

Name of Participant:

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**Belknap County Adult Recovery Court Program  
Participant Handbook**

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## Overview

Welcome to the Belknap County Adult Recovery Court Program.

This Handbook is designed to answer your questions and provide overall information about the Recovery Court Program. It will detail what is expected of you as a Recovery Court participant and review general program information.

As a participant, you will be expected to follow all instructions given in Recovery Court by the Judge and comply with the treatment plan developed for you by the Treatment Team. The Recovery Court Team is confident that this program can help you learn how to make successful choices free of the influence of drugs and alcohol.

The National Association of Drug Court Professionals defines Recovery (or Drug) Court as "a special court given the responsibility to handle cases involving drug-addicted offenders through an extensive supervision and treatment program." Recovery Court is a non-traditional approach to prosecution of offenders who are addicted to alcohol and other drugs. Rather than focusing only on the crimes they commit and the punishments they receive, Recovery Court also attempts to solve some of their underlying problems through the use of intensive treatment, intensive supervision, intensive judicial intervention, sanctions and incentives. Recovery Court is a partnership between the criminal justice system and the treatment community. Its goals are to reduce substance use and criminal activity by program participants, provide effective rehabilitation for addicted criminal offenders, reduce relapse and recidivism among addicted criminal offenders and hold substance addicted offenders accountable for their choices and behavior.

Recovery Court is a 3-phase intervention program followed by a period of reduced supervision and recovery support. It is designed for adults who have pled guilty to non-violent offenses and who are having difficulty abstaining from the use of alcohol and other drugs. It is a collaborative effort of several agencies that work together to provide substance abuse treatment, psycho-educational programs and consistent structure geared toward helping you develop positive decision making skills and maintain a drug-free life style without criminal behavior.

Recovery Court involves frequent court appearances, random drug testing, check-ins with your case manager and/or probation/parole officer, group and individual counseling, and community based sober support. There is a fee schedule that will be developed for you and you will be expected to be responsible for making regular payments toward your program fee. The program fee includes treatment, alcohol and other drug testing and supervision fees. This fee will be determined based on your ability to pay. If you are having trouble keeping up with your payments, don't just stop paying. Talk with your case manager and make payment arrangements with the treatment team.

The Recovery Court awards incentives for healthy, appropriate choices and behavior and imposes sanctions for negative choices and behavior. If you do not comply with the rules and requirements you may be subjected to sanctions (see the Sanctions Section of this Handbook), up

to and including, termination from Recovery Court, imposition of sentences and further prosecution.

All members of the Recovery Court Team will assist you to make sure you understand what is expected of you throughout the course of the program.

### **The Recovery Court Team**

The Recovery Court Judge will make all decisions regarding your participation in the Recovery Court Program, with input from the Recovery Court Team. In addition to the Judge, the team may include the following members:

- Judge: Hon. James Carroll
- Recovery Court Coordinator
- Public Defender
- County Attorney
- Probation/Parole Officer
- Law Enforcement Liaison
- Treatment Provider
- Case Manager / Restorative Justice Liaison
- Corrections Liaison

Please be aware that the Recovery Court Team will serve as your treatment team while you are a participant in the Recovery Court. The team will meet weekly to review your participation and progress in the program. The role of all the members of the team is to support you in your treatment and recovery process and to assist you in making changes to your treatment plan when necessary to ensure your success in Recovery Court. Therefore, team members will need to have access to enough information about your treatment to enable them to perform this role fairly and effectively.

## Assessment

If you are being considered for the Recovery Court program you will be required to undergo an evaluation to determine your appropriateness and eligibility for the program. The evaluation will consist of:

1. A criminal records check
2. Verification of your current employment status
3. Check of your living situation
4. Employment history
5. Educational history
6. Medical history
7. A comprehensive substance abuse and mental health evaluation
8. Prior substance use and mental health treatment history
9. An offender risk assessment

You will be asked to execute releases of information for previous and current substance abuse, mental health and medical treatment providers.

You will be asked to sign releases of information to allow the contents and results of the assessment to be shared with the Recovery Court Team in order for the Team to determine your appropriateness and eligibility for the Recovery Court.

The assessment will be used to develop a treatment plan, which will serve as the basis for your treatment, intervention, educational, and vocational requirements while in the Recovery Court. The assessment shall not be used for any purpose other than that prescribed by the Recovery Court and shall not be shared with anyone other than the Recovery Court Team without your express written permission.

## **Recovery Court Hearings**

As a Recovery Court participant you will be required to appear in Recovery Court on a regular basis. The number of times you must appear depends upon the phase of Recovery Court you are in and how well you are doing in the program. You will appear weekly in Phase I, or as directed by the Treatment Team. Failure to appear can result in a warrant being issued for your arrest and detention in jail until you can appear before the court. If you have questions about your court appearances, you may contact the case managers for reminders. Recovery Court Hearings will take place on Tuesdays from 12:00 to 1:00 PM.

Prior to each Recovery Court session, the Recovery Court Team members meet to familiarize themselves with your progress so that they may discuss your achievements or any obstacles to progress during the Recovery Court session.

## **Progress Reports**

Before your Recovery Court session, the Treatment Team, including the Judge, will be given a progress report with information provided by your case manager, treatment providers and probation/parole officer. The progress report will discuss your drug test results, fee schedule compliance, attendance, participation and cooperation in the treatment program, and progress toward your individual treatment goals. The report will also review employment and other requirements that may have been imposed in previous sessions. If your progress reports indicate that you are doing well, you may be rewarded with reduced program requirements or other incentives. If your progress reports indicate that you are not doing well, the Judge will discuss the treatment team's concerns with you and determine future action, which could include a sanction designed to support you in following through with your commitment to the program. Sanctions will range from increased program requirements to program termination, imposition of sentences and further prosecution.

Information contained in the progress reports may be used as evidence in any future proceedings related to Recovery Court participation and may be provided to Defense Counsel.

## **Background Checks**

As a Recovery Court participant your criminal background can and will be run on a regular basis to ensure that there are no pending warrants in our system. If the Team finds a warrant you may be subject to arrest. The Recovery Court will not supply a record check upon your request, but you may review it with your case manager. The Recovery Court may run your record after completion or failure for statistical purposes. These checks will be performed by the referring agency and/or the Division of Field Services.

## **Phases of Recovery Court**

Recovery Court is generally a 12-18 month intervention program divided into three (3) phases with a Continuing Care component of six (6) to 12 months. A participant must successfully complete each phase before transitioning to the next phase. Each phase has a key concept or focus.

### **Phase I**

Key Concept: Early Recovery and Self-Assessment

Length of Phase: 3-4 months

Requirements:

- Up to weekly Recovery Court sessions;
- A minimum of 2 scheduled drug/alcohol tests per week;
- Check-ins with your case manager a minimum of two times per week and up to daily in person and as directed either in person or by phone;
- Random urine screening as directed.
- Attend and document community based peer support as directed by your treatment providers and case manager;
- Meaningfully participate in the Intensive Outpatient Substance Abuse Treatment Program through Horizons Counseling Center and Nathan Brody at Horizons;
- Maintain up-to-date payments on your fee schedule unless you have developed an alternative payment arrangement with your case manager that has been approved by the Treatment Team;
- Adhere to your curfew as established by the Judge, your Probation/Parole Officer, your case manager and the Treatment Team;
- If employed, go to work as scheduled and report any missed work days to your case manager.
- Other conditions as directed by the Treatment Team.

### **Phase II**

Key Concept: On-going self-assessment, taking action toward strengthening a recovery plan and developing long-term recovery goals

Length of Phase: 4-8 months

Requirements:



- Recovery Court sessions every other week, or as directed;
- Scheduled urine tests each week as determined by your treatment providers and the Treatment Team;
- Check-in with your case manager up to twice a week in person and as directed either in person or by phone;
- Daily call-ins to be notified of random urine screening. You must call your case manager the next day to arrange a time for urine screening;
- Attend and document community based peer support as directed by your treatment providers and case manager;
- Attend Substance Abuse Treatment at Horizons Counseling Center as determined appropriate by your Treatment Providers and the Treatment Team;
- If unemployed, actively seek employment or enroll in an educational training program and participate in community service activities;  
[\*The Recovery Court Team may waive employment/education requirements if they feel you are otherwise responsibly engaged, or unable to meet those requirements.]
- Make arrangements to meet any court ordered financial obligations, including restitution, attorney's fees, and up-to-date payments on your treatment/program fee schedule;
- Community service as directed by the Treatment Team.
- Other conditions as directed by the Treatment Team.

### **Phase III**

Key Concept: Reinforce a Clean, Sober and Legal Lifestyle

Length of Phase: Approximately 5-9 months

Requirements:

- Recovery Court sessions once per month;
- 1 scheduled urine test per week;
- Check-ins with your case manager as directed;
- Daily call-ins to be notified of random drug/alcohol testing;
- Continued attendance at substance abuse treatment as outlined by treatment provider;
- Check-ins with a Recovery Mentor to support your recovery efforts and strengthen your long-term recovery plan;
- Attend and document community based peer support as determined by your treatment providers and the Treatment Team;
- Maintain employment or participation in an educational training program;  
[\*The Recovery Court Team may waive employment/education requirements if they feel you are otherwise responsibly engaged, or unable to meet those requirements.]
- Community service as directed by the Treatment Team;
- Fulfill any court-ordered financial obligations, such as restitution, treatment and/or Recovery Court fees.
- Other conditions as directed by the Treatment Team.

## **Continuing Care Phase:**

\*\*After you complete the Recovery Court Treatment Program you will fulfill a continuing-care phase for a period of up to one year to ensure maintenance of a clean, sober and law-abiding lifestyle. You will continue to work with your Recovery Mentor during this phase of the program and will have the opportunity to return to your treatment program for assistance should you have difficulty maintaining your recovery plan. Monitoring of the continuing care phase will be conducted by the Department of Corrections, Division of Field Service.

## **Confidentiality**

State and Federal Law require that your identity and privacy be protected. In response to these requirements all Recovery Court Team members, case managers and treatment providers have developed policies and procedures that guard your privacy. In accordance with the HIPPA and 42 C.F.R. Part 2, you will be asked to sign a Consent for Disclosure of Confidential Substance Abuse Treatment Information, to allow for communication about your substance abuse treatment and compliance with Recovery Court requirements among all members of the Treatment Team. This disclosure of information is for the sole purpose of hearings and reports concerning your specific Recovery Court case and is a mandatory requirement of Recovery Court. You may also be required to sign other releases of information for other programs, agencies or entities (including physicians and employers) should the treatment team determine that they are necessary for treatment or case management. This information will only be used for treatment, case management and Recovery Court supervision purposes with regard to your specific Recovery Court case and cannot be used in conjunction with any other case or matter without your expressed written permission. Your information cannot be re-disclosed to any other entity by any member of the Recovery Court Team without your expressed written permission.

Anonymous information regarding your case will be given to evaluators to aid in program evaluation and to support proposals for funding for the Recovery Court Program. No information identifying you as a participant in the Recovery Court Program or linking you to any information disclosed will be used for these purposes.

## **Recovery Court Program Rules**

As a participant you will be required to abide by the following rules, including, but not limited to;

1. Totally abstain from the use of illegal drugs and alcohol or any mood or mind altering substances or supplements that have not been specifically prescribed for you by a doctor.  
(For example: K2, Salvia, inhalants, etc.)

2. Verbally inform all of your treating physicians (including emergency service treatment providers) that you are a recovering addict and may be put at risk by taking narcotic or other addictive medications or drugs.

Before taking any medication that is prescribed, you must:

- Notify your case manager and your counselor / treatment program of the prescription, the reason for the prescription and the name of the prescribing doctor;
- If the prescription is for a narcotic or otherwise addictive medication, you must confirm for the case manager that you notified the prescriber that you are a recovering addict;
- You must bring in any and all documentation from doctors visits to your case manager;
- You must sign a release of information to allow your case manager and/or treatment providers to communicate with the prescribing doctor to verify that you notified him/her that you are a recovering addict and to discuss the treatment plan requiring addictive medication.

Before taking any over the counter medication, you must confirm with a case manager that you may take that medication.

3. Attend Recovery Court sessions, treatment sessions and recovery support sessions as scheduled.

4. Provide advanced notice (at least 24 hours whenever possible) if you are going to miss or be late of any Recovery Court related session or activity.

5. Submit to scheduled and random alcohol and other drug testing.

6. Remain clean, sober and law abiding.

7. Do not associate with people who use or possess drugs.

8. Do not associate with people who are on probation/parole, unless authorized by the Recovery Court Team.

9. Do not possess any weapons while in the Recovery Court program.

10. Keep the Recovery Court Team, case managers, treatment provider, and PPO informed of your current address and phone number at all times. You must also obtain permission from your Probation officer to change your address/residence.

11. As a condition of participation in the Recovery Court program, your person, property, place of residence, vehicle or personal effects may be searched at any time with or without a warrant, and with or without probable cause, by a probation officer, community corrections officer, or other law enforcement officer when requested by any member of the Recovery Court Team.

12. If you have any police contact of any kind you are to report the contact immediately by phone to your case manager and Probation Parole Officer.

13. Dress appropriately for court and treatment sessions.

14. Actively seek employment and maintain employment or enrollment in an educational or vocational training program.

[\*The Recovery Court Team may waive employment/education requirements if they feel you are otherwise responsibly engaged, or unable to meet those requirements.]

15. Perform community service as directed by the Treatment Team.

16. Abide by all other rules and regulations and requirements imposed by the Treatment Team.

## Incentives

Upon the recommendation of the Recovery Court Team, participants may be given rewards or incentives for healthy and appropriate behavior.

Behaviors that may be rewarded with incentives include, but are not limited to:

- Honesty
- Obtaining employment
- Entering an education or training program
- Completing an education or training program
- Participating actively and positively in treatment
- Getting a sponsor in a community based peer support program
- Effective communication with the treatment team
- Paying fines, restitution and treatment fees
- Obtaining stable housing
- Taking responsibility for poor choices proactively, prior to getting caught

Rewards and incentives for positive choices and behaviors include but are not limited to:

- Judicial Praise/Congratulations
- Reduction of court appearances
- Reduction in urine screens
- Reduction in reporting to your case manager
- Early advancement between Phases
- Being called at the beginning of the docket during Recovery Court sessions
- Early dismissal from court

## Sanctions

Sanctions will be imposed by the Recovery Court Judge upon the recommendation of the Recovery Court Team when a participant violates any of the Recovery Court rules. Sanctions are imposed as immediately as possible, are sufficiently intensive to disrupt the negative behavior and are individualized to the participant and the behavior being sanctioned. Imposition of sanctions can also result in other “natural” consequences such as extended time to complete a phase or the total program; loss of wages due to loss of work; and/or other family, job, or financial hardships.

Behaviors that will result in sanctions include, but are not limited to:

- Positive drug/alcohol test
- Tampering with urine sample

- Refusing a drug test or being unable or unwilling to produce a urine sample
- Not showing up or being late for drug testing
- Not showing up or being repeatedly late for treatment
- Not showing up or being late for Recovery Court
- Disruptive behavior in treatment
- Lack of participation in treatment
- Failure to comply with curfew
- Failure to maintain appropriate residence
- Failure to comply with restitution, fines or fees
- Failure to pay treatment/program fees
- Failure to notify your case manager, probation/parole officer and treatment providers of medications prescribed or taken
- Failure to immediately notify your case manager and probation /parole officer of any police contact
- Quitting a job or losing a job for cause
- Re-arrest

Sanctions for non-compliant behavior may include, but are not limited to:

- Increased court appearances
- Increased community based peer support requirements
- Extension of time in a phase of the program
- Set-back to an earlier phase of the program
- Increased drug and/or alcohol screening
- Increased reporting, either by phone or in person
- Imposition and/or increase of curfew
- Writing an assignment on a topic related to the infraction committed
- Writing an apology letter, when appropriate
- Increased community service
- Imposition of electronic monitoring equipment
- Additional programming or treatment requirements
- Incarceration at the House of Corrections
- Termination from Recovery Court

In addition to court-ordered sanctions, the case manager, probation/parole officer and the Treatment Team may develop treatment based corrective actions to address issues of non-compliance with treatment and program rules and expectations.

If non-compliance with treatment results in your being asked to leave a program session, you are to call your case manager and probation officer immediately and make arrangements to meet with them at their earliest availability.

## **Termination From Recovery Court**

Warrants, new arrests or a violation of any aspect of your treatment plan may result in your being terminated from the Recovery Court Program. Other violations which could result in termination may include but not be limited to the following:

1. Refusal to attend or actively participate in substance abuse treatment, criminal thinking cognitive behavioral groups, or any other program, service and/or activity required of you by the Judge and the Treatment Team;
2. Refusal to enter a higher level of care, including residential treatment, if your treatment providers recommend one;
3. Violent, aggressive or threatening behavior toward treatment providers, members of the treatment team or peers in the program;
4. Failure to comply with drug testing;
5. Failure to comply with stable housing requirements;
6. Failure to comply with employment requirements;
7. Refusal to do community service;
8. Lying, lying by omission, dishonesty or unwillingness to take responsibility for violations of program rules and requirements;
9. Failure to comply with rules of probation;
10. Failure to remain arrest free
11. A cumulative pattern of non-compliance or failure to progress in the process of Recovery Court.

You may be subject to termination if you commit a new criminal or violation-level offense. If we believe you engaged in illegal activity and we have reasonable and articulable suspicion, but you have not been formally arrested, you may be removed from Recovery Court by the team and be subject to termination.

You may be subject to termination if you use violence or threats of violence directed at anyone.

The final decision to terminate a Recovery Court participant from Recovery Court will be at the discretion of the Judge after an evidentiary hearing on whether you should be terminated. You have the right to representation at this hearing.

## Termination Procedure

You will be informed by the Judge during a court session that you have been recommended for termination. A hearing will be scheduled and your counsel will be re-appointed. At the time of the recommendation the State will ask for your release or incarceration pending a bail hearing and/or the termination hearing. You will receive a written notice of the conduct triggering the recommendation for termination. The hearing should be held within 2 weeks. You and your lawyer will have the opportunity to be present evidence, to be heard, and to cross examine witnesses if necessary.

- **If you have not successfully completed all phases of the program within that 24 month period you may be terminated from the program and prosecuted on the charges that were set aside.**

## Written Notice

The written notice will include the following information:

1. What Recovery Court rule has been violated:
  - Failure to comply with treatment and/or treatment plan
  - Failure to comply with the drug testing policy
  - Failure to comply with housing policy
  - Failure to comply with court order
  - Failure to remain arrest free
  - Failure to refrain from criminal activity constituted by reasonable articulable suspicion
  - Failure to appear
  - Failure to be honest
2. A Summary of the violation:
  - An explanation of the violation
  - The date(s) of the violation
  - The facts supporting the filing of the violation
3. Recommendation:
  - Typically a recommendation from the Recovery Court Team will be provided to the court at the time of the hearing.



## **Search and Arrest Requirements**

As a participant in Recovery Court, you are on probation and required to submit to searches of your person, vehicle, place of residence, possessions (including phones, computers, etc.) or area for alcohol, narcotics, non-prescribed drugs or other contraband at any time of the day or night, with or without a search warrant, without prior notice and without probable cause by any probation officer, community corrections officer, or law enforcement officer when requested by any member of the Recovery Court Team.

Any law enforcement officer who observes a current participant of Recovery Court in any of the following circumstances is authorized to immediately arrest that individual on a charge of contempt or violation of probation. The participant shall be detained in the closest correctional facility until no later than the next Recovery Court session.

- In violation of any criminal law;
- Ingesting/under the influence of a controlled substance or alcohol or otherwise impaired;
- Being in the presence of drug paraphernalia;
- Being in the presence of a person in possession of a controlled substance or alcohol;
- If a reasonable person in a like position, would conclude that drugs are present

## **Chemical Testing**

You will be drug tested randomly and as scheduled throughout your entire Recovery Court program.

- You will be observed when producing a urine specimen;
- If you miss a test, it will count as a positive test;
- If you are unable or unwilling to provide a urine specimen for testing it will be counted as a positive test;
- Diluted or adulterated urines are counted as a positive test;
- All urine tests are subject to verification by the State lab;
- Positive drug or alcohol tests may result in increased frequency of drug and alcohol testing;
- You may be required to pay a fee for drug and alcohol tests;

If you have a positive test in any phase of Recovery Court, the Judge can, based on recommendations from the Recovery Court Team, apply immediate sanctions to help you stop your drug use.

## **Commencement**

Upon your successful completion of the three phases of Recovery Court and your demonstration of ongoing recovery from addiction, you will transition from Recovery Court and be promoted to continuing care.

Transition from Recovery Court is recognized as a very important event. Your loved ones will be invited to join you at a special ceremony as the Recovery Court Team congratulates you for successfully completing the Recovery Court program and achieving your goal to establish a drug-free life style.

## **Continuing Care**

In order to provide you with a continuing support system and to ensure that you can maintain your valuable sobriety, you will be required to continue probation and participate in up to 12 months of sobriety monitoring administered through the Department of Corrections, Division of Field Services. You will also continue to check in with your Mentor in Recovery to provide you with additional support and encouragement for positive decision-making and lifestyle choices. Please take advantage of this opportunity to prove to the Recovery Court Team and to our community that you are ready to start your new life as a productive, law-abiding member of society.

Upon successfully completing up to 12 months of continuing care, the court may vacate your conviction and any charges that were set aside as part of your being sentenced to the Recovery Court shall not be brought forward.

## **Conclusion**

The goal of the Belknap County Adult Recovery Court is to help you achieve a life free from addiction and the social, financial, legal and family disruption that come along with it. The Judge and the Recovery Court Team are here to guide and assist you, but the final responsibility for your success is yours. To succeed you must make a commitment to a drug free life style and be willing to ask for and accept the help and direction being offered to you by this program.

By signing this I acknowledge that I have reviewed this handbook with my case manager and my attorney and, upon acceptance into the Recovery Court Program, I agree to abide by all the rules and requirements set forth.

\_\_\_\_\_  
Signature

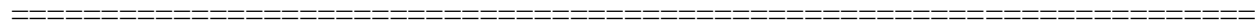
\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager/Recovery Court Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Date



*Last Updated 6/22/2012*

**NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS, DIVISION OF FIELD SERVICES**

**TERMS AND CONDITIONS OF YOUR PROBATION AS A RECOVERY COURT PARTICIPANT**

The terms and conditions of probation, unless otherwise prescribed, shall be as follows:

1. I will report to the Probation/Parole Officer at such times and places as directed. I will comply with the Probation/Parole Officer's instructions and respond truthfully to all inquiries from the Probation/Parole Officer.
2. I will comply with all orders of the Court, Board of Parole or Probation/Parole Officer, including any order for the payment of money.
3. I will obtain the Probation/Parole officer's permission before changing residence or employment or traveling out of state.
4. I will notify the Probation/Parole Officer immediately of any arrest, summons or questioning by a law enforcement officer.
5. I will diligently seek and maintain lawful employment, notify my employer of my legal status, and support dependents to the best of my ability.
6. I will not receive, possess, control or transport any weapon, explosive or firearm, or simulated weapon, explosive, or firearm.
7. I will be of good conduct, obey all laws, and be arrest-free.
8. I will submit to reasonable searches of my person, property and possessions as requested by the Probation/Parole Officer and permit the Probation/Parole Officer to visit my residence at reasonable times for the purpose of examination and inspection in the enforcement of the conditions of probation and parole.
9. I will not associate with persons having a criminal record or other individuals as directed by the Probation/Parole Officer unless specifically authorized to do so by the Probation/Parole Officer.
10. I will not indulge in the illegal use, sale, possession, distribution, transportation, or be in the presence of controlled drugs, or use alcoholic beverages to excess.
11. I waive extradition to the State of New Hampshire from any state in the United States or any other place and I agree to return to New Hampshire if directed by the Probation/Parole officer.

12. The following special conditions may be imposed by the Court, the Parole Board or Probation/Parole Officer:

- I will participate regularly in community based peer support to the satisfaction of the Probation/Parole Officer.
- I will secure written permission from the Probation/Parole Officer prior to purchasing and/or operating a motor vehicle.
- I will participate and satisfactorily complete the following program:
- I will enroll and participate in mental health counseling on a regular basis to the satisfaction of the Probation/Parole Officer.
- I will not be in the unsupervised company of (female/male) minors at any time.
- I will not leave the county without permission of the Probation/Parole Officer.
- I will refrain totally from the use of alcoholic beverages.
- I will submit to breath, blood or urinalysis testing for abuse substances at the direction of the Probation/Parole officer.
- I will comply with the house arrest provisions hereto attached.
- Other:

I understand that if I violate any of the conditions of my probation/parole I will be subject to arrest with the court revoking my probation and imposing a sentence of confinement, within the legal limits for the underlying offense no matter what sentence was originally imposed by the Court. I hereby certify that I have on this date received a copy of the rules and regulations of probation/parole. I have read and had read to me the rules and I fully understand and agree to comply with them.

Signed:

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Probationer/Parolee

Witnessed this \_\_\_\_\_ day of \_\_\_\_\_, 20

Witness and Title:

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Probation/Parole Officer

THE STATE OF NEW HAMPSHIRE

BELKNAP COUNTY

DOCKET NO. \_\_\_\_\_

STATE OF NEW HAMPSHIRE

v.

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**BELKNAP COUNTY RECOVERY COURT**

**SUPPLEMENTAL ACKNOWLEDGMENT AND WAIVER OF RIGHTS**

I, \_\_\_\_\_, my attorney being, \_\_\_\_\_, do hereby freely and voluntarily make the following statements which I understand shall apply to each and every indictment or charge, if there be more than one, to which I intend to plead GUILTY.

I understand that I must carry out all recommendations specified in my Substance Abuse Assessment and comply with all of the conditions of the Belknap County Recovery Court as stated in the Participant Handbook. If I do not comply with all conditions and recommendations, I will be in violation of my sentence and of probation, which will result in court-imposed sanctions including, but not limited to, incarceration and expulsion from the Belknap County Recovery Court. If I am arrested for any reason (including but not limited to new charges, a violation of probation, or a bench warrant) and held at the house of correction, the basis for my arrest will be addressed at the next Recovery Court session. I waive any right to a more expeditious hearing, and I understand that the Court may not schedule a separate bail hearing on the matter.

I understand that my current attorney's involvement will end upon the Court's acceptance of my guilty plea and my entry into BCDTC. I understand that the attorney member of the treatment team will have a markedly different role from that of my current attorney. I understand that I will be asked questions in open court about my progress. I understand that I will speak on my own behalf without the assistance of a lawyer. I understand that any discussions among the team regarding my progress in DTC will be conducted in a non-adversarial manner. The treatment team, including the attorneys and the Judge, will talk about me when I am not present. There may be times when I may talk with the Judge without others present. I understand that, essentially, I will be dealing directly with the Court and not through a lawyer.

**I understand that I will be on probation for two years. However, the probation period will end upon my successful completion of (1) an appropriate course of treatment as**

**determined by the Recovery Court team (treatment which may call for inpatient treatment as well as outpatient treatment), and (2) a period of continuing care not to exceed twelve-months.**

I also understand that my jail/prison sentence is suspended during the time I am in the program and while I am on probation. I understand that my failure to comply with Recovery Court program requirements may result in any suspended time being brought forward and imposed. Prior to being terminated from Recovery Court and prior to the imposition of my sentence, I have the right to a hearing and the right to be represented by counsel. If, following that hearing, my participation in the Belknap County Recovery Court is terminated, my suspended sentence will be brought forward and I will be incarcerated as required by the sentence. In addition, I understand that if I am found to have violated probation, I could be sentenced to any term that could have been imposed on my underlying conviction.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Attorney for Defendant

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Presiding Justice

THE STATE OF NEW HAMPSHIRE

BELKNAP, SS.

4<sup>TH</sup> CIRCUIT COURT DISTRICT DIVISION

BELKNAP COUNTY SUPERIOR COURT

STATE OF NEW HAMPSHIRE

V.

Docket #

**BELKNAP COUNTY RECOVERY COURT CONDITIONAL NOL PROS AGREEMENT**

- 1) The Defendant is charged with the following offenses (note misdemeanor. or felony level):
  
- 2) The Defendant has been referred to the Belknap County Recovery Court program.
  
- 3) The State has agreed to **CONDITIONALLY NOLLE PROSSE** the following charges against the Defendant based upon their acceptance into Recovery Court and the additional following terms

The charges are conditionally nolle prossed for the duration of the Recovery Court program,

If the Defendant successfully completes the Recovery Court program, the State will be barred from prosecuting the Defendant for the above listed charges, or any other charges arising out of the same conduct.

If the Defendant fails to complete Recovery Court, the State may refile charges against the Defendant within 30 days of the termination date of Recovery Court.



**The Defendant hereby affirmatively waives speedy trial, and speedy indictment in relation to the above listed charges.**

**The Defendant agrees to waive formal service and arrest should the charges be refiled against him/her. If felony charges are involved, the Defendant agrees to waive formal indictment, and will execute a formal waiver of indictment at the request of the County Attorney's Office. The Defendant explicitly understands that should charges be refiled and he/she fails to appear at a subsequent court date, a capias may issue for his/her arrest and it is his/her obligation to keep the Court apprised of their current address.**

The Recovery Court program will create a contract that the Defendant is expected to abide by. The Defendant has been advised that the Program is an intensive, substantial investment of time and resources (See Recovery Court Handbook). Any violation of Recovery Court rules may subject the Defendant to termination from the program and prosecution for the above referenced charges.

The Defendant further acknowledges that the related program service fee is substantial. The fee is expected to be paid pursuant to terms worked out with the Recovery Court Team.  
**Nonpayment of the fee may result in discharge from the program.**

The Defendant further understands that the Recovery Court program will regularly update the Prosecuting agency, through the law enforcement liaison, as to the status and progress of the Defendant in the Recovery Court program.

Date: \_\_\_\_\_

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
State

\_\_\_\_\_  
Defense Counsel

**THE STATE OF NEW HAMPSHIRE  
JUDICIAL BRANCH**

<http://www.courts.state.nh.us>

Court Name: Belknap Superior Court

Case Name: State v.

Case Number: \_\_\_\_\_ Charge ID Number: \_\_\_\_\_  
(if known)

**STATE PRISON SENTENCE**

Plea/Verdict: Guilty	Clerk:
Crime:	Date of Crime:
Monitor:	Judge:

A finding of GUILTY is entered.

- If this box is checked, the defendant is a member or veteran of the armed forces.
- The presentence investigation report prepared under RSA 651:4 was considered by the Court.
- A presentence investigation report was waived by:  Defendant and State  Court
1. The defendant is sentenced to the New Hampshire State Prison for not more than 4 year(s) (months), nor less than 2 year(s) (months). There is added to the minimum sentence a disciplinary period equal to 150 days for each year of the minimum term of the defendant's sentence, to be prorated for any part of the year.
2. This sentence is to be served as follows:  Stand committed  Commencing \_\_\_\_\_
3. All \_\_\_\_\_ of the minimum sentence is suspended  
All \_\_\_\_\_ of the maximum sentence is suspended  
Suspensions are conditioned upon good behavior and compliance with all of the terms of this order. Any suspended sentence may be imposed after a hearing brought by the State within 5 years of today's date.
4. \_\_\_\_\_ of the sentence is deferred for a period of \_\_\_\_\_.  
Thirty (30) days prior to the expiration of the deferred period, the defendant may petition the Court to show cause why the deferred commitment should not be imposed. Failure to petition within the prescribed time will result in the immediate issuance of a warrant for your arrest.
5. \_\_\_\_\_ of the minimum sentence may be suspended by the Court on application of the defendant provided the defendant demonstrates meaningful participation in a sexual offender program while incarcerated.
6. The sentence is  consecutive to **Docket #** \_\_\_\_\_  
 concurrent with \_\_\_\_\_
7. Pretrial confinement credit: \_\_\_\_\_ days.
8. The Court recommends to the Department of Corrections:
- A. Drug and alcohol treatment and counseling
- B. Sexual offender program
- C. Sentence to be served at the House of Corrections
- D. Belknap County Recovery Court

Pursuant to RSA 499:10:a, the clerk shall notify the appropriate health care regulatory board if this conviction is for a felony and the person convicted is licensed or registered as a health care provider.

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**STATE PRISON SENTENCE**

**PROBATION**

- 9. The defendant is placed on probation for a period of 2 year(s), upon the usual terms of probation and any special terms of probation determined by the Probation/Parole Officer.  
Effective:  Forthwith  Upon Release \_\_\_\_\_  
 The defendant is ordered to report immediately to the nearest Probation/Parole Field Office.
- 10. Subject to the provisions of RSA 504-A:4, III, the probation/parole officer is granted the authority to impose a jail sentence of 1 to 5 days in response to a violation of a condition of probation.
- 11. **Violation of probation or any of the terms of this sentence may result in revocation of probation and imposition of any sentence within the legal limits for the underlying offense.**

**OTHER CONDITIONS**

- 12. The following conditions of this sentence are applicable whether incarceration is suspended, deferred or imposed or whether there is no incarceration ordered at all. Failure to comply with these conditions may result in the imposition of any suspended or deferred sentence.
  - A. The defendant is fined \$ 1000.00 plus statutory penalty assessment of \$ 240.00
    - The defendant shall also pay the time payment fee of \$25.00.
    - The fine, penalty assessment and any fees shall be paid:
      - Now  By \_\_\_\_\_  Through the Department of Corrections as directed by the Probation/Parole Officer.
    - \$ All of the fine is suspended
    - \$ All of the penalty assessment is suspended.
  - B. The defendant is ordered to make restitution of \$ \_\_\_\_\_ plus statutory 17% administrative fee
    - Through the Department of Corrections as directed by the Probation/Parole Officer
    - Through the Department of Corrections on the following terms:  
\_\_\_\_\_  
 At the request of the defendant or the Department of Corrections, a hearing may be scheduled on the amount or method of payment of restitution.  
 Restitution is not ordered because: \_\_\_\_\_
  - C. The defendant is to participate meaningfully and complete any counseling, treatment and educational programs as directed by the correctional authority or Probation/Parole Officer.
  - D. Under the direction of the Probation/Parole Officer, the defendant shall tour the
    - New Hampshire State Prison  House of Corrections
  - E. The defendant shall perform \_\_\_\_\_ hours of community service under the direction of the Probation/Parole Officer.
  - F. The defendant has waived sentence review in writing or on the record.
  - G. The defendant is ordered to be of good behavior and comply with all the terms of this sentence.
  - H. Other: The Suspended portions of this sentence are specifically conditioned upon the defendant participating meaningfully and successfully completing Recovery Court.

## Belknap County Recovery Court – Initial Release of Information #1

I, \_\_\_\_\_, hereby authorize communication between Horizons Counseling Center and the Belknap County Recovery Court Team for the purpose of informing Horizons Counseling Center of my history of arrests and criminal convictions to facilitate the assessment of my appropriateness for the Recovery Court program, and to assist the Recovery Court Team in determining my eligibility for the program.

- I authorize the Belknap County Attorney’s Office to disclose my criminal record to Horizons Counseling Center and the other members of the Recovery Court Team.
- I authorize Horizons Counseling Center to disclose my substance use and mental health history, my social history, my academic and employment history, my medical history (including medications I am prescribed), my diagnosis, my cooperation with the assessment process, the results of the assessment and recommendations for treatment to the Recovery Court Team.

\_\_\_\_\_ **I understand that the information released may include information pertaining to substance abuse and or dependence.**

\_\_\_\_\_ **I understand that the information released may include information pertaining to HIV infection, AIDS or tests for HIV.**

I understand that my alcohol/drug treatment records are protected under the federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records (42 C.F.R. Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that my behavioral health records are confidential and protected from unauthorized disclosure. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and, if so, there may not be a federal or state law protecting its confidentiality. However, federal law prohibits the recipient of information disclosed pursuant to this authorization from making any further disclosure of alcohol and drug abuse treatment records without the express written consent of the person to whom it pertains or as otherwise permitted by federal law.

I understand that I might be denied services if I refuse to consent to a disclosure for the purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to sign a consent form for a disclosure for other purposes. However, I will not be evaluated for the Recovery Court if I refuse to sign a release of information to allow communication among the members of the Recovery Court Team.

I understand the risks to confidentiality involved in transmission by e-mail and fax and I agree to assume those risks.

**I understand that the information disclosed to the Recovery Court Team will be used solely for the purpose of determining my appropriateness and eligibility for the Recovery Court Program and shall not be utilized for any other purpose.**

This consent/authorization shall be valid until such time as I have been found ineligible for the Recovery Court or there has been a formal termination of my participation in the Recovery Court.

I have read this release and understand its contents. I have also been provided a copy of this form.

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Date

**Belknap County Recovery Court - Release of Information #2**  
**Pursuant to Court Order**

I, \_\_\_\_\_, hereby consent to communication between  
\_\_\_\_\_ and the  
(Treatment Program)

NH 4<sup>th</sup> Circuit Court District Division–Laconia, the Belknap County Recovery Court Team and the NH  
Department of Corrections Division of Field Services  
\_\_\_\_\_  
(Court, probation, parole, and/or other referring agency)

The purpose of and need for the disclosure is to inform the Belknap County Recovery Court, the Recovery Court team and the Division of Field Services of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at substance abuse treatment sessions and Recovery Court Treatment Program groups and activities, results of alcohol and other drug screening tests, my cooperation with the treatment program, prognosis, and any recommendations for additional treatment or services or other changes in my treatment and recovery plan.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination or revocation of my participation in the Belknap County Recovery Court or of my probation under which I was mandated into treatment.

I understand that my alcohol/drug 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 and Accountability Act of 1996 (HIPAA), 45 C.F.R. pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that my behavioral health records are confidential and protected from unauthorized disclosure. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and, if so, there may not be a federal or state law protecting its confidentiality. However, federal law prohibits the recipient of information disclosed pursuant to this authorization from making any further disclosure of alcohol and drug abuse treatment without the express written consent of the person to whom it pertains or as otherwise permitted by federal law.

I understand that I might be denied services if I refuse to consent to a disclosure for the purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to sign a consent form for a disclosure for other purposes. However, I will not be accepted into the Recovery Court if I refuse to sign a release of information to allow communication among the members of the Recovery Court Team.

I understand the risks to confidentiality involved in transmission by e-mail and fax and I agree to assume those risks.

I have read this release and understand its contents. I have also been provided a copy of this form.

\_\_\_\_\_  
Signature of Participant / Client

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Date

**HIPAA Compliant Court Order mandating that releases of information among the Recovery Court Treatment Program, the Recovery Court Team and the Court be non-revocable once signed by the offender/client.**

**[ Court Caption]**

The court having reviewed all evidence and relevant regulations and procedures, hereby finds:

1. The above-referenced Defendant is currently sentenced to the Belknap County Recovery Court; and
2. Defendant's participation in a substance abuse treatment program is a condition of Defendant's continued participation in the Belknap County Recovery Court; and
3. The Belknap County Recovery Court requires timely and accurate information concerning Defendant's participation in treatment; and
4. The privacy regulations promulgated by the United States Department of Health and Human Services pursuant to the Health Insurance portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 and 164, have imposed restrictions on the ability of health care providers to disclose protected health information concerning a particular individual to third parties except under particular circumstances; and
5. HIPAA's privacy regulations contain an exception permitting health care providers to disclose protected health information "in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal" {45 C.F.R. 164,512(e)(1)}.

**THEREFORE, IT IS HEREBY ORDERED**

Pursuant to HIPAA Horizons Counseling Center

Shall disclose to the NH Circuit Court District Division-Laconia, the Belknap County Recovery Court Team and the NH Department of Corrections Division of Field Services and/or its staff, subject to the federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records (42 C.F.R. Part 2), information concerning, as applicable, the treatment recommendation, diagnosis, attendance, scope of treatment, treatment progress and quality of participation, dates and results of toxicology testing, and termination or completion of treatment concerning the above named Defendant. Any application for disclosure of information pursuant to 42 C.F.R. Part 2 shall be made in accordance with 42 C.F.R. 2.61 – 2.65 and other applicable sections.

## **Belknap County Recovery Court Application Process**

- I. Review the Recovery Court Program Handbook to ensure that you understand the rules, requirements and responsibilities of the program.
- II. Complete the application, giving careful thought to your reasons for applying to the Recovery Court and what you hope to achieve through participation in the program.
  - a. It is important for you to be honest and forthcoming in filling out the application.
  - b. The information you provide is confidential. It will only be used for your treatment and case management purposes and will only be shared with the members of the Recovery Court Team and staff.
- III. Review your application with your attorney.
  - a. Both you and your attorney must sign and date the application.
- IV. Review the Recovery Court Initial Release of Information (#1) with your attorney, sign it and enclose it with your application.
- V. Your attorney will then submit your application and the Initial Release of Information to the Clerk of the 4<sup>th</sup> Circuit Court District Division – Laconia.
- VI. The Recovery Court Team will screen your application and make a preliminary decision about your appropriateness for evaluation for the Belknap County Recovery Court Program.
- VII. The Recovery Court Team will notify your attorney whether or not you are approved to proceed to the assessment phase of the program.
- VIII. If you are approved for the assessment phase contact Horizons Counseling Center at **603-524-8005** to set up an appointment for the assessment.
- IX. Horizons Counseling Center will submit the assessment and recommendations regarding your appropriateness and amenability for the Recovery Court Treatment Program to the Recovery Court Team.
- X. The Recovery Court Team will make a recommendation to the Court as to your appropriateness for the Recovery Court Program.
- XI. **The information you provide during the assessment process is confidential. It will only be used for the purposes of treatment and case management and will only be shared with the Recovery Court Team and staff.**
- XII. **Assessment for the Recovery Court Program is NOT a guarantee of acceptance into the program. The Judge will make the final decision with regard to sentencing and the inclusion of Recovery Court in any sentence you receive.**

## Belknap County Recovery Court Application

*The information you provide during the application and assessment process is confidential. It will only be used for the purposes of treatment and case management and will only be shared with the Recovery Court Team and staff.*

Name of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Pending Charges:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have prior convictions?   Y   N        \_\_\_\_\_ Felony        \_\_\_\_\_ Misdemeanor

Do you have prior substance use related convictions or convictions where substance use played a significant role?    Y    N

What are they and how was substance use involved?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

Attorney's Phone Number: \_\_\_\_\_

Do you have an alcohol and/or other drug problem?    Y    N

Explain: \_\_\_\_\_  
\_\_\_\_\_



Name of Applicant: \_\_\_\_\_

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Have you ever been in counseling or treatment for substance use or mental health related problems?  
When and where?

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Why do you want participate in the Recovery Court program?

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Name of Applicant: \_\_\_\_\_

I have read the Recovery Court Handbook and understand the expectations and requirements of the program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Date