



**Superior Court of New Hampshire
Drug Offender Program**

**Carroll County
Adult Drug Court
Participant Handbook**

Table of Contents

Introduction	Page 3
Mission and Program Description	Page 4
Participation in Drug Court	Page 4
Health Insurance	Page 5
Drug Court Team Members	Page 5
Supervision	Page 7
Treatment	Page 8
Case Management	Page 8
Court Hearings	Page 9
Program Phases	Page 9
Incentives and Sanctions	Page 14
Contested Hearing when Significant Sanction is Likely	Page 16
Communication with the Team	Page 17
Emergency Situations	Page 17
Drug and Alcohol Testing	Page 18
Drug Court Rules	Page 20
Positive Conflict Resolution	Page 23
Case Meetings/Care and Concern Meetings	Page 23
Termination	Page 23
Appendix A – Acknowledgement and Waiver of Rights	Page 25
Appendix B – CC Drug Court Contact Information	Page 27
Appendix C – OTC Medication Acknowledgement Form	Page 28
Appendix D – Application Process	Page 29
Appendix E – Application	Page 30
Appendix F – HIPAA #1/Application Release	Page 34
Appendix G - HIPAA #2 Plea Release	Page 35

Introduction

Dear Prospective Participant,

You are being considered as a potential participant or have already been accepted into the Carroll County Drug Court Program (“Drug Court”). The Drug Court Team is committed to work with those people who choose to participate in the program and who are willing to work toward making healthy lifestyle changes in their recovery.

This handbook is for you to keep. Please take the time to review the handbook, including Appendix D – “Starting Drug Court with a Clean Slate and an Open Mind.” Hopefully it will answer your questions about the program and how the program works. The Drug Court Team evaluates the program rules and requirements on a regular basis, and this handbook is subject to change when the need arises.

Reading and understanding the expectations of the Drug Court Program should help you to decide if the Drug Court Program is the right fit for you. This is a challenging program. If you are willing to make the commitment, we think you will find it worth your effort.

If you are interested in applying to the Drug Court program, please read Appendix E at the end of this handbook. If you have applied but not already been accepted and you have questions or concerns, please direct those questions to your lawyer. If you are already participating in Drug Court, please direct questions to any member of the Drug Court Treatment Team.

We look forward to your participation and success.

Sincerely,

Amy L. Ignatius
Presiding Justice

Mission of Carroll County Drug Court

The mission of the Carroll County Drug Court is to reduce recidivism and enhance community safety by providing participants whose chemical dependence has resulted in criminal behavior with treatment and community supervision. As an alternative to incarceration, this judicially supervised program will provide participants with the opportunity to promote their recovery in order to reduce crime, restore families, and successfully reintegrate participants into the community.

Program Description

Drug Court provides intensive substance use disorder treatment and community supervision. Key components of the program include substance abuse treatment and case management; frequent, random drug testing through observed urine screens; frequent status hearings in front of the Drug Court Judge and team to report on compliance and progress; and the use of sanctions and incentives to promote positive behavioral change.

Participation in Drug Court

Drug Court is a voluntary program for offenders who have met legal eligibility requirements and have been determined through standardized screening tools to be at high-risk to re-offend and in high need of substance use disorder treatment.

It is important to understand that when you participate in Drug Court, you will be expected to meet all requirements of the Drug Court Program as well as adhere to your treatment plan. If you fail to do so, you will be sanctioned. To participate in the Drug Court, you must sign the Drug Court Special Acknowledgement and Waiver of Rights Form (see Appendix A). Please read this handbook and the Acknowledgement and Waiver of Rights carefully with your attorney as you determine whether or not Drug Court is right for you.

To participate in the program, you will be required to authorize Drug Court team members (for example, your therapist, case manager, and PPO) to share information about you, your treatment, and your progress with other members of the Drug Court team. You will also be required to authorize Drug Court team members (for example, your therapist, case manager, and PPO) to share and obtain information from other treatment, health, and service providers in order to effectively coordinate treatment and services.

Health Insurance

As a Drug Court participant, you are required to make your best effort to have health insurance in order to make sure that your medical, mental health, and substance abuse treatment needs can be adequately addressed. Your Case Manager will work with you to obtain coverage if you do not currently have insurance. Once an active participant in the program, you must work with your Case Manager if you are thinking about changing your insurance coverage.

Drug Court Team Members

The Drug Court consists of a multi-disciplinary team representing local law enforcement, criminal justice, and substance use treatment providers. Team members, despite their unique roles, share the common goal of successful treatment and rehabilitation for each participant.

The Drug Court Team meets before each Drug Court hearing and reviews each participant's progress in treatment and compliance with program requirements. During this meeting, the team discusses appropriate incentives and/or sanctions to promote compliance and positive behavioral change. At this meeting, team members may also develop plans to address barriers to treatment and promote progress through therapeutic adjustments in treatment, case management service planning, and community supervision efforts. Team members communicate during the week, as necessary, to promptly and effectively manage urgent issues that may arise.

Superior Court Judge – The Judge presides over the court proceedings and monitors the appropriate application of treatment, community supervision, incentives and sanctions, while maintaining the integrity of the court. The Judge is ultimately responsible for determining and imposing sanctions, including incarceration and/or termination.

Superior Court Clerk –The Clerk is responsible for scheduling all legal proceedings such as pleas and status hearings as well as processing all orders of the court.

NH Drug Court Liaison - Oversees and assists New Hampshire Specialty drug court programs assisting teams as needed to promote compliance with all aspects of the NH Judicial Branch drug treatment programs.

County Prosecutor –The County Prosecutor's role is to promote community safety and ensure that justice is being served. In a collaborative way, the prosecutor monitors participant progress and makes recommendations regarding supervision, incentives and sanctions. The Prosecutor reviews all potential participants for legal eligibility upon referral.

Team Members continued:

Public Defender – The Public Defender’s role is to promote the legal rights of participants as well as advocate for the appropriate supervision, incentives, and sanctions to support the participant in his or her recovery and rehabilitation. The Public Defender, as a member of the Drug Court Team, does not represent a participant’s stated legal interests in an adversarial way in the courtroom, but rather works in a collaborative manner during staff meetings and court sessions by helping the team take account of the possible interests and legal rights of participants.

Probation/Parole Officer – The PPO is responsible for community supervision of participants and monitoring their compliance with Drug Court and probation requirements. The PPO works in a collaborative manner with the team and makes recommendations regarding treatment, incentives and sanctions.

Representative from Carroll County House of Corrections – The representative from the Carroll County House of Corrections serves as a liaison between the Drug Court team and the jail staff regarding the needs and behavior of participants who are incarcerated due to sanction, new arrests, and/or violations of probation.

Law Enforcement Officers – The Law Enforcement Officers are liaisons between the Drug Court and their respective departments. They also provide important information to the Drug Court team regarding community and policing issues that could potentially impact the progress of any participant.

Treatment provider(s) – Therapists are responsible for providing assessment and treatment planning to participants as well as facilitating Intensive Outpatient Treatment, other substance abuse groups, and individual therapy. Therapists provide assessment and referral to substance-abuse and mental health services not provided directly through the Drug Court such as inpatient treatment, partial hospitalization, psychopharmacological evaluation, psychological evaluation, and Medication Assisted Treatment. The Therapist provides information and updates to the rest of the Drug Court team regarding a participant’s substance use treatment needs, mental health concerns, and adherence to treatment.

Team Members continued:

Case Manager – The Case Manager works in a collaborative way with the participant and the treatment providers to provide assessment and service-planning to support participants in their treatment and their long-term recovery. The Case Manager provides referral and linkages to other services and agencies in the community such as social services, housing, medical services, and educational programs. The Case Manager provides information and updates to the rest of the Drug Court team regarding the participants’ compliance with program rules, their overall progress toward goals, and any barriers they face.

Coordinator – The Coordinator, under the supervision of the Judge, is responsible for overseeing the Drug Court program, to ensure the program provides high-quality services in accordance with empirically-determined best practice standards for Drug Courts and meets the requirements of grantors and contracts. The Coordinator also acts as a liaison with the Drug Court Steering Committee, once it is formed, to help engage the larger community in supporting Drug Court.

Drug Court Administrative Program Coordinator: The Drug Court Administrative Program Coordinator under the supervision of the Director, Drug Court Services, and in accordance with applicable policies and procedures, is responsible for coordinating the administrative functions related to the successful operation of Drug Court services. This role includes creating reports to support the collection, reporting and maintenance of data related to the Drug Courts and scheduling and participating in Drug Court trainings and meetings. The Administrative Program Coordinator participates fully as a Drug Court team member, committing him or herself to the program, mission and goals and works as a full partner to ensure their success.

Supervision

In order to be admitted into Drug Court, you will be sentenced to probation or parole supervision. You will be required to meet the conditions of your probation or parole supervision, including but not limited to: remaining of good behavior (not committing any local, state, or federal crimes), meeting curfews; obtaining any permissions needed from your PPO for housing, travel, or work; attending all scheduled meetings with your PPO; and the payment of any restitution, fines, or fees as ordered by the Court. Upon pleading into Drug Court, you must report directly to the Probation and Parole office at 10 Center St., Wolfeboro, NH 03894.

Your PPO will conduct both scheduled and unannounced home visits to provide accountability for you as well as to assess your living environment so that the team can help you to address any issues that could potentially impact your recovery and rehabilitation.

Treatment

You will be assigned a Therapist from Blue Heron Neurofeedback & Counseling. Your therapist will meet with you individually for assessment, treatment planning, and therapy on a weekly basis. In addition, you will immediately begin participating in the Intensive Outpatient Program (IOP), which meets three or four times per week. This program utilizes a specialized curriculum that has been designed to provide treatment to individuals with substance use disorders who are at high risk to engage in continued criminal behavior.

As you make progress toward your individualized treatment plan goals, you will “step down” to treatment groups that meet less frequently and are designed to focus on the skills and changes needed for long-term recovery and rehabilitation. As part of your treatment plan, you may also participate in additional therapies including, but not limited to, psychopharmacological evaluation, Medication Assisted Treatment, behavior modification, or mental health treatment.

It is important to understand that you may require more intensive treatment than IOP if you continue to actively use or have a prolonged relapse. If your therapist makes the assessment that a higher level of care is necessary to help you obtain sobriety, then you may be required to complete an application, be admitted to an inpatient treatment program, and meaningfully participate and successfully complete that program.

*Failure to adhere to treatment recommendations, including referral to Inpatient Residential Treatment or compliance with their program rules, can result in sanctions as well as jeopardize your continued participation in Drug Court.

*Showing up to Treatment/Case Management/Group appointments under the influence will not be tolerated. You will be asked to leave and the appointment will be confirmed as “missed”.

Case Management

You will be assigned a Case Manager from Northern Human Services. Your Case Manager will meet with you individually for assessment and service planning. Initially, you and your Case Manager will work to address and resolve issues that could present barriers to your engagement in treatment such as housing instability, medical issues, child care and children’s needs, etc. As you make progress, you and your Case Manager will begin focusing on addressing long-term goals that support your continued recovery and rehabilitation such as education, work, financial management, and permanent housing.

With your Case Manager, you will work on a “Structured Time” plan that helps you to keep track of your weekly schedule that will include time for treatment, recovery activities, community service and, over time, work or educational activities. As with treatment, you are expected to adhere to your Structured Time Plan.

Court Hearings

Drug Court is held every Tuesday at 9:30 a.m. at the Carroll County Superior Court in Ossipee. As a Drug Court participant, you will be required to appear in court on a regular basis. The frequency of your appearances will depend on the Drug Court Phase you are in and your compliance with Drug Court rules. In Phase I and Phase II, you will be required to attend every week.

During hearings, you will sit at the front table before the Judge to discuss your compliance with Drug Court rules and your progress toward your treatment goals. The Judge will provide encouragement and constructive feedback, issuing incentives for positive behaviors and sanctions for failing to comply with rules or adhere to treatment.

Please demonstrate your respect for court by dressing appropriately, using appropriate language, avoiding conversation with others, avoiding gum chewing. Phones are to be turned off and put away unless you have permission from the team to use your phone during court.

Drug Court is open to the public. We encourage you to invite members of your support network to court to understand your participation in this program, recognize your progress, and support you.

Program Phases

Drug Court has 5 Phases that you must complete in order to successfully graduate from Drug Court. Each Phase has objectives that you must meet in order to move to the next Phase. Early phases focus on substance use treatment and addressing issues in your life that can interfere with treatment such as unstable housing, child care, or mental health issues. Middle phases focus heavily on treatment to address substance use and criminal behaviors. Later phases focus heavily on developing the foundations and supports you need in your life to be successful in long-term recovery. After graduation, you will continue with probation supervision and occasional check-ins with the Court as determined by the team.

The time spent in each phase depends on how quickly you are able to meet the required objectives. The times listed by each phase are general guidelines – the time may be longer than indicated or may be shortened if there is significant progress. The objectives of each phase are subject to change at the discretion of the Drug Court Team.

Program Phases continued:

Phase I (approximately 30 days)

The focus of Phase I is stabilizing into Drug Court. You will work on addressing issues that impact your engagement in treatment. In order to advance to the next phase, you must meet the following objectives:

1. Demonstrate compliance with treatment (for example, attending treatment appointments on time and following your treatment plan including referrals to outside services, etc.)
2. Demonstrate responsibility in meeting program rules and obligations (for example, program fees, communicating with case manager, etc.)
3. Have a transportation plan to ensure that you will be able to attend treatment and other necessary appointments
4. Demonstrate honesty about any drug or alcohol use
5. Have safe housing (even if temporary)
6. Resolve any issues that negatively impact your ability to participate in treatment (for example, child care, emergency medical issues, etc.)
7. Set initial treatment goals with your therapist
8. Establish a minimum of 14 consecutive days of sobriety.

Phase II (approximately 90 days)

The focus of Phase II is engaging and adhering to treatment. In order to advance to the next phase, you must meet the following objectives:

1. Demonstrate compliance with treatment (for example, attending treatment on time, participating actively in groups and therapy, and following treatment plan including referrals to outside services, etc.)
2. Demonstrate responsibility in meeting program rules and obligations (for example, program fees, communicating with case manager, etc.)
3. Demonstrate honesty about drug or alcohol use, risky behaviors, and activities.
4. Begin participating in a Criminal Thinking Intervention (for example, Thinking for Change)
5. Begin attending Peer Support or Recovery Support groups (for example, AA, NA, HA, Smart Recovery, etc.). (note: you don't need to attend the same meeting each week, you can explore different meetings and groups).
6. Have safe, stable housing.
7. Have a valid government ID.
8. Establish a minimum of 30 consecutive days of sobriety.

Program Phases continued:

Phase III (approximately 90 days):

The focus of Phase III is engaging in treatment and beginning to develop a strong foundation of positive, safe relationships and prosocial activities in your life to support your recovery. To advance to the next phase, you must meet the following objectives:

1. Demonstrate compliance with treatment (for example, attending treatment on time, participating actively in groups and therapy, developing treatment goals with your therapist, and following your treatment plan including referrals to outside services, etc.)
2. Demonstrate responsibility in meeting program rules and obligations (for example, program fees, communicating with case manager, etc.)
3. Develop a payment plan and begin making regular payments toward any restitution or fines.
4. Demonstrate honesty about drug or alcohol use, risky behaviors, and activities.
5. Actively participate in a Criminal Thinking Intervention (for example, Thinking for Change)
6. Start to form a recovery support network, including attending Peer Support or Recovery Support Meetings.
7. Begin to participate in prosocial activities to broaden your prosocial network.
8. Developed personal goals important to your recovery in areas such as education/career, family, housing, financial management, health/medical, etc. and begin making progress toward these goals.
9. Establish a minimum of 45 consecutive days of sobriety.
10. Decrease frequency of court appearances to every other week.

Phase IV (approximately 90 days):

The focus of Phase IV is engaging in treatment and continuing to strengthen the foundation of positive, safe relationships and pro-social activities in your life to support your recovery. To advance to the next phase, you must meet the following objectives:

1. Demonstrate compliance with treatment (for example, attending treatment on time, participating actively in groups and therapy, developing treatment goals with your therapist, and following your treatment plan including referrals to outside services, etc.)
2. Demonstrate responsibility in meeting program rules and obligations (for example, program fees, communicating with case manager, etc.)
3. Make regular, agreed upon payments toward any restitution or court fines.
4. Demonstrate honesty about drug or alcohol use, risky behaviors, and activities.
5. Successfully complete a Criminal Thinking Intervention (for example, Thinking for Change)
6. Establish a solid recovery support network, which includes both recovery support and pro-social activities.

Phase IV continued:

7. Make progress toward personal goals important to your recovery in areas such as education/career, family, housing, financial management, health/medical, etc.
8. Develop a Continuing Care Plan for Phase V.
9. Develop a plan to “Give Back” to the Drug Court Community. “Giving back” can take many forms, but it should benefit the local community.

a. The Community Give Back Project is a program that requires Drug Court participants to provide unpaid work that is aimed at giving something back to local communities and to repay the community. The Community Give Back Project is not merely the completion of community service, but rather a project that is chosen by one or more Drug Court participants to contribute their skills and/or labor to help improve the community.

b. Community Give Back Projects can include graffiti removal, environmental clean-up projects, or renovating community entities such as parks, playgrounds, or conducting food or clothing drives. These are just a few examples, and participants are encouraged to come up with their own projects that would benefit the community.

c. Community Give Back Projects must be directed to assisting the non-profit community in Carroll County. Those entities include, but are not limited to, churches, the Endeavor House, Agape, Goodwill, and/or the Salvation Army to mention a few.

d. All Community Give Back Projects must be coordinated with your Case Manager and be approved by the Drug Court Team.

10. Establish a minimum of 60 consecutive days of sobriety.
11. Decrease frequency of court appearances to every three weeks.

Phase V (approximately 90 days):

In Phase V, you will use your Continuing Care Plan as you prepare for graduation and post-graduation support. In order to graduate, you must meet Phase V objectives, which include:

1. Demonstrate adherence to treatment and your Continuing Care Plan.
2. Demonstrate responsibility in meeting program rules and obligations (for example, program fees, communicating with case manager, etc.)
3. Make regular, agreed-upon payments toward any restitution or court fines.
4. Demonstrate honesty about any drug or alcohol use, risky behaviors, and activities.
5. Be engaged in a solid recovery support network which includes both recovery support and pro-social activities.
6. Make progress toward personal goals important to your recovery in areas such as education/career, family, housing, financial management, health/medical, etc.

Phase V continued:

7. Participate in your “Give back” to the Drug Court community activity.
8. Develop a Continuing Care Plan for continued recovery post-graduation.
9. Establish a minimum of 90 consecutive days of sobriety.
10. Court appearances at least once a month.

Completion of Phase V – Graduation!

Graduation is followed by post-graduation support and probation as ordered. In addition, you will have occasional check-ins with the Court.

Incentives and Sanctions

We know that changing behavior can be difficult, so we want to support you in taking the actions needed that will lead to recovery and rehabilitation. Incentives are used as a way to support and reinforce positive behaviors that allow you to make progress toward goals. Incentives include such things as positive feedback from the Judge or the team, applause from your peers, and small tangible rewards such as gift cards or tokens you can turn in for other items. Phase promotions, which are associated with more privileges such as later curfews, etc., are also incentives.

Similarly, sanctions are used to discourage negative or risky behaviors. When you fail to comply with rules or engage in a negative or risky behavior, you can expect to receive a sanction to discourage such behaviors. Sanctions include such things as admonishment from the judge, written essay assignments, community service, or increased reporting requirements. It is important to understand that sanctions may also include being held temporarily in custody.

Incentives and sanctions are issued by the Judge, with recommendations from the Team. The final decision regarding incentives and sanctions will be up to the Judge.

By agreeing to participate in Drug Court, you waive the right to a prompt hearing. It is important to understand that you may be held in custody until the next drug court hearing and that the court will not schedule a separate bail hearing. Specifically, you agree to waive a prompt bail hearing and may be held up to 7 days before being heard at the next drug court session.

Healthy recovery choices/behaviors that will result in **incentives** include (but are not limited to):

- Progressing between phases of drug court program
- Progressing between phases of treatment
- One week of negative urine screens
- One week of positive program compliance
- Obtaining 30 days clean and sober
- Obtaining employment
- Continued positive program compliance
- Locating appropriate housing
- Completing educational program

This list will be modified periodically upon agreement of the team. It is not meant to list the only possible behaviors that can result in incentives.

Incentives & Sanctions continued:

Incentives for healthy recovery choices/behaviors may include (but are not limited to):

- Applause/Recognition
- Being heard first in court
- Being allowed to leave court early
- Gas/phone/necessities gift card
- Reduction in reporting requirements
- Reduction in fees
- Reduction in self-help meeting requirements
- Release from electronic monitoring
- Decrease in reporting to court
- Phase advancement / certificate
- Reduction of court fees, fines, and waiver of supervision fee

This list will be modified periodically upon agreement of the team. It is not meant to list the only possible incentives.

High-risk choices/behaviors that may result in **sanctions** include (but are not limited to):

- Missing treatment appointment, case management, self-help meeting, probation appointment or any other court ordered appointment
- Missing court session
- Missing Drug Testing
- Arriving late for court
- Failing to attend self-help meetings
- Failing to pay fines/fees/restitution/perform community service hours
- Lying or dishonesty
- Positive drug tests, depending on the circumstances.
- Associating with other offenders with exceptions for group meetings or Drug Court related activities
- Violating conditions of probation
- New criminal conduct

This list will be modified periodically upon agreement of the team. It is not meant to list the only possible behaviors that can result in sanctions.

Incentives & Sanctions continued:

Sanctions for high-risk choices/behaviors may include (but are not limited to):

- Apology letters
- Admonishment by judge
- Research papers/other homework assignments (for example, writing an essay on a topic to be read publicly in court)
- Additional community service hours
- Days in jail
- Increase in drug testing
- Increase in probation reporting requirements
- Increase in case management
- Day reporting
- Electronic monitoring
- Attendance at additional court sessions
- Issuance of a bench warrant

This list will be modified periodically upon agreement of the team. It is not meant to list the only possible sanctions.

Contested Hearing when Significant Sanction is Likely

Drug Court participants do not waive every right when they enter into the Drug Court program. One of those rights is the right to a contested hearing when there is a recommendation of a significant sanction, such as one or more nights in jail. This means that you can contest the evidence supporting the violation, if you deny you violated the rules of the program.

The hearing will be brief and will be held during or at the end of the regular Drug Court session. Prior to the hearing you will be notified (either verbally or in writing) of the conduct you engaged in that was a violation of the rules of Drug Court. You will have an opportunity to talk with the defense attorney team member about the process before the hearing.

Communication with the Team

It is important you are open and honest with the Drug Court Team **at all times**. This program cannot be effective unless the team understands what is going on with you. When you are honest about use, struggles, and challenges, we can work with you on a plan to address the issues. Because of the importance of honesty, please understand that a sanction for a negative behavior will always be greater if you are dishonest about the situation.

It is important that you reach out to your team for support if you feel an urge to use. If you use drugs or alcohol, we expect you to reach out and notify your therapist or Case Manager **immediately**. This may mean that you report your use in group, treatment, case management, or that you actively reach out to report by phone if you are not due to be meeting.

Prior to any drug test, you are required to indicate in writing any use within the last 14 days of prescription or over-the-counter (OTC) medications, illicit or illegal drugs or alcohol.

Police Contact

If you have police contact of any kind, you must report the contact immediately by phone to your PPO and your Case Manager.

You must keep the Court, your PPO, Case Manager, and Therapist informed of your current address and phone number at all times.

Remember, your PPO, Case Manager or Therapist may not be able to receive your call or return it immediately, especially out of normal business hours. For this reason, we expect you to *plan ahead*.

Emergency Situations

Therapists and Case Managers may give you their cell phone number to facilitate communication. **However, it is important to understand that your voicemail or text message may not be received or returned immediately, especially outside of normal business hours.** Because of this, it is important that you *plan ahead* to give your team sufficient time to respond to your requests. **In any mental health emergency, contact 911 or other Emergency Line your therapist gives you.**

Drug and Alcohol Testing

Throughout your participation in Drug Court, you will be required to participate in drug and alcohol testing. You will be tested on a random basis, several times per week, and you can expect that you may be tested on weekends and holidays in addition to weekdays. On any given day, you may be directed to test by a Drug Court team member even if your color has not been selected for testing that day.

For testing, you will be required to provide a urine sample. You will be observed when providing a sample to ensure that there is no tampering with the sample. There may be occasions when Drug Court team members will ask you to submit to breathalyzer testing, oral swabs, or a sweat patch in place of or in addition to providing a urine sample. You are required to follow their instructions to ensure the validity of the results.

You will be assigned a color and must check every morning to see if your color has been selected for testing that day (Your Case Manager will provide you with instructions).

*If for some reason the Color Line Website is not working, contact your Case Manager.

You will be notified in advance of any holidays when staff will be unavailable.

Trained staff will monitor the sample collection. You will be provided instructions on how to provide a sample by the monitor and will be expected to follow those instructions.

If a monitor suspects that a sample has been tampered, substituted, or adulterated, he or she may give additional instructions in order to verify that the sample is legitimate. We have also instructed the monitor to document, in writing, any observations leading them to believe a sample is not legitimate as well as any failures to comply with directions.

Please be patient, cooperative and respectful when working with the monitors. Disrespectful or abusive behavior will not be tolerated and will result in a sanction. If you encounter any concerns when working with a monitor, you should speak to your Case Manager or the Drug Court Coordinator about the issue.

Prior to any drug test, you are required to indicate in writing any use of prescription, OTC, illicit or illegal drugs or alcohol within the last 14 days; the monitors will collect the Testing Disclosure Form to pass along to Drug Court team members. It is your responsibility to seek out your treatment team, in a timely fashion, regardless of whether your color is called to report any use AND then to document it prior to a drug test.

Drug Testing continued:

Prescription and Over-The-Counter (OTC) medications may impact test results. For this reason, you must report any medication prescribed by a doctor and provide written documentation of this to your Therapist and Case Manager as well as follow the OTC Medication Agreement Form (Appendix C). Failure to do so could mean that you are sanctioned for not being honest before testing.

Falsifying or tampering with a test is prohibited. We test for indicators that a sample has been diluted or adulterated. In addition to positive tests, the following situations are considered positive results:

- *Dilution* –avoid drinking excessive amounts of water or other beverages before testing.
- *Adulteration*
- *Substitution*
- Failing to test, missing a test, or testing late.
- Failure to follow instructions by monitor to ensure the validity of the sample or test.
- Refusal to produce a sample or inability to produce a sample after 60 minutes.
- Inability to produce a sample of sufficient quantity for testing.
- Positive test results due to taking prohibited OTC medication or eating poppy seeds.

*Note regarding Diluted, Missed, or Late Tests: Diluted, missed, or late tests are considered positive tests and will generally result in a “reset” of a sober date. The team reserves the right to consider the specific circumstances associated with a diluted, missed, or late test when evaluating a participant’s sober time if a participant is otherwise eligible for Phase Promotion or graduation and if the circumstances indicate that there could be a valid reason for the diluted, missed, or late test.

If you dispute the results of a screening test, do not sign the test form and contact your Case Manager. You can also request a confirmation test. If the test confirms the positive results, you may be responsible for paying any associated lab fees and you may receive sanctions for dishonesty.

Drug Court Rules

As a Drug Court participant, you are required to follow the following rules. Failure to follow these rules may result in sanctions, up to and including termination.

I. Substance Use

- 1. You are required to abstain from the use of alcohol and controlled drugs, including synthetic substances. You are prohibited from selling, possessing, distributing, transporting or being in the presence of any controlled drugs, including synthetic substances. You are prohibited from possessing any alcohol.**
2. You are required to comply with drug testing and the rules around drug testing. *(See Section on Drug and Alcohol testing for more information on this.)*

Drug Court Rules/Substance Use continued:

3. You are required to inform all of your doctors, medical providers, dentists, emergency medical providers etc. that:
 - You have a substance use disorder.
 - You are involved in the Carroll County Drug Court.
 - You must not take any narcotic medication or product containing alcohol due to your substance use disorder and your participation in the Drug Court unless deemed medically necessary.
 - You authorize your medical/health care/social service providers to communicate about treatment with the applicable members of the Drug Court team (Therapists, Case Managers, and PPO) to coordinate care. Note: you must sign a written Release of Information with each provider.
4. All non-emergency narcotic prescriptions must be pre-approved by your Case Manager before being filled.
5. You must review and follow the Over-the-Counter (OTC) Medication Agreement Form (see Appendix C) to avoid taking any over-the-counter products that can be misused or interfere with drug testing results. If you have any questions regarding OTC medication, you must speak with your Case Manager in advance.

Rules continued:

6. You are required to be upfront and honest about any alcohol or substance use that you engage in. This means reaching out to your therapist and/or Case Manager to let them know of any slip or relapse as well as informing your IOP group as soon as you can after use. By being honest and upfront, team members and peers can help you develop a stronger plan to avoid slips or relapses in the future.

II. Residency and Living Arrangements

1. You must live within Carroll County while participating in Drug Court.
2. Your living situation and residence must be approved by your PPO and the Drug Court Team.
3. You must obtain prior permission from your Probation Officer to spend an overnight elsewhere. You must provide your PPO with the name and address of the person you wish to stay with.
4. You are not permitted to travel outside of New Hampshire without prior permission from your PPO.

III. Association with other Drug Court Participants

1. You are prohibited from associating or socializing with other Drug Court participants outside of Drug Court events (for example, court sessions or group sessions) unless you have obtained prior permission from the Drug Court team. The purpose of this rule is to encourage participants to remain focused on their own progress and needs while in treatment and, especially in the early stages of recovery, to avoid putting themselves in potentially risky situations.
2. You are not allowed to stay or live with another Drug Court participant except under very specific circumstances (for example, emergency shelters, sober living houses) as approved by the Drug Court team.
3. If you are related to or were involved in a past relationship with another Drug Court participant, you must inform the Drug Court team.
4. You are prohibited from engaging in an intimate relationship with another Drug Court participant except under very specific circumstances (for example, co-parenting relationships) as approved by the Drug Court team.

Rules continued:

5. You are not allowed to obtain a ride from or with another Drug Court participant, including to or from Drug Court events such as court sessions, treatment, drug testing, or self-help meetings without prior approval from Drug Court team.
6. You are not allowed to work with or for another Drug Court participant without prior authorization from the Drug Court team.
7. You are not allowed to sell, buy, trade, or barter items or services with another Drug Court participant.

IV. Treatment

1. You are required to participate actively in treatment and adhere to your treatment plan.
2. You are required to attend your treatment and case management sessions, groups, or other treatment requirements as scheduled and be on time. If you need to reschedule an individual treatment or case management session due to an emergency or other unavoidable issue, you must provide 24-hour advanced notice. Rescheduling is at the discretion of the staff member based on their schedule, and the team will determine whether the reason for rescheduling is valid. Group sessions cannot be rescheduled.
3. You are required to complete all assignments by deadlines given.
4. You are expected to be respectful of peers and treatment providers to ensure a safe, supportive environment for all. Abusive or threatening language or behavior is prohibited.

V. Other

1. You are required to pay a fee of \$10 per month no later than graduation and as you are able. Based on good cause, a portion of the fee may be waived by the judge.

Positive Conflict Resolution

At times, you may disagree with a plan or how a particular situation has been managed by the Drug Court. We encourage you to speak directly with the team or to your Defense Lawyer, Therapist, Case Manager or Probation Officer to discuss the situation. We believe that by discussing concerns directly, you will have an opportunity to develop a stronger working relationship with team members. We know that it isn't always easy to discuss issues that may involve strong emotions; if you feel uncomfortable speaking directly with the team member involved, you can ask that a team member who is not involved in the issue attend the conversation.

Case Meetings/ "Care and Concern" Meetings

If you are showing a pattern of failing to follow program rules or if you are not making progress in your treatment, members of the Drug Court team may meet with you to discuss the concerns in an effort to help you succeed. These meetings will establish expectations and develop a plan to move forward.

The purpose is to help you recommit yourself to the program if you are struggling. However, based on the circumstances, the team may recommend that termination is appropriate.

Termination from Drug Court

Warrants, new arrests, and/or convictions, or a violation of any aspect of your treatment plan, case plan, and rules of probation and/or parole supervision could result in termination from the Drug Court Program.

Other violations, which could result in termination, include the following:

- Refusal of substance abuse treatment or voluntary withdrawal from the program.
Note: Part of your treatment plan, case plan, and rules of probation and/or parole may require you to participate in inpatient treatment. Failure to comply with the requirements of the recommended level of treatment and the rules of treatment providers may result in termination.
- Refusal or failure to give consent to the release of information or the withdrawal of any release of information to outside providers of substance abuse treatment, mental health treatment, or other ancillary services.
- Lying or dishonesty

Termination continued:

- Repeated positive drug tests that show a pattern of use
- Failure to comply with the drug testing policy, housing policy, or any court order
- Any illegal activity, even if not arrested
- Falsifying or attempting to alter urine tests
- Use of any synthetic substances
- Violence or the threatened use of violence directed at anyone
- Attempts to encourage or support drug and alcohol use by other participants.
- Repeated non-compliance with Drug Court rules
- Sale of drugs is not tolerated in this program

The final decision to terminate a participant from Drug Court will be at the discretion of a Judge after an evidentiary hearing. If you face termination, you have the right to have an attorney represent you at this hearing as well as the right to choose to have the hearing held by the judge presiding over the Drug Court team or an alternate judge, if available.

Additional Information

This handbook outlines the basic principles, protocols and procedures of the Carroll County Drug Court Program. If you have any questions along the way, please be sure to ask the appropriate Team Member. We want you to be successful during this program and far beyond your time with us. We recognize that it won't be easy, but we feel *you are worth it!*

In support of your recovery and growth,

Carroll County Drug Court Team

APPENDIX A – Acknowledgement and Waiver of Rights

STATE OF NEW HAMPSHIRE

CARROLL COUNTY SUPERIOR COURT

**CARROLL COUNTY DRUG TREATMENT COURT
ACKNOWLEDGEMENT AND WAIVER OF RIGHTS**

State v. _____
Docket Number _____

I voluntarily plead guilty to each and every charge.

I will participate in drug treatment as directed by the Carroll County Drug Treatment Court (CCDTC) team and my treatment providers. I will obey all of the rules of the CCDTC and the rules of probation and/or parole.

I will submit to all random, supervised urine tests as directed by the PPO, the Court or other person associated with the CCDTC team.

I will attend all scheduled treatment meetings, court dates and other scheduled appointments, on time.

I will pay any program fees, court-ordered restitution or fines as directed by the court. I will have an opportunity to “earn down” some fees and fines, but not restitution, for excellent program participation.

I understand that failure to fully participate, failure to appear, positive urine tests and other program failures will result in sanctions being imposed on me. Sanctions may include being held in custody pending a court hearing. I waive the right to a more prompt hearing. I understand that I may be held in custody until the next drug court hearing. I understand that the court will not schedule a separate bail hearing. I agree to waive a bail hearing and may be held up to 7 days before I am heard on the issue.

I agree that any attempt to falsify a urine test is grounds for sanctions. I understand that a missed test will be considered a positive test result and will also be subject to sanctions.

I agree that the court may generally rely on a presumptive chemical test result. I may request a further confirming test but if I test positive, I will not only bear the cost of the test but will be subject to additional sanctions.

I consent to waive the confidentiality of any medical, treatment or social service records. Records may be shared with all members of the CCDTC team for purposes of reporting on my progress in the drug court program. If I withdraw this consent, I understand I will be terminated from the drug court program.

I understand that failure to appear for a court date will result in an immediate bench warrant and I may be held in custody until the next court date.

I understand that I must inform the PPO and all treatment staff of any prescription medication as well as over-the-counter medication that I am taking.

I understand that the average length of the drug court program is 18 months and that after graduating from the drug court program, I will continue on probation for up to 1 year or as directed by the Court.

I understand that my current attorney's involvement will end once the Court has accepted my guilty plea and I enter the drug court program. I understand the defense attorney member of the drug court team will have a different role from that of my attorney. I understand that I will typically speak on my own behalf during drug court sessions without the assistance of a lawyer. I understand that the team, including the judge and attorneys, will talk about me in team meetings when I am not present. I understand that these discussions will be conducted in a non-adversarial manner. If you are facing a significant jail sanction or termination, counsel will be appointed to advise and represent you.

I have been provided with the Participant Handbook and have read and understand all the terms and conditions associated with the program, including the section on Contested Sanctions.

Defendant Signature

Date

As counsel for the defendant, I have thoroughly explained all the components, requirements and expectations of the drug court program, including but not limited to the sanctions and rewards, possible jail time and an overall outline of the phases of the program. I believe the defendant fully understands the program and the consequences of this acknowledgement.

Counsel Signature

Date

As presiding judge of the Carroll County Drug Treatment Court, I have inquired of the defendant as to whether he/she understand the requirements of the drug court program and I am satisfied that he/she has a full understanding of the program.

Presiding Justice

Date

APPENDIX B – Carroll County Drug Court Contact Information

Address	Phone Number	Hours of Operation
Probation/Parole Office 10 Center St. Wolfeboro, NH 03894	(603) 539-4137	8:00 AM – 4:00 PM
Michael Deyak, CM Northern Human Services 25 West Main St. Conway, NH 03818	(603) 447-8111	See Tox Screen Webpage for testing guidelines Office Hours Mon – Fri 8:30 AM - 4:30 PM
Carroll County Attorney’s Office 95 Water Village Rd. Ossipee, NH 03864	(603) 539-7769	Mon – Fri 8:30 AM - 4:30 PM
NH Public Defender Justin Littlefield 408 Union Ave. Laconia, NH 03246 jlittlefield@nhpd.org	(603) 524-1831	Mon - Fri 8:00 AM – 5:00 PM
Jesse Friedman Friedman & Bresaw, PLLC 44 Main St. Meredith, NH 03253 jesse@fblawnh.com	(603) 707-4800	Mon – Fri 8:00 AM – 5:00 PM
Carroll County Dept. of Corrections 50 County Farm Rd. Ossipee, NH 03864	(603) 539-2282	See Tox Screen Webpage for testing guidelines
Carroll County Superior Court 96 Water Village Rd. #3 Ossipee, NH 03864	(855) 212-1234 Call Center (ask to speak with court staff)	Mon – Fri 8:00 AM – 4:00 PM
Bob Nylin, Coordinator Northern Human Services 69 Willard St Berlin, NH 03570	(603) 752-1005	Mon – Fri 7 AM - 4 PM

APPENDIX C – OTC Medication/Supplement Acknowledgement Form

Carroll County Drug Treatment Court
OTC Medication Acknowledgement Form

I, _____, understand that as a participant in Drug Court, I cannot take certain over-the-counter (OTC) medications commonly used for cold, allergies, or cough.

I understand that I am prohibited from taking allergy/cold/cough medication/supplements that contain any of the following:

- Alcohol
- CBD Oil
- Pseudoephedrine
- Dextromethorphan
- Phenylpropanolamine
- Doxylamine
- Diphenhydramine
- Creatine

I understand that examples of medication including such compounds include, but are not limited to:

- | | | |
|-------------|------------------|--------------|
| Actifed | Dayquil | Sinutab |
| Benadryl | Dimetapp | Sudafed |
| Benylin | Neo-Synephrine | Tylenol Cold |
| Comtrex | Nyquil | Vicks 44D |
| Contact | Robitussin Sinus | Vicks 44M |
| Coricidin D | Sine-Off | Zytrec-D |

I understand that it is my responsibility to ensure that any OTC medication I take does not contain the compounds listed above and understand that I should consult with a pharmacist about this as necessary. I understand that if I test positive due to taking any of these prohibited medications, it will be counted as a positive test and that I may be subject to sanctions.

I also understand that I must disclose any OTC medication taken when I complete the Testing Disclosure Form at any drug testing sample collection (urine screen).

Signature _____ Date _____

Clinician or Case Manager Signature _____ Date _____

Appendix D – Carroll County Drug Court Application Process

Review the Drug Court Program Handbook to ensure that you understand the rules, requirements and responsibilities of the program.

Complete the application, giving careful thought to your reasons for applying to the Drug 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 Drug Court Team and staff.

Review your application with your attorney. Both you and your attorney must sign and date the application.

You must submit the signed HIPPA waiver with your application.

Your attorney will then submit your application and waiver by email to Drug Court Director Bob Nylin, at bnylin@northernhs.org and Drug Court Administrative Program Coordinator Lauren Orsini at lorsini@northernhs.org. The Drug Court Team will screen your application and make a preliminary decision about whether you should be evaluated for the Drug Court program. Your attorney will notify you if you are approved to go on to assessment for the program.

If you are approved for an assessment, you must contact **NORTHERN HUMAN SERVICES** at **603-447-2111** to set up an appointment for the assessment.

The Drug Court team will review Northern Human Services' assessment and recommendations and will decide as a group if you meet the eligibility standards for participation in Drug Court.

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 Drug Court Team and staff.

Assessment for Drug Court is NOT a guarantee of acceptance into the program. The Judge will make the final decision regarding sentencing and whether to include Drug Court in any sentence you receive.

Carroll County Drug Treatment Court
ADMISSION APPLICATION

Docket # _____

Name: _____ Age: _____ DOB: _____ Race: _____ Hispanic: _____

Address: _____ Town: _____ ZIP _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Are you a US citizen? _____ Gender Identity: _____

Currently incarcerated: Y or N If yes, facility name: _____

Family and relationships:

Please name and give the relationships of supportive people in your life right now:

Marital Status: _____ Spouse Name/Significant other: _____

Do you have children: Y or N (circle one) If yes, how many: _____

Please list name and ages: _____

Living:

Address where you plan to live upon entering drug court _____

Time at current residence? _____ Number of times moved this past year? _____

Name, age and relationship of persons living with you: _____

Charge information:

Current charge(s) you are facing (in all courts): _____

Are you facing a probation or parole violation? Y or N

APPENDIX E- Application

Next court date that you are aware of: _____ Location: _____

Attorney's name: _____ Prosecutor's name: _____

Education:

Highest level of education (for example: high school diploma, GED, bachelor's degree, trade school:

_____ **Where?** _____

Have you ever been diagnosed with a learning disability? Y or N

If yes please explain _____

Have you taken any college classes? _____

Have you seen a vocational counselor before? Y or N

Employment:

Current Employer: _____

Length of time employed there: _____

Job title: _____ Job duties: _____

Unemployed _____ How long _____ Reason _____

Disability:

Do you receive Disability benefits: Y or N

If yes, what type: _____

Insurance

Do you have health insurance? Y or N

If you have health insurance; name of insurance: _____

Are you on Medicare/Medicaid? Y or N Do you have a primary physician? Y or N

Medical:

Do you have any medical problems that restrict your activities? Y or N

Explain: _____

Are you presently on prescriptions for medical reasons: _____

If yes, please name them and the dosage _____

Reason for medication: _____

Date of last physical: _____ where was the physical: _____

Mental Health:

Have you ever sought treatment for a mental illness? Y or N If yes please explain _____

Where and when did you receive treatment for mental illness? _____

Have you ever been diagnosed with a mental illness? Y or N If yes please explain _____

Are you currently taking, or have you ever taken or been prescribed medications for mental health reasons? Y or N

What medication / dosage? _____ For what? _____

Have you ever seen a Psychiatrist before? Y or N If yes please explain _____

Driving

Do you have transportation available? Y or N

Do you currently possess a driver's license? Y or N What state: _____

If N to above, when are you eligible to get your license back?

Substance Use

Prior Treatment/Counseling/Self-Help meeting attendance? (Please list places):

My Primary Drug(s) of dependency is/are: _____

My Drug(s) of abuse is/are: _____

Age of first use for each substance: _____

Northern Human Services
Carroll County Drug Treatment Court
HIPAA #1 / Application Release

I, _____
(Printed Name of Participant)

hereby authorize communication between Northern Human Services and the Carroll County Drug Treatment Court Team for the purpose of informing Northern Human Services of my history of arrests and criminal convictions to facilitate the assessment of my appropriateness for the Carroll County Drug Treatment Court program, and to assist the Drug Treatment Court Team in determining my eligibility for the program.

- I authorize the Carroll County Attorney's Office to disclose my criminal record to Northern Human Services and the other members of the Carroll County Drug Treatment Court Team as delineated below.

- I authorize Northern Human Services 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 Drug Treatment Court Team as delineated below.

Carroll County Drug Treatment Court Team:

Carroll Superior Court, Carroll County Attorney's Office, NH Public Defender's Office, Friedman & Bresaw, PLLC, Corrections/NH Division of Field Services, Carroll County Sheriff's Office, Northern Human Services, Blue Heron Neurofeedback & Counseling

(INITIAL boxes)

_____ I understand that the information released may include information pertaining to substance use counseling.

- The purpose of the disclosure authorized in this consent is to facilitate my assessment for the Carroll County Drug Treatment Court Program and to provide the members of the Carroll County Drug Treatment Court Team as delineated above the information necessary to determine my appropriateness for the program.
- I understand that my substance use disorder treatment records are protected under the federal regulations governing the Confidentiality of Substance Use Disorder 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 substance use disorder treatment records without the express written consent of the person to whom it pertains or as otherwise permitted by federal law. A Memorandum of Understanding of these regulations, which can be revised without consent has been signed by each member of the Carroll County Drug Treatment Court team.
- 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 Drug Treatment Court if I refuse to sign a release of information to allow communication among the members of the Drug Treatment Court Team.
- I understand that the information disclosed to the Drug Treatment Court Team will be used solely for the purpose of determining my appropriateness and eligibility for the Drug Treatment 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 Drug Treatment Court or there has been a formal termination of my participation in the Drug Treatment Court.
- I have read this release and understand its contents. I have also been provided a copy of this form.

Client's Signature (or authorized signature/relationship)

DOB

Date

Northern Human Services
Carroll County Drug Treatment Court
HIPAA #2 Plea Release of Information

_____, hereby consent to communication between

Northern Human Services and the Carroll County Drug Treatment Court Team:
Carroll Superior Court, Carroll County Attorney's Office, NH Public Defender's Office, Friedman & Bresaw, PLLC,
Corrections/NH Division of Field Services, Carroll County Sheriff's Office, Northern Human Services, Blue Heron Neurofeedback
& Counseling

- The purpose of and need for the disclosure is to inform the Carroll County Drug Treatment Court 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 use disorder treatment sessions, recovery support services and Drug Treatment Court 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 completion, termination or revocation of my participation in the Carroll County Drug Treatment Court including a period of post-graduation support or of my probation under which I was mandated into treatment.
- I understand that my substance use disorder treatment records are protected under the federal regulations governing Confidentiality of Substance Use Disorder Treatment 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 substance use disorder treatment records without the express written consent of the person to whom it pertains or as otherwise permitted by federal law. A Memorandum of Understanding of these regulations, which can be revised without consent has been
- 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 Drug Treatment Court if I refuse to sign a release of information to allow communication among the members of the Drug Treatment Court.
- I have read this release and understand its contents. I have also been provided a copy of this form.

Signature of defendant / client

DOB

Date

Signature of person Signing for Client

Relationship/Authority to Sign

Date

Form revised 1/2023