug Court Program, then whatever time remaining on my probated sentence(s) shall be terminated.

Signature of Participant Date

Superior Court Judge Date
Eastern Judicial Circuit

Attorney for Participant Date

CHATHAM-SAVANNAH DRUG COURT WAIVER AND CONSENT FOR THE RELEASE AND COMMUNICATION OF CONFIDENTIAL INFORMATION

I, _____, Social Security Number, _____ - _____ - _____, Date of Birth, _____ hereby consent to any and all communication between the Chatham-Savannah Drug Court and treatment providers, probation, the district attorney's office, drug test lab and other agencies regarding any and all information requested pertaining to me, to include but not be limited to information obtained through GCIC and/or NCIC record checks, and information concerning Drug, substance use, drug testing, diagnosis and treatment. I understand that my attorney will take part in such communications.

I further authorize any prison, county jail or city jail in which I have been confined to release to the Court all information in my records concerning tests for HIV/AIDS, tuberculosis and hepatitis.

The above information will be used by the Chatham-Savannah Drug Court for the following purposes: (a) to coordinate treatment services; (b) to provide referral information; and (c) to monitor compliance with a treatment program, including informing the Court of diagnosis, treatment issues, participation in treatment, attendance or non-attendance, progress and completion of treatment.

I understand that the Chatham-Savannah Drug Court operates by a team philosophy. I further understand and authorize members of the Court, treatment providers, probation, the Chatham County Detention Center, the district attorney's office and my defense attorney to routinely discuss my case, my progress and other information regarding my treatment and/or case.

This consent will remain in effect not to exceed five (5) years from the date of execution of my consent. I further understand that I can withdraw this consent, by issuing a letter in writing, at any time prior to the expiration, but any information released prior to the withdrawal of consent remains authorized.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and/or drug abuse, and the recipients of this information may disclose it only in connection with their official duties. This release is intended to comply with all laws of the State of Georgia and all provisions of HIPPA (45 C.F.R. Parts 160 & 164).

Signature

Date

Signature of Witness

Date

**CHATHAM-SAVANNAH DRUG COURT
WAIVER AND CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, _____, Social Security Number, ____ - ____ - _____, Date of Birth

_____ hereby request and authorize the Chatham-Savannah Drug Court to obtain records from the following agencies:

- | | |
|--|---|
| <input type="checkbox"/> Chatham County Detention Center | <input type="checkbox"/> Chatham County Health Department |
| <input type="checkbox"/> Savannah Area Behavioral Health Collaborative | <input type="checkbox"/> Social Security Administration |
| <input type="checkbox"/> Gateway Behavioral Health Services | <input type="checkbox"/> Department of Veteran's Affairs |
| <input type="checkbox"/> Georgia Regional Hospital | <input type="checkbox"/> American Work, Inc. |
| <input type="checkbox"/> Department of Family and Children Services | <input type="checkbox"/> Recovery Place |
| <input type="checkbox"/> Memorial Hospital | <input type="checkbox"/> RPCS |
| <input type="checkbox"/> Candler/St. Joseph's Hospital | <input type="checkbox"/> _____ |

The information so obtained will be used by the Chatham-Savannah Drug Court for the purposes of (a) coordinating treatment services; (b) providing referral information; and (c) monitoring compliance with the treatment program, including informing the Court of diagnosis, treatment issues, participation in treatment, attendance or non-attendance, progress, prognosis and completion of treatment. The extent of the information to be disclosed is as follows:

- | | | |
|---|---|---|
| <input type="checkbox"/> Dates of Hospitalization | <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Progress/Activity Notes |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Nursing Assessment |
| <input type="checkbox"/> Medical History | <input type="checkbox"/> Social History | <input type="checkbox"/> Correspondence |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Administrative/Legal Documents |
| <input type="checkbox"/> Lab Reports | <input type="checkbox"/> HIV/AIDS History | <input type="checkbox"/> Tuberculosis History |
| <input type="checkbox"/> Hepatitis History | <input type="checkbox"/> Other: _____ | |

By signing this Authorization I hereby waive any privileges with respect to any information released to the Chatham-Savannah Drug Court which may include drug, mental illness, mental retardation, and/or substance abuse information. I hereby consent to the release of information for court monitoring and case management services related to discharge planning and social services benefits. I further consent to the release information for primary care services related to diagnosis, treatment, evaluation and follow-up.

By signing below I hereby release the Chatham-Savannah Drug Court, its officers, agents and employees from any and all liabilities, damages, and claims which might arise from the release of information authorized above. I acknowledge that this consent for the Release of Information is valid for five (5) years from the date of execution of my consent.

IMPORTANT: I understand that my alcohol and/or treatment records and behavioral health treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability Act of 1996 (HIPPA), 45 C.F.R. Pts. 160 & 164, and cannot be disclosed without my written authorization unless otherwise provided for that regulation. HIV/AIDS information may not be redisclosed without my written authorization.

Signature of Defendant

Date

Signature of Witness

Date