

**IN THE COURT OF COMMON PLEAS
Clinton County, Ohio**

State of Ohio

Case No: CRI _____

vs.

Request for Admission
to the "You-Turn" Recovery Docket

Defendant

**ACNOWLEDGMENT OF PROGRAM TERMS AND POLICIES
FOR ADMITTANCE TO
THE YOU-TURN RECOVERY DOCKET AND
REQUEST FOR EVALUATION FOR PROGRAM ADMISSION**

I request to be placed in the Community Cares Program or the Intervention in Lieu of Conviction Fresh Start Program of the You-Turn Recovery Docket. I am willing to participate and comply with all the program terms and expectations set forth in the participant handbook. I understand that I will not be discriminated against if I meet the legal, clinical and other criteria. I will not be denied admission for the following: race, color, religion, gender, sexual orientation, nation origin, ancestry, age, citizenship, marital status, veteran status, disability, being indigent or unable to pay fines and costs.

1. I understand that by entering into the docket I will be waiving some of my rights, (A) such as the Right to Due Process, (B) Right to an Attorney except during treatment team meetings *where I have a right to be represented by counsel, with counsel appointed for me, if I am unable to pay for an attorney*, (C) Right To Remain Silent and Right Against Self-incrimination, (D) Right To Freely Associate, and (E) Right Against Unlawful Search and Seizure. I also understand that I have the ability to rescind these rights' waivers at any time and the consequence for rescinding the waivers may include unsuccessful termination from the docket.
2. I understand that I will be given a Court Services Plan and a Treatment Plan and I will have to comply with those plans. I further understand that the Court Services Plan and Treatment Plan will be amended as I progress through the Recovery Docket phases. The minimum length of the program is 18 months and will have three phases. Each phase will last up to six months and the first phase will include a two week orientation. I will be responsible for paying Court Costs, Restitution and Supervision fees. I may also have to complete community service.
3. I am expected to and willing to immediately attend all individual and group counseling sessions, educational sessions, and activities or assessments as required by my counselor.

4. I will also sign all necessary releases of information. I understand I will be placed in appropriate treatment programs as soon as possible and am required to attend. I understand that I will keep confidential all the participants' information and other information I hear in the review hearings or group sessions. I will cooperate with all treatment services outlined in my treatment plan and in any later or amended treatment plans from my licensed treatment provider including any additional assessments. I further understand that I may also have to attend community support meetings.
5. I understand that I am being placed on Community Control/Supervision in order to monitor compliance. I will be expected to report to the docket case manager, provide urine samples, and pay court costs, supervision fees and restitution. I understand that my probation officer will discuss my case and overall performance with the treatment team in bi-weekly meetings and in ongoing communication with my licensed treatment provider. I understand that I have a right to request the attendance of defense counsel at treatment team meetings concerning my progress at my own expense.

A. I understand that progress through the phases of the docket is based on how well I am doing with my treatment plan and complying with the requirements of the docket. There are no pre-set timelines for completing each phase. I will appear before the judge regularly throughout the program (twice monthly during orientation and Phase 1) and he will ultimately decide if I progress in the program.

B. I understand that repeated non-compliance with the requirements of my plans may result in my dismissal from the docket and could result in further community control sanctions. Sanctions may be graduated and may include jail time before a hearing is required. Furthermore, I understand that by complying with my treatment plan and the docket I will be rewarded.

C. I agree to attend all Status Review Hearings as a part of the important judicial interaction between the judge and myself. I understand at a minimum I will attend two review hearings monthly during the initial phase.

D. I understand that I am subject to random drug tests that are random, frequent and directly observed by a same sex collector.

E. I am expected to remain free from alcohol and all other illegal mood-altering substances up to and including designer drugs unless otherwise prescribed by a physician. Documentation of prescribed medications shall be provided to my supervision officer, the treatment facility and/or my counselor. I understand that if I continue to use that sanctions will be given and treatment plans may be amended to include a more appropriate level of care.

F. The You-Turn Recovery Docket uses the American Court Services Substance Abuse Monitoring (SAM) Program. Participants use their social security number as an identifier and must call an automated telephone system seven days a week,

365 days a year, to determine if they have been randomly selected to be tested that day by providing a urine sample. I understand that if I am late for a test or miss a test, it will be considered a positive test for drugs/alcohol and that I will be sanctioned. If I refuse to submit a urine sample, it will be reported as a refusal to test. I understand I must provide a urine sample which is negative for all drugs or I will be immediately sanctioned. Urine samples will also be analyzed for temperature, specific gravity, Creatinine and other chemical markers to ensure a valid specimen. I understand that if I fail to produce a urine specimen or if the sample provided is not of sufficient quantity, it will be considered as a positive test for drugs/alcohol and I will be sanctioned. I have been informed that drinking excessive amounts of fluids can result in a diluted urine sample and I understand that my urine sample will be tested to ensure the urine sample is not diluted. I will be allowed to provide only one urine sample for analysis. I understand that if I produce a diluted urine sample it will be considered as a positive test for drugs/alcohol and I will be sanctioned. I understand that substituting, submitting the sample of another, or adulterating my specimen, will be considered as a positive test for drugs/alcohol and will result in immediate sanctioning and may be grounds for revocation from the docket.

G. My entire test results will be reviewed at the Status Review Hearings. Furthermore, I understand that the judge will be notified immediately of any violations.

H. I understand that any non-compliance on my part will be governed by immediate and graduated sanctions.

6. I understand that in order to successfully complete and graduate from the docket I must complete all the phases, remain abstinent for 12 months, have complied with Community Control and/or Intervention In Lieu, and pay all costs, supervision fees, and restitution if ordered.
7. I understand that I will be terminated from the docket for continued non-compliance with treatment, including treatment resistance, new serious criminal conviction(s), a serious docket violation or continued series of violations, a serious Community Control Violation or series of violations. I further understand the consequences of termination from the docket could be loss of future eligibility for the docket, further legal action including revocation of Intervention In Lieu of Conviction, Notice/Motion to Revoke Community Control, and, depending on the circumstances, I may be subject to prison, jail or other penalties.
8. I understand that it is my responsibility to inform all treating physicians of my recovery from drugs/alcohol before I am given an addictive medication and that I am subject to drug testing. 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 urine screen, the physician must submit a letter stating that he/she is aware of my status as a recovering addict/alcoholic and the need for this medication outweighs the risks. I

must have a letter prior to taking any medication that will cause a positive screen. If I test positive and do not have a letter from my doctor, I will be sanctioned immediately. I further understand there may be over the counter medications that I may not take as well. In cases of emergency room care, I understand that all emergency room orders and discharge information will be made available no more than seven days upon release from the hospital and all prescription will have to be cleared by a primary care physician to continue taking the medications without sanctions. A pattern of visits to the emergency room for ailments that require opiate treatment may be brought back before the Court at the discretion of the treatment team. Furthermore, I understand that I must bring all of my prescriptions in the original bottle to my probation appointment as directed.

9. I understand that all Status Review Hearings will be recorded.

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 docket. After consultation with my attorney, I hereby sign the Agreement to participate in the docket.

Defendant (Printed)	Signature	DOB	Gender (M, F)	Date
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Street Number/POB	City	State	Zip Code
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Social Security Number	Phone number(s)	Email
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Counsel for Defendant (if applicable)	Date
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