

NEW PHILADELPHIA MUNICIPAL RECOVERY COURT PARTICIPANT ACKNOWLEDGEMENT AND AGREEMENT

I am asking to enter the New Philadelphia Municipal Recovery (NPMR) Court program. All program requirements have been explained to me to my satisfaction. I have read the Participant Handbook and have received my own copy. I agree to comply with all of the program requirements set out in my Handbook.

A. Waiver of Rights

1. I understand that by entering the NPMR Court program I am WAIVING MY RIGHTS as follows:
 - Right to due process of law,
 - Right to be represented by an attorney,
 - Right to remain silent and right against self -incrimination,
 - Right to freely associate, and
 - Right against search and seizure of my person, property and bodily substances.

B. Treatment Plan

1. I have reviewed my Treatment Plan with my treatment provider and probation officer. I agree to comply with all of the requirements of my Treatment Plan, which may include detox in an inpatient facility, medication assisted treatment with Vivitrol or Suboxone, inpatient or outpatient treatment, group or individual therapy, sober support meetings, education, employment, and any other requirements of my individual plan. I understand that my treatment plan may be modified depending on my treatment needs.
2. I further understand that the Treatment Plan may be amended as I work the NPMC Court phases.
3. I understand that the minimum length of the program is 62 weeks consisting of four phases following and an orientation period. Advancement through each phase depends entirely upon the choices I make and my compliance with the program requirements. There are no pre-set phase timelines and I may be required to repeat all or part of a phase if I am non-compliant.
4. I will be required to complete all other conditions of sentence including payment of fines, court costs, restitution and supervision fees and completion of community service.

C. Treatment/Probation Meetings/Review Hearings

1. I will comply with all orders of the court, all NPMR Court program requirements, and all requirements of my treatment plan. I will attend all counseling and medical appointments, take any medications only as prescribed, attend all probation meetings, individual and group counseling sessions, sober support meetings, obtain a sober support sponsor, and attend hearings, appointments and other activities as required by the treatment or probation staff. I will submit to random contacts with, and searches by, probation staff at home and other locations.
2. I will sign all releases of information as requested.
3. I will follow the program's dress and conduct codes, respect the rights of other program participants and keep confidential all the participants' names and information heard in the review hearings or group sessions.

D. Community Control/Supervision

1. I understand that I will be placed on intensive, reporting probation in order to monitor compliance.
2. I will be required to provide saliva, urine, blood, breath and/or hair follicle samples for drug/alcohol testing on a frequent basis. I have read, understand and signed the New Philadelphia Municipal Court Drug Testing Policy and Procedure and I have received a signed copy of that document.
3. I understand that the following acts will be treated as a positive test and will be immediately sanctioned: failing to submit to testing, submitting an adulterated sample, submitting the sample of another individual or diluting a sample;
4. I understand that the probation staff will discuss my case and overall performance with the Judge and the Treatment Team in meetings and in ongoing communication with my treatment provider(s).
5. I understand that I have a right to request the attendance of defense counsel during the portion of the NPMR Court Treatment Team meeting concerning me and at my status review hearings.

E. Phases and Program Requirements

1. I understand that progress through the phases of NPMR Court is based on how well I comply with my treatment plan and the requirements of the NPMR Court program.
2. I understand that there are no pre-set timelines for completing each phase.
3. I agree to attend and fully participate in all Status Review hearings.

4. I understand that all Status Review hearings will be recorded.
5. I understand I must attend Orientation hearings weekly for the first two weeks and then Status Review hearings every week during the first phase of the program, every two weeks in phase two, and once a month in the third and fourth phases.
6. I understand that by complying with my treatment plan and NPMR Court, I may be rewarded for my compliance.
7. I understand that in order to successfully complete and graduate from NPMR Court, I must complete all the phases, remain abstinent from alcohol and drugs of abuse, and comply with all terms of my sentence.

F. Abstinance from Alcohol/Drugs

1. I will become and remain free from opiates and mood altering substances.
2. I will provide documentation of prescribed medications to the probation staff and adhere to all program requirements regarding medical treatment and prescribed and over-the-counter medications.
3. I understand that if I continue to abuse alcohol or drugs, sanctions will be imposed by the Judge.

G. Sanctions

1. I understand that sanctions will be imposed for noncompliance with program requirements as explained in the Participant Handbook. Sanctions will be immediate, graduated and individualized. I also understand that repeated non-compliance may result in termination from NPMR Court and could result in further sanctions including jail.
2. I understand that I may be terminated from NPMR Court for noncompliance with treatment, treatment resistance, new criminal conviction, a serious NPMR Court violation or continued series of violations, a serious probation violation or series of violations.
3. I further understand the consequences of termination from NPMR Court could be loss of future eligibility for NPMR Court, further legal action including revocation of probation and jail.

H. Medications from Physicians and Medical Treatment

1. I understand that it is my responsibility to inform all treating physicians that I am a recovering opiate addict and that I am subject to drug testing.
2. If a doctor believes that it is necessary to prescribe the medication such as narcotic pain medication or any other medication that will yield a positive drug screen, the physician must submit a letter to the probation staff stating that he/she

is aware of my status as a recovering addict, the need for this medication outweighs the risks and awareness of any medications used in my program (Suboxone or Vivitrol).

- 3. I must have such a letter prior to taking any medication that will cause a positive screen.
- 4. I understand that if I test positive and do not have a letter from the doctor, I will be sanctioned immediately.

I have read this Acknowledgement and understand this agreement, and I freely and voluntarily relinquish the rights discussed and agree to abide by all rules and conditions of the NPMR Court Program. I am signing this Agreement to participate in NPMR Court after consultation with my attorney.

Defendant

Date

Defense Counsel

Date

Prosecutor

Date

Judge

Date: _____

cc: _____ Prosecuting Attorney
Counsel for Defendant
Defendant
Probation Officer