

Montgomery County Court of Common Pleas Drug Treatment Court

Participant Handbook

Pathway to a Productive, Substance-Free Future since April 2006

MONTGOMERY COUNTY BOARD OF COMMISSIONERS

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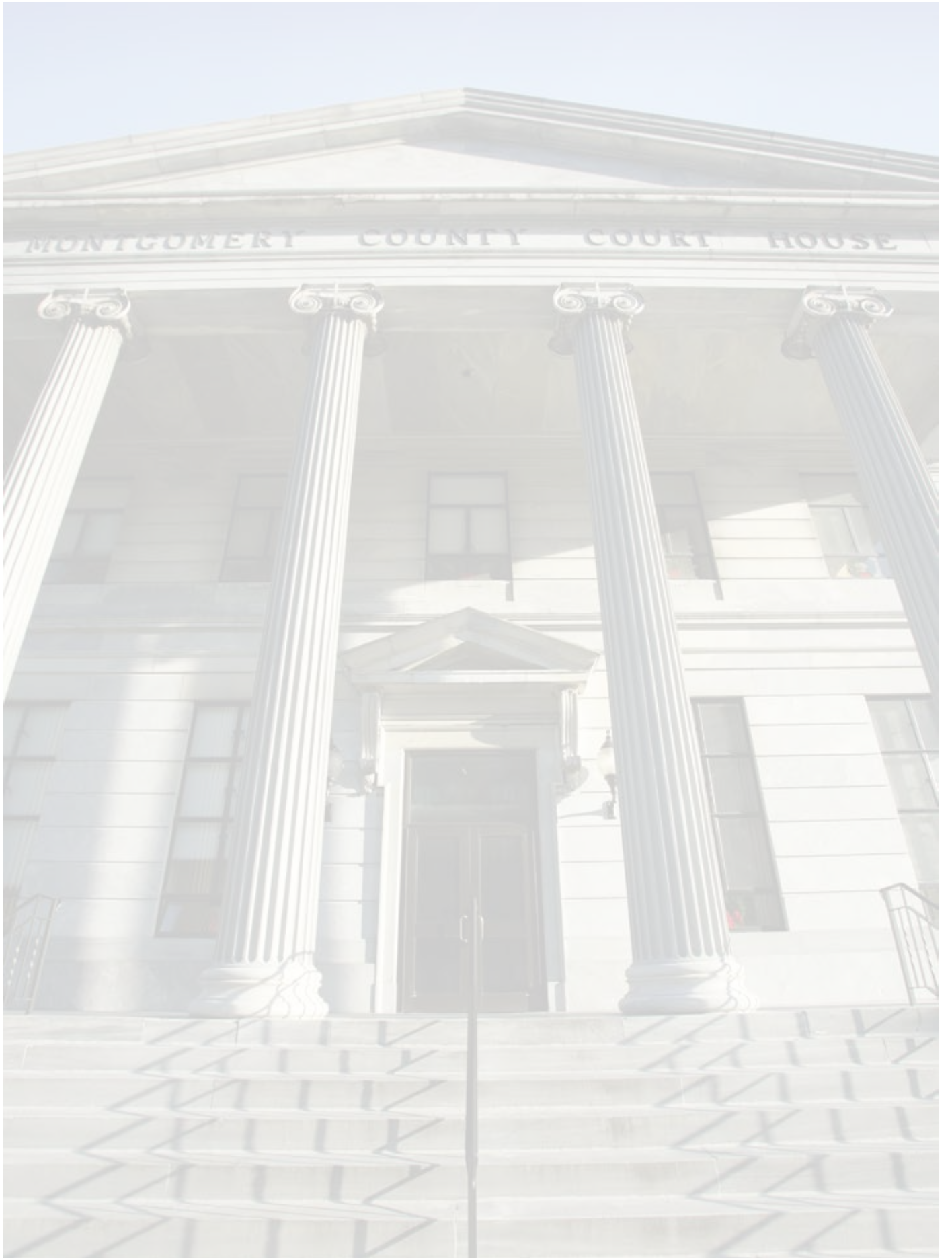




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WELCOME

Welcome to the Montgomery County Drug Treatment Court.

This handbook is designed to:

- Answer Your Questions
- Provide Information about Montgomery County's Drug Treatment Court

As a participant, you will be expected to be open, honest, and truthful. You must follow all of the instructions given in Court by the Judge, follow all of your terms and conditions of supervision, and comply with the treatment plan developed for you. Throughout the time you are in Drug Treatment Court, your Probation Officer and treatment provider will be working closely with you. They will also promptly report all of your progress and any problems to the Drug Treatment Court Judge.

This handbook will detail what is expected of you as a Drug Treatment Court participant and it will review general program information. If you are reading this handbook, it means that you have been accepted into Drug Treatment Court based on a look at your history of substance abuse and other contact with law enforcement and it also means that we are confident that Drug Treatment Court will help you to learn how to make successful choices free of the influences of drugs and alcohol.

OVERVIEW

What is Drug Treatment Court?

Drug Treatment Court is a special part of the Montgomery County Court of Common Pleas. It is a court-supervised treatment program for non-violent offenders with drug and/or alcohol related charges, who have a drug and/or alcohol addiction. Drug Treatment Court is a voluntary program that includes regular court appearances before the Drug Treatment Court Judge. If you successfully complete the Drug Treatment Court, you are eligible to:

Diversion Cases: *upon successful completion of the program, your charges may be dismissed and expunged.*

Recovery and RIP Cases: *upon successful completion you may earn the termination of your periods of supervision if all program conditions are met and all financial obligations to the Court are satisfied.*

Drug Treatment Court involves frequent court appearances, random drug testing, as well as drug and alcohol treatment. The program relies on a series of sanctions and rewards for your behavior. The sanctions for non-compliant behavior are imposed to instill a sense of responsibility for your actions. Sanctions can be implemented for, but not limited to, the following behaviors: positive urine(s); diluted urine(s); missed appointment(s) with your officer; missed Judicial Status Conference(s); missed 12-step meeting(s); failing to attend and participate in treatment. Sanctions can be, but are not limited to, the following: community

service; written essays; increased urine surveillance; increased reporting requirements; house arrest/electronic monitoring; GPS monitoring; alcohol monitoring testing; phase reduction; incarceration. The level of sanction imposed can be determined, to an extent, by your performance in the program as well as the nature of the violation itself.

Compliance with a highly structured and comprehensive program, as is the Drug Treatment Court program, is difficult. You have been struggling with addiction issues for some time and as a result have experienced few periods of success in your life. It is felt, that marking your successes in the program will promote a sense of accomplishment that has been lacking in your life. Therefore, the program borrows a page from the 12-step methodology and recognizes successful periods, by marking time spent in the program, with compliance rewards. The rewards may range from: a handshake from the Judge; public recognition for phase changes; officer and/or judicial appreciation; gift cards; key chains; certificates of completion. You are reminded that it is not the monetary value of the reward that matters but rather what the reward symbolizes, which is a period of success in your on-going battle with addiction.

What is a Treatment Plan?

To be accepted into Drug Treatment Court, you are required to follow a treatment plan. This begins with an evaluation and will require all or some of the following:

- Outpatient treatment, both group and individual
- Halfway house or transitional housing placement
- Intensive outpatient treatment
- 12-Step Meetings
- Inpatient/residential treatment

How Long Will I Be in the Program?

The program will last a minimum of 15 months. The Restrictive Intermediate Program (RIP) will last at minimum of 21 months. Participation credit is awarded to those who are active and compliant with all program requirements. Following commencement, a mandatory 6-month Alumni Phase will be required for all participants. After completion of the Alumni Phase, The Restrictive Intermediate Program (RIP) cases will be required to remain under supervision of Adult Probation and Parole Department for an additional 6-month period.





The Drug Treatment Court Team...

The Drug Treatment Court Team consists of the following members:

- The Judge
- Assistant District Attorney
- Public Defender
- Treatment Court Coordinator
- Probation Officers
- Treatment Providers

The team meets weekly to discuss your progress in the program and to formulate strategies to help insure a successful outcome for you. The discussions offer an opportunity for information sharing and allow team members to hear perspectives on you from those filling other roles on the treatment team. Often new strategies for supervision or treatment emerge from these meetings. The imposition of sanctions and the distribution of program rewards are also discussed.

What's in it for the Participant?

- **DISMISSAL OF CHARGES (DIVERSION CASES)** – If you successfully complete all of the conditions of the Drug Treatment Court, you will be eligible to have all the charges dismissed and expunged.
- **TERMINATION OF SUPERVISION (RECOVERY AND RIP CASES)** – If you successfully complete all the conditions of Drug Treatment Court, you will be eligible to have your period(s) of supervision terminated.
- **A SECOND CHANCE** – The program offers you the chance to move forward in your life with a new outlook and new skills.
- **A HEALTHY LIFESTYLE** – This program will help you take control of your life in many ways. Even more important than what you will learn not to do (such as abusing drugs & alcohol, and committing crimes) are the things you will learn how to do: being honest, reducing stress, becoming fully employed, rebuilding family relationships, and becoming a productive and responsible member of the community.

Your Probation Officer will also help you with other areas of your life according to your individual needs. This may include referrals for these and other needs:

- Job Training and Job-Readiness Training
- Educational/Vocational Programs

- Job Placement Services
- Family Counseling
- Life Skills Classes
- Public Assistance/Medicaid

*We are here to help,
but no one said
it would be easy.*

On the following pages you will find the steps involved in the program and information about some of the resources that you will need to use in order to succeed. There are many people who make up the Drug Treatment Court Team, remember that they all want to see you succeed.

Program Factors

To successfully complete Drug Treatment Court, you are required to be involved in several activities which will benefit and sustain your recovery. As a participant in the Montgomery County Drug Treatment Court, you will be required to:

- Engage in substance abuse treatment.
- Attend frequent Court sessions.
- Meet with your Probation Officer (PO) in your home, at work, in the community, and in the office.
- Submit to random urinalysis screenings.
- Attend support meetings (12-Step Meetings).
- Obtain employment, job readiness training, attend school/or obtain your GED.
- Pay court fines, costs, and restitution (if applicable).
- Complete community service.
- Pay treatment costs (insurance companies/medical assistance)
- All participants are to comply and successfully complete Alumni 6-month Phase Agreement (see Form L).

TREATMENT

Prior to your admission into Drug Treatment Court, you were assessed for your drug and alcohol treatment needs. As a Drug Treatment Court participant you are required to comply with all treatment recommendations. A treatment plan will be developed by you and your treatment provider(s). This plan will act as a guide for your treatment while in Drug Treatment Court and is subject to change based on your treatment needs.

You will work through your private insurance company for treatment when possible. If you do not possess your own insurance, you will go to the Department of Welfare and apply for Medical Assistance. You will then be referred for treatment at one of our approved agencies.

DRUG TREATMENT COURT HEARINGS

As a Drug Treatment Court participant, you will be required to appear in Drug Treatment Court on a regular basis. The number of times you must appear depends upon the phase of Drug Treatment Court you are currently in. Failure to appear will 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, speak with your Probation Officer.

Prior to the hearings, the Judge will be given reports regarding your drug test results, attendance, participation and cooperation in the treatment program, employment, or other requirements that may have been imposed. These reports will come from your Probation Officer, treatment provider, and the members of the team support programs with whom you are working (such as vocational specialists, family advocates, etc.).

The Judge will ask you about your progress and discuss any problems you may be having. If you are doing well you may be rewarded with reduced program requirements or, at times, other incentives. If your progress reports show that you are not doing well, the Judge will discuss this with you and determine future action, which could include a sanction in order to help you remember your goals in the program. Sanctions can be anything from increased program requirements to incarceration.

Courtroom Etiquette and Dress Code

When you speak to the Judge, say "Your Honor." The Drug Treatment Court's preparation for the workplace includes dressing appropriately for court. You will need to dress for court as follows:

- NO tank tops, muscle shirts, crop-tops, or shirts with obscene words or pictures.
- NO clothes with language or pictures advocating tobacco, alcohol, or drug use.
- NO sagging clothes (i.e., pants that hang below the waist).
- NO unbuttoned shirts.
- NO hats, caps or bandanas, no sunglasses unless approved by a doctor.
- NO gang attire or colors of any kind.
- NO cell phones or electronic devices of any kind.
- NO gum.
- If you wear any of the above to the courtroom, you may be sent home and it will be counted as a court absence and appropriate sanctions imposed.

ATTENDANCE

As a participant, you are required to attend all of your scheduled treatment sessions, probation appointments, all of your other appointments, and all of your scheduled court dates.

You are required to arrive on time for ALL Court sessions!

If you have an emergency, you should call to inform your PO, counselor, etc. of your situation. If you are late, you may not be allowed to attend and may be considered absent and face sanctions.

Your treatment schedule will vary according to your needs and progress. It is your responsibility to both schedule all needed appointments and to arrive on time for them.

PHASES OF DRUG COURT

The Montgomery County Drug Treatment Court will last a minimum of 15 months. There are five phases, each of which last a minimum of 90 days. The Restrictive Intermediate Punishment (RIP) Program will last a minimum of 21 months. There are five phases to the program. Phase I is a minimum of six months, with the exception of those who enter and successfully complete an inpatient facility at the beginning of program. Phase II, III, and IV is a minimum of four months. Phase IV (wings) is a minimum of three months. Both have the same phase requirements. The most highly structured and demanding is the first phase. This is when internal motivation is often at its weakest and the most support is necessary. As progress is made requirements are gradually lessened.

Both Montgomery County Drug Treatment and RIP program have the same phase requirements. The most highly structured and demanding is Phase I. This is when internal motivation is often at its weakest and the most support is necessary. As progress is made requirements are gradually decreased. To advance to the next phase, each participant must complete a petition and submit it for review and approval by the supervision and clinical team.

Remember, while there are certain things you must complete, your ability to move along in the program and graduate will depend mostly on your own actions. If you are not honest and truthful, if you miss appointments, ignore other requirements, or fail to remain drug and/or alcohol free, your time in the program could be extended, or you could be terminated from Drug Treatment Court.

PHASE I

- You are required to meet with your Probation Officer a minimum of one face-to-face contacts per week
- Frequent and random drug/alcohol testing
- Attend and participate in treatment as directed
- Attend 12-step program meetings as designated by the Court
- Establish a home group and a sponsor
- Seek and maintain full-time employment or education
- Appear weekly for a Judicial Status Conference (if you are unemployed you will be required to attend two times per week.)

PHASE II

- You are required to meet with your Probation Officer a minimum of three face-to-face contacts per month

- Frequent and random drug/alcohol testing
- Continue treatment
- Continue 12-step meetings
- Maintain employment or education
- Appear bi-weekly for a Judicial Status Conference

PHASE III

- You are required to meet with your Probation Officer a minimum of two face-to-face contacts per month
- Frequent and random drug/alcohol testing
- Continue treatment
- Continue 12-step meetings
- Maintain employment or education
- Appear at your Judicial Status Conference every three weeks

PHASE IV

- You are required to meet with your Probation Officer a minimum of one face-to-face contact per month
- Frequent and random drug/alcohol testing
- Continue treatment
- Continue 12-step meetings
- Maintain employment or education
- Appear monthly at the Judicial Status Conference

PHASE V

- You are considered “On Call” during this phase and may be called in at anytime for a meeting with your Probation Officer
- You will have to report several times during this phase for random drug testing as directed by your Probation Officer
- There are no mandatory probation or judicial contacts but you are expected to continue treatment, 12-step meetings, and employment or education

To advance Phases, you must have at least 90 days of clean drug and alcohol tests. You must submit the Phase Change Petition to your Probation Officer one week prior to your scheduled phase change (see Form I).

THE RULES

As a participant you will be required to abide by the rules and conditions outlined in the Rules and Conditions Governing Drug Treatment Court (Form B).

RELEASE OF INFORMATION AND CONFIDENTIALITY

All members of the team must be able to communicate about your eligibility and progress in the program. Upon entry into the program, you must sign releases so that the team has access to information relevant to your treatment. You must also sign additional releases as needed to arrange further treatment, counseling, or support service referrals. The disclosure of information is for the sole

purpose of hearings and reports concerning your specific Drug Treatment Court case.

State and Federal laws require that your privacy be protected. In response to these regulations, Drug Treatment Court, Drug Treatment Court staff, and treatment providers have developed policies and procedures that guard your privacy.

TESTING

You will be drug & alcohol tested randomly throughout your entire stay in the Drug Treatment Court. (See Form C)

- When you report, you must be prepared to provide a urine sample while being observed by a probation officer or the testing technician.
- Failure to appear for testing or to submit a sample will be considered as a positive test for Drug Treatment Court purposes.
- Diluting or attempting to contaminate a urine sample will be considered as a positive test for Drug Treatment Court purposes.
- You may be required to give other samples in addition to those required by our drug testing system.

Government Holidays: New Year’s Day, Martin Luther King Day, President’s Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran’s Day, Thanksgiving Day, Christmas Day,

If you attempt to submit a fake urine sample you will be prosecuted for a misdemeanor of the third degree under subsection 7509 of the Crimes Code “Furnishing Drug-Free Urine.”

THE FOLLOWING MEDICATIONS ARE NOT ALLOWED IN THE PROGRAM (Not limited to list):

1. Barbiturates
2. Narcotic pain medication such as Percocet, Darvocet, Oxycontin, etc.
3. Benzodiazepines such as Ativan, Valium, Xanax, Klonopin, etc.
4. Muscle Relaxers such as Flexoril
5. Sleep Aids such as Ambien or Soma
6. Stimulants such as Adderall or Ritalin
7. Over the counter (OTC) medications

THE FOLLOWING MEDICATIONS CAUSE A CROSS-REACTION WITH DRUG TESTING AND ALTERNATIVES SHOULD BE PRESCRIBED:

1. Effexor
2. Lamictal
3. Protonix
4. Sustiva
5. Zantac
6. Zoloft
7. Clarithromycin

Dietary supplements and vitamins must be approved by your

Probation Officer before you take them.

- Weight loss aids are prohibited/No Poppy Seeds
- Salvia, morning glory seeds, or any other such mood altering or hallucinogenic substance is strictly prohibited.

When visiting a doctor or the emergency room, you must notify any and all doctors that you are an addict and cannot take the medications listed above. You must receive permission from your Probation/Parole Officer prior to consuming and/or using any prescribed medication or any over the counter medication.

NO ALCOHOL!

You will be tested for alcohol. Because these tests are sensitive, it has become necessary for us to restrict and advise you regarding the use of certain alcohol-containing products.

It is your responsibility to limit your exposure to the products and substances below that contain ethyl alcohol.

It is your responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products before you use them.

Use of the products detailed below in violation of this contract will not be allowed as an excuse for a positive test result. When in doubt, don't use, consume, or apply.

- Cough syrups and other liquid medications
- Non-Alcoholic Beer and Wine
- Food and Other Ingestible Products that contain ethyl alcohol
- Mouthwash and Breath Strips
- Hand sanitizers
- Hygiene Products that contain ethyl alcohol
- Solvents and Lacquers

INCENTIVES OR REWARDS

Participants may be given rewards or incentives for compliant behavior while participating in Drug Treatment Court. Common rewards are:

- In court praise, encouragement, a handshake
- Public recognition for phase changes
- Reduced frequency of Drug Treatment Court hearings
- Decreased reporting to Probation Officer and Court
- Promotion to next phase
- Gift cards, key chains
- Certificates of completion
- Fines/costs reductions

You are reminded that it is not the monetary value of the reward that matters but rather what the reward symbolizes, which is a period of success in your on-going battle with addiction.

SANCTIONS

Remember...your actions speak louder than words. If you do not do what is required by Drug Treatment Court, this is what may happen:

- Written essays
- Increased urine testing
- Increased reporting requirements
- Community service
- House arrest/electronic monitoring; GPS monitoring; alcohol monitoring/testing
- Phase reduction
- Incarceration
- Termination from Drug Treatment Court

The level of sanction imposed can be determined, to an extent, by your performance in the program as well as the nature of the violation itself.

EDUCATION, VOCATION AND EMPLOYMENT PROGRAMS

An important step in recovery from substance addiction is developing self-sufficiency and becoming a productive and responsible member of your community.

During Phase 1 of the program, your Probation Officer will discuss opportunities for educational and vocational programs with you. A plan will be developed to meet your individual needs and interests; the purpose is to build a plan that will develop your education, employment, and life skills.

Your plan may include any of these areas:

LIFE SKILLS: perhaps you need help creating a budget to manage your living expenses, or pay back loans, or maybe you need to learn how to problem-solve, or make better decisions, or how to be a better parent. We can provide help or make referrals to other agencies in these and other areas where you feel you could use more information.

VOCATIONAL: to help you find job training in many fields.

EDUCATIONAL: resolve issues to help you return to school, achieve a GED, or begin higher education.

EMPLOYMENT: finding and keeping a meaningful/sustaining full-time job.

TERMINATION FROM DRUG TREATMENT COURT

Violations of any aspect of Drug Treatment Court may result in you being terminated from the program.

Violations which **MAY** result in sanctions or termination are:

- Dishonesty
- Positive or adulterated urine sample
- Failure to submit urine sample
- Unexcused absence from treatment
- Failure to follow treatment conduct rules
- Willful failure to pay fines, costs, and restitution as ordered
- Failure to attend Drug Treatment Court hearings without just cause
- Failure to report to your Probation Officer
- Failure to attend self-help group per treatment plan

Violations which **WILL** result in termination are:

- Possession or delivery of drugs
- Violent or abusive behavior at treatment site, program site, or other place of contact or participation
- New criminal charges that are held for court at a preliminary hearing
- Failure to comply with directives given by the Court
- Driving without a valid driver's license

You must be respectful in all of your interactions with the members of the Drug Treatment Court Team. Any disrespectful behavior will immediately be reported to the Court which may result in a severe sanction or your termination from the program.

You will not be asked to be an informant in this program. You will not be expected or be encouraged to discuss any information concerning anyone's behavior or progress except your own.

The Drug Treatment Court program is a voluntary program. The decision to discharge you involuntarily is the Judge's to make after consultation with the entire team.

Diversion and Recovery Case Discharge

Voluntary Discharge: you are free to request a voluntary discharge from the program at any time. However, Diversion cases are then relisted for trial. If you have a recovery case, you are then scheduled to be sentenced on your outstanding charge of probation, parole, and/or intermediate punishment violation and may be incarcerated, while awaiting hearing.

Involuntary Discharge: you may also be discharged involuntarily for violation of program rules and conditions and/or for new criminal charge(s). New criminal charges, above summary level that are either waived by you or held for court at the preliminary hearing stage, will be grounds for automatic discharge and will be added as a new violation to Recovery cases. In the event of an involuntary discharge, Diversion cases are then relisted for trial. If you have a recovery case, you are then sentenced on your outstanding charge of probation, parole, and/or intermediate punishment violation and may be incarcerated.

Restrictive Intermediate Punishment Discharge

R.I.P. Discharge: R.I.P. is only voluntary when you are being admitted to the Drug Treatment Court. If you are sentenced under R.I.P., you can only be discharged from the program through a violation, which may result in you being sentenced to a state correctional institution.

GRADUATION

Graduation is a time to celebrate your accomplishments which required commitment, perseverance, and hard work.

We encourage you to invite your family, friends, and other supportive persons to join you at your Graduation Ceremony and to celebrate your accomplishments.

The requirements for Graduation are:

- **Drug and Alcohol tests** – for the last 6 months of Drug Treatment Court, you must have all negative drug tests.
- **Treatment** – you will have successfully completed all treatment goals, and have established an approved Relapse Prevention Plan.
- **Employment** – you will be employed or be involved in a productive daily activity for at least the last 3 months of Drug Treatment Court.
- **Housing** – for the last 3 months of Drug Treatment Court, you will reside at an approved residence that is not likely to promote relapse.
- **Financial obligation** – you will be compliant with all fines, costs, supervision fees, restitution, and treatment costs.
- **Special conditions** – you will have completed all special conditions of Drug Treatment Court.
- **New arrests** – you will not have been arrested for any new criminal charges that result in a conviction.
- **Sign and understand Alumni requirements.**

A few more things...

You will be asked to fill out a Graduation Survey. The purpose of this survey is to measure how well Drug Treatment Court is doing. You will not be identified individually or sanctioned in any way for your answers.

DRUG TREATMENT COURT PHONE NUMBERS

Adult Probation & Parole: Main #: **610-992-7777**
 Fax #: 610-992-7778
 100 Ross Road, Suite 120
 King of Prussia, PA 19406

Montgomery County Public Defender's Office: **610-278-3295**
 Montgomery County Court House
 Swede & Airy Streets
 2nd Floor
 Norristown, PA 19404

Treatment Provider: _____

Phone Number: _____

Probation Officer: _____

Office Phone Number: _____

Cell Phone Number: _____

Testing Hotline: _____

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Form A

ADULT PROBATION – PAROLE DEPARTMENT
OF
MONTGOMERY COUNTY
PARTNERING FOR A BETTER TOMORROW



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MONTGOMERY COUNTY DRUG TREATMENT COURT SUPERVISION CASE PLAN

Participant: _____ Docket #'(s): _____

Required

Completed

- You may not use or possess alcohol or any product containing alcohol.
- You may not frequent bars, taverns and businesses whose primary function is to serve alcoholic beverages.
- You must reside in a residence that holds positive influences toward your rehabilitation.
- You may not associate with the following negative influences: _____
- You must successfully enroll, participate in and complete an approved treatment program: _____
- You must obtain a Psychiatric/Psychological evaluation and abide by any recommendations. _____
- Attend 12-step or similar program to increase structure in recovery. _____
- You are to take medication as prescribed. Namely: _____
- You are to obtain a GED to increase your opportunities at obtaining employment.
- You are to obtain and maintain full time school or employment.
- You are to attend job skills training at: _____
- Payment as per clerk of courts of fines/costs/restitution/supervision fees.

PHASE

- You are required to meet with your officer at least _____ times per _____ .
- You are required to report to Court: _____
- You will submit to random drug screening: _____
- You will be placed on House Arrest/Electronic Monitoring/GPS/Alcohol Monitor for a minimum of _____ days.
- You must observe curfew restrictions: _____
- You are required to give your PO search and seizure privileges to confiscate any drugs and/or alcohol.
- You are to complete _____ hours of community service, to better the community, at: _____
- You must complete the following Phase Project: _____
- You may not gamble or visit businesses whose primary function is for gambling.
- Other: _____
- Other: _____

APO: _____ Participant: _____

Date: _____ Date: _____

Participant Input: _____

Form B

ADULT PROBATION – PAROLE DEPARTMENT
OF
MONTGOMERY COUNTY
PARTNERING FOR A BETTER TOMORROW



MICHAEL P. GORDON
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MONTGOMERY COUNTY DRUG TREATMENT COURT RULES AND CONDITIONS GOVERNING DRUG TREATMENT COURT

You have been admitted as a participant in the Montgomery County Drug Treatment Court. You are therefore placed under the supervision of the Adult Probation and Parole Department and must comply with the following rules and conditions.

1. I agree to participate in the Montgomery County Drug Treatment Court for a period specified by the Court. I agree to participate at a minimum of 15 months for Pre-Trial Diversion and Probation/Parole Recovery cases. I agree to participate at a minimum of 21 months for Restrictive Intermediate (RIP) cases.
2. I will report, in person, as directed and follow any instructions of my probation/parole officer. I must make all court appearances as ordered by the Court.
3. I must comply with all local, state, and federal criminal laws. I will notify my probation/parole officer immediately if am arrested by any law enforcement agency. I understand I am to notify my probation/parole officer immediately if I am cooperating with any law enforcement agency. I will abide by the rules and conditions imposed by the Court and the Montgomery County Adult Probation/Parole Department. I will conduct myself in a manner that will not create a danger to myself or the community.
NOTE: As a Probation/Parole Recovery case participant, I understand that if I am arrested on new criminal charges they may be added to my list of violations being brought on my underlying violation case.
4. I will allow my probation/parole officer to make supervision visits to my residence. I am required to obtain permission from my probation/parole officer prior to changing my residence.
5. I understand my daily travel is limited to adjoining counties. I understand any travel beyond those counties, out of state, or overnight must be approved by my probation/parole officer 72 hours prior to the event. A travel permit must be obtained from my probation/parole officer prior to my departure.
6. I am required to obtain permission from my probation/parole officer prior to changing employment. If I lose my job, I must notify my probation/parole officer within 72 hours. If I am not gainfully employed, I must actively seek employment. The Court may also order attendance in employment counseling, GED prep course, further education as part of the program and/or any treatment program or other condition deemed necessary by the court.
7. I will pay all fines, costs, restitution, and supervision fees in monthly installments as directed by the Court. Payments are to be sent to the Clerk of Courts, Courthouse, P.O. Box 311, Norristown, PA 19404. Please be advised that in order to get proper credit for your payment, your name and docket number should appear on your check or money order. I am advised that all amounts over \$ 1,000 will cause a lien and filing fees to be placed against me. Further, that my failure to pay my fine, costs, restitution, and supervision fee as directed by the Court may result in my account balance being submitted to a collection agency. An additional 25% collection charge will be added to my account balance.
8. I will abstain from the unlawful possession, use, or sale of narcotics, other dangerous drugs, and drug paraphernalia. I will not possess or consume alcoholic beverages. I will avoid medications and/or topical gels containing alcohol. I will not take any prescribed narcotic medication, any prescribed pain medication, or any medication that may become addictive. I will request that prescription medication be non-narcotic and non-addictive. I am required to obtain permission from my probation/parole officer prior to consuming and/or using any prescribed medication or any over the counter medication. I will not consume poppy seeds or any food products containing poppy seeds. I will not consume diet pills or any weight loss medications. I will not use salvia, morning glory seeds, or any other mood altering or hallucinogenic substance.
9. I will submit to witnessed urinalysis, chemical testing, and/or other types of testing that may be randomly administered to ensure compliance with these conditions. I will be required to call the Adult Probation Department every morning, seven days a week to learn if I must report for testing.

Initials: Offender _____ A.P.O. _____

10. I will cooperate and participate in any medical, psychological, and/or psychiatric examination, test, treatment and/or counseling as directed by my probation/parole officer or the Court. I agree to complete any treatment program to the satisfaction of the Court.
11. I agree to sign any and all releases necessary for further the treatment aims of the Drug Treatment Court. I further agree to sign releases that will allow the Drug Treatment Court to review any diagnostic and treatment information.
12. I agree that if I test positive for any illegal drugs, non-approved medications, and/or alcohol, fail to appear in court as directed, fail to timely attend and/or participate in all treatment sessions, fail to abide by any condition imposed by the Court, or arrested on new criminal charges, the Court can impose sanctions within Drug Treatment Court rather than terminate my involvement. These sanctions may include, but are not limited to the following:
 - a. Modify my treatment program to include more intensive counseling or a residential program;
 - b. Order medical detoxification;
 - c. Community service;
 - d. Incarceration;
 - e. House arrest/electronic monitoring, GPS monitoring, and/or electronic monitoring indicating alcohol consumption;
 - f. Psycho educational or cognitive behavioral groups;
 - g. Extend the amount of time I am to be in the program;
 - h. Issue a warrant for my arrest;
 - i. If the bench warrant issued for my arrest remains outstanding for more than 30 days I understand I will be removed from the program without further notice. Furthermore, after the issuance of the warrant I understand that anytime at liberty may be added to any sentence imposed by the court.
 - ii. I understand I will be immediately incarcerated to await removal and disposition of my original charges and/or my original probation, parole, or intermediate punishment violation. NOTE: I understand if I am arrested on new criminal charges I will be subject to incarceration to await disposition of my original charges, and/or my original probation, parole, or intermediate punishment.
13. I will support my dependants, if any, and assume all my legal obligations for them. I shall associate with only law abiding persons and refrain from frequenting unlawful or disreputable places.
14. I will not knowingly supply false information to the Adult Probation/Parole Department and/or the Court.
15. I will not own, use, and/or possess any firearms, any type of lookalike firearm, lethal weapon, explosive, and/or ammunition. I will notify my officer of any firearms registered to me. Hunting is prohibited. Firearms and/or lethal weapons are prohibited in my residence and/or on my property.
16. I understand that if I am terminated or withdraw from the program I will only receive credit for jail time sanctions that I actually served during my participation in the program toward any current or future sentence of incarceration.
17. I understand that no matter what the circumstance I am not to drive any motor vehicle without a valid driver's license. I understand that if I am either witnessed by any member of the Drug Court Team or charged with Driving Under Suspension while I am participating in Drug Court I will be automatically discharged from the program.
18. I understand that anytime a sanction is to be imposed I may withdraw from the Program to avoid imposition of the sanction. However, if I do so, I will not be permitted to reapply or again participate in Drug Treatment Court. I AGREE THAT VOLUNTARY WITHDRAWAL FROM THE PROGRAM IS MY SOLE REMEDY FOR ANY SANCTION AND THAT I WILL NOT CHALLENGE THE LEGALITY OF A SANCTION IN ANY OTHER MANNER. THE ONLY EXCEPTION TO THIS CONDITION IS THE TESTING CHALLENGE PROCESS SET FORTH IN THE COLLOQUY. (RULE NOT APPLICABLE FOR R.I.P. CASES.)
19. I understand that at any time during my program participation the Drug Treatment Court Team may recommend re-assessment for program appropriateness. I further understand that as a result of that re-assessment I could be recommended for removal from the Drug Court Program. I understand I will be given written notice of the recommendation and notice of the scheduled recorded court review session. At the review session it will be determined by the Drug Treatment Court Judge whether to follow the removal recommendation. I may have counsel with me to assist me in responding to the treatment team recommendation, but, consistent with Drug Treatment Court philosophy, I must communicate directly with the Drug Treatment Court Judge.
20. I understand that should I be removed from Drug Treatment Court I may not file a legal challenge to that removal until my charges are finally resolved in this Court.
21. I understand upon successful completion of the Drug Treatment Court Program and successful completion of the 6 months Alumni Phase the following will occur. For approved Pre-Trial Diversion cases the court will dismiss my open charges in this action and will expunge that record. This means that public records of my arrest will be destroyed with the exception that the District Attorney's Office will maintain a record of my participation in this Program in order to determine future eligibility for this or other Court programs. For approved probation, parole, or intermediate punishment revocation matters or Restrictive Intermediate Punishment (RIP) cases, the docket number(s) will be closed and the record will still exist.

Initials: Offender _____ A.P.O. _____

- 22. For the combined ARD – Drug Treatment Court; I understand that to earn dismissal of the charges and expungement of my record I must successfully complete both the ARD and Drug Treatment Court. Removal from either program will result in my automatic removal from the remaining program.
- 23. I understand that the Montgomery County Adult Probation and Parole Department has the authority to search my person, place of residence, or vehicle upon reasonable suspicion of any criminal activity or violation of the conditions of the Drug Treatment Court Program.
- 24. Other Special Conditions: _____

I understand that if I leave the Commonwealth of Pennsylvania at any time I may be directed to return to Pennsylvania. I know that I may have a constitutional right to insist that Pennsylvania extradite me from any state where I may be found. This is commonly called the right to extradition. I also understand and acknowledge that I agree to return to Pennsylvania when ordered to do so. Therefore, I agree that I will not resist or fight any effort by any state to return me to Pennsylvania and I AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNTRILY AND INTELLIGENTLY.

ACKNOWLEDGEMENT OF PARTICIPANT

I hereby acknowledge that I have read or had read to me the foregoing conditions of the Drug Treatment Court Program and that I fully understand them and agree to follow them. I fully understand the penalties involved should I, in any manner, violate them.

Furthermore, if I believe my rights have been violated or are about to be violated by an employee of the Montgomery County Adult Probation and Parole Department, I may file a written complaint to their immediate supervisor, who will investigate the complaint and respond in writing to the complainant. If I feel the need for further appeal, I am to proceed in a similar fashion according to the chain of command in the department.

Adult Probation Officer: _____

Signature of Offender: _____

Date: _____

Date: _____

Form C

ADULT PROBATION – PAROLE DEPARTMENT
OF
MONTGOMERY COUNTY
PARTNERING FOR A BETTER TOMORROW



MICHAEL P. GORDON
CHIEF
TODD BERGMAN
DEPUTY CHIEF
KATHLEEN SUBBIO
DEPUTY CHIEF
STEPHANIE LANDES
DEPUTY CHIEF
ROBIN ELLIOTT
OFFICE MANAGER

100 ROSS ROAD, SUITE 120, KING OF PRUSSIA, PA 19406
Office 610-992-7777 Fax: 610-992-7778

MONTGOMERY COUNTY DRUG TREATMENT COURT ALCOHOL AND DRUG TESTING CONTRACT

Drug Treatment Court utilizes a Random Drug Testing System. The system operates as follows:

1. You will call the testing hotline telephone number **1-800-494-1250** everyday, 7 days a week from 4:00 am to 9:00 am.
2. You will be instructed to enter your donor code and last name.

Donor Code: _____

3. Upon finding that you have been selected for testing you are to report to the Montgomery County Department of Adult Probation and Parole as followed: **Monday thru Friday, 7:00 am to 10:00 am.**
Saturday, Sunday, and *Government Holidays, 8:00 am to 9:30 am.
4. Failure to appear for testing or to submit a sample will be considered a positive test for Drug Treatment Court purposes.
5. You may be required to give other samples in addition to those required by the Random Drug Testing System.

I have read the above notice and understand that I must comply with the testing requirements described therein to remain in Drug Treatment Court. Understanding that I may be subject to sanctions should I fail to comply with the testing requirements, I wish to enter or continue participation in Drug Treatment Court.

Signature: _____ Date: _____

* **Government Holidays:** *New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Christmas Day.*

Form D

ADULT PROBATION – PAROLE DEPARTMENT
OF
MONTGOMERY COUNTY
PARTNERING FOR A BETTER TOMORROW



MICHAEL P. GORDON
CHIEF
TODD BERGMAN
DEPUTY CHIEF
KATHLEEN SUBBIO
DEPUTY CHIEF
STEPHANIE LANDES
DEPUTY CHIEF
ROBIN ELLIOTT
OFFICE MANAGER

100 ROSS ROAD, SUITE 120, KING OF PRUSSIA, PA 19406
Office 610-992-7777 Fax: 610-992-7778

MONTGOMERY COUNTY DRUG TREATMENT COURT URINE ABSTINENCE TESTING AND INCIDENTAL ALCOHOL EXPOSURE CONTRACT Drug Treatment Court Participants

Recent advances in the science of alcohol detection in urine have greatly increased the ability to detect even trace amounts of alcohol consumption. In addition, these tests are capable of detecting alcohol ingestion for significantly longer periods of time after a drinking episode. Because these tests are sensitive, in rare circumstances, exposure to non-beverage alcohol sources can result in detectable levels of alcohol (or its breakdown products). In order to preserve the integrity of the Drug Treatment Court testing program, it has become necessary for us to restrict and advise you regarding the use of certain alcohol-containing products.

It is your responsibility to limit your exposure to the products and substances detailed below that contain ethyl alcohol.

It is your responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products before you use them.

Use of the products detailed below in violation of this contract will not be allowed as an excuse for a positive test result. When in doubt, don't use, consume or apply.

COUGH SYRUPS AND OTHER LIQUID MEDICATIONS:

Drug Treatment Court has always prohibited the use of alcohol containing cough/cold syrups, such as Nyquil®. Other cough syrup brands and numerous other liquid medications, rely upon ethyl alcohol as a solvent. You are required to read product labels carefully to determine if they contain ethyl alcohol (ethanol). All prescription and over-the-counter medications should be reviewed with your Probation Officer before use. Information on the composition of prescription medications should be available upon request from your pharmacist. Non-alcohol containing cough and cold remedies are readily available at most pharmacies and major retail stores.

NON-ALCOHOLIC BEER AND WINE:

Although legally considered non-alcoholic, non-alcoholic beers (e.g. O'Douls®, Sharps®) do contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed. You are not permitted to ingest non-alcoholic beer or non-alcoholic wine.

FOOD AND OTHER INGESTIBLE PRODUCTS:

There are numerous other consumable products that contain ethyl alcohol that could result in a positive test for alcohol. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts (such as Ginko Biloba), could result in a positive screen for alcohol or its breakdown products. Communion wine, food cooked with wine, and flambé dishes (alcohol poured over a food and ignited such as cherries jubilee, baked Alaska) must be avoided. Read labels carefully on any liquid herbal or homeopathic remedy and do not ingest without approval from your Probation Officer.

MOUTHWASH AND BREATH STRIPS:

Most mouthwashes (Listerine®, Cepacol®, etc.) and other breath cleansing products contain ethyl alcohol. The use of mouthwashes containing ethyl alcohol can produce a positive test result. You are required to read product labels and educate yourself as to whether a mouthwash product contains ethyl alcohol. Use of ethyl alcohol-containing mouthwashes and breath strips by you is not permitted. Non-alcohol mouthwashes are readily available and are an acceptable alternative. If you have questions about a particular product, bring it in to discuss with your Probation Officer.

HAND SANITIZERS:

Hand sanitizers (e.g. Purell®, Germex®, etc.) and other antiseptic gels and foams used to disinfect hands contain up to 70% ethyl alcohol. Excessive, unnecessary or repeated use of these products could result in a positive urine test. Hand washing with soap and water are just as effective for killing germs.

HYGIENE PRODUCTS:

Aftershaves and colognes, hair sprays and mousse, astringents, insecticides (bug sprays such as OFF®) and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol (or its breakdown products) excessive, unnecessary or repeated use of these products could affect test results. You must use such products sparingly to avoid reaching detection levels. Just as the court requires you to regulate your fluid intake to avoid dilute urine samples, it is likewise incumbent upon you to limit your use of topically applied (on the skin) products containing ethyl alcohol.

SOLVENTS AND LACQUERS:

Many solvents, lacquers and surface preparation products used in industry, construction, and the home, contain ethyl alcohol. Both excessive inhalation of vapors, and topical exposure to such products, can potentially cause a positive test result for alcohol. As with the products noted above, you must educate yourself as to the ingredients in the products they are using. There are alternatives to nearly any item containing ethyl alcohol. Frequency of use and duration of exposure to such products should be kept to a minimum. A positive test result will not be excused by reference to use of an alcohol-based solvent. If you are in employment where contact with such products cannot be avoided, you need to discuss this with your Probation Officer. Do not wait for a positive test result to do so.

I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES:

Participant Signature: _____ Date: _____

PO Initials: _____

Form E

MONTGOMERY COUNTY DRUG TREATMENT COURT
PAIN MANAGEMENT AGREEMENT

I understand that Dr. _____ is prescribing opioid pain medication to assist me in managing chronic pain that has not responded to other treatments. The risks, side effects and benefits have been explained to me, and I agree to the following conditions of opioid treatment. Failure to adhere to these conditions will result in discontinuing the medication.

The medication must be **SAFE AND EFFECTIVE**. The goal is to use the lowest dose that is both safe and effective.

The medication must assist me to **FUNCTION BETTER**. If my activity level or general function gets worse, the medication will be changed or discontinued.

I will participate in **OTHER TREATMENT** which Dr. _____ recommends; and will be ready to taper or discontinue the pain medication as other effective treatments become available.

I will take my medications exactly **AS PRESCRIBED** and will not change the medication dosage or schedule without Dr. _____'s approval.

I will keep **REGULAR APPOINTMENTS**.

ONE DOCTOR. All opioid and other controlled drugs for pain must be prescribed only by Dr. _____.

If I have another condition that requires the prescription of a controlled drug (like narcotics, tranquilizers, barbiturates, or stimulants); or if I am hospitalized for any reason, I will inform the Dr. _____ within **ONE BUSINESS DAY**.

I will designate **ONE PHARMACY** where all my prescriptions will be filled.

I understand that lost or stolen **PRESCRIPTIONS WILL NOT BE REPLACED**, and I will not request early refills.

I agree to **ABSTAIN FROM ALL ILLEGAL AND RECREATIONAL DRUGS**, and will provide urine or blood specimens at the doctor's request to monitor my compliance.

Have you ever had a previous problem with addiction to alcohol or narcotic medication or been in rehabilitation for such in the past?
 YES **NO** (check one)

I understand that if any of the above eleven conditions are broken on my part, Dr. _____ will begin a taper of my opioid medication.

Patient's Signature: _____ Date _____

Staff's Signature: _____ Date _____

Form F

MONTGOMERY COUNTY DRUG TREATMENT COURT
COMMUNITY SERVICE LOG

Offender's Name: _____

Agency: _____

Work Site Supervisor: _____

Probation Officer's Name: _____

PO's Phone Number: _____

Date: _____

Date: _____

Date of Service	Hours attended	Authorized Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total hours completed: _____

Worker Signature: _____

Supervisor's Signature: _____

Please notify the supervising PO immediately regarding any problems.

Return completed forms monthly to: **Montgomery County Adult Probation and Parole Department**
100 Ross Road, Suite 120
King of Prussia, PA 19406
610-992-7777 • Fax 610-992-7778

Form G

ADULT PROBATION – PAROLE DEPARTMENT
OF
MONTGOMERY COUNTY
PARTNERING FOR A BETTER TOMORROW



MICHAEL P. GORDON
CHIEF
TODD BERGMAN
DEPUTY CHIEF
KATHLEEN SUBBIO
DEPUTY CHIEF
STEPHANIE LANDES
DEPUTY CHIEF
ROBIN ELLIOTT
OFFICE MANAGER

100 ROSS ROAD, SUITE 120, KING OF PRUSSIA, PA 19406
Office 610-992-7777 Fax: 610-992-7778

MONTGOMERY COUNTY DRUG TREATMENT COURT WEEKLY VERIFICATION FORM FAX: 610-992-7798 – DUE MONDAY 8:00AM

Adult Probation Officer: _____ Phone Number: _____

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Emergency Contact : _____ Phone: _____

Employer Work Address: _____ Employer Phone: _____

Fines and Costs Payment Date and Amount: _____ HS Grad Date/GED Date: _____

Home Group (*include address*): _____

Sponsor: _____ Color: _____

	Work Hours	Treatment Hours	NA/AA Meetings (Address & Time)	Chair Initial
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

BY SIGNING BELOW I AM VERIFYING THE ABOVE INFORMATION IS COMPLETE, TRUE AND ACCURATE.
I UNDERSTAND I MAY BE SANCTIONED IF THIS FORM IS INCOMPLETE.

Signature: _____ Date: _____

Form H

MONTGOMERY COUNTY DRUG TREATMENT COURT PHASE REQUIREMENTS

Honorable Steven T. O'Neill, Judge

	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
PROGRAM REQUIREMENTS	Clean urines	Clean urines	Clean urines	Clean urines	Clean urines: No call/no color. Called in randomly
	Treatment-engaged and not missing any sessions Minimum of 2-4 times per week	Treatment-engaged and not missing any sessions	Treatment-engaged and not missing any sessions	Treatment-engaged and not missing any sessions	Treatment-engaged and not missing any sessions
	APO Meetings	APO Meetings	APO Meetings	APO Meetings	Random meeting with APO
	F/C or CS (10 hours)	F/C - \$100 month	F/C - \$100 month	F/C - \$100 month	F/C - \$100 month
	Weekly Verification	Weekly Verification	Weekly Verification	Weekly Verification	Weekly Verification
	Court attending all required sessions Minimum of 1 time per week	Court attending all required sessions	Court attending all required sessions	Court attending all required sessions	Court attending all required sessions
	Job search/readiness programs, employment of 27.5 hours per week, therapeutic community service of 20 hours per week or enrolled in school	Employment/ Education (27.5 hours per week)	Employment/ Education (27.5 hours per week)	Employment/ Education (27.5 hours per week)	Employment/ Education (27.5 hours per week)
	Case Plan completed	Addressing behaviors tied to the Case Plan	Reassess the Case Plan and address behaviors	Addressing behaviors tied to the Case Plan	
RECOVERY REQUIREMENTS	90-90 Unless otherwise directed	3-5 meetings a week	3-5 meetings a week	3-5 meetings a week	3-5 meetings a week
	Obtain Sponsor	Sponsor comes to Court	Sponsor comes to Court	Meet with Sponsor again	
	Home Group	Home Group and in service	Home Group and in service	Home Group and in service	Home Group and in service
	Familiarize self with the 12-step process	Start step-work	Active step-work/ verified with Sponsor	Active step-work/ verified with Sponsor	Mentor a person within DTC approved by your APO
					**Graduation application given and due within 1 month



**Any relapse will require 30 meetings in 30 days. (Regardless of Phase.)

Form I-1

**MONTGOMERY COUNTY DRUG TREATMENT COURT
PHASE CHANGE PETITION: PHASE I TO PHASE II**

I, _____, hereby petition the Montgomery County Drug Court Program to move from **Phase 1 to Phase 2** for the following reasons:

1. My sobriety date is _____. I am compliant with the Montgomery County Drug and Alcohol Testing System.
2. I have complied with my treatment at _____ (agency). I have attended all my scheduled appointments and am up to date on payments of costs associated with my treatment.
3. I am participating in 12-step meetings _____ times per week which has been verified by Montgomery County Drug Court staff and recommended by my treatment provider.
4. I have obtained a sponsor or temporary sponsor.
5. I have completed a relapse prevention plan, which is attached to this document. I have reviewed this plan with my treatment provider _____, and Montgomery County Drug Court staff.
6. I am in a stable residence that has been approved Montgomery County Drug Court Staff.
7. I am involved in employment, or school/vocational training, or am completing weekly community service hours described below:

8. I am current in my payments towards court costs and restitution (if applicable) of \$ _____ per month.
9. Attach a sheet explaining the most important thing you have learned during Phase I.

Participant Signature: _____ Date: _____

Drug Court Officer Signature: _____ Date: _____

ATTACH: Relapse Prevention Plan and sheet explaining the most important thing you learned during Phase 1.

Due 1 week prior to your scheduled court date for phase promotion.

Form I-2

**MONTGOMERY COUNTY DRUG TREATMENT COURT
PHASE CHANGE PETITION: PHASE II TO PHASE III**

I, _____, hereby petition the Montgomery County Drug Court Program to move from **Phase 2 to Phase 3** for the following reasons:

1. My sobriety date is _____. I am compliant with the Montgomery County Drug and Alcohol Testing System.
2. I have complied with my treatment at _____ (agency). I have attended all my scheduled appointments and am up to date on payments of costs associated with my treatment.
3. I am participating in 12-step meetings _____ times per week which has been verified by Montgomery County Drug Court staff and recommended by my treatment provider.
4. I have obtained a sponsor and am completing 12-step work.
5. I have revised my relapse prevention plan, which is attached to this document. I have reviewed this plan with my treatment provider _____, and Montgomery County Drug Court staff.
6. I am in a stable residence that has been approved Montgomery County Drug Court Staff.
7. I am involved in employment, or school/vocational training, or am completing weekly community service hours described below:

8. I am current in my payments towards court costs and restitution (if applicable) of \$ _____ per month.
9. Attach a sheet explaining the most important thing you have learned during Phase 2.

Participant Signature: _____ Date: _____

Drug Court Officer Signature: _____ Date: _____

ATTACH: Relapse Prevention Plan and sheet explaining the most important thing you learned during Phase 2.

Due 1 week prior to your scheduled court date for phase promotion.

Form I-3

**MONTGOMERY COUNTY DRUG TREATMENT COURT
PHASE CHANGE PETITION: PHASE III TO PHASE IV**

I, _____, hereby petition the Montgomery County Drug Court Program to move from **Phase 3 to Phase 4** for the following reasons:

1. My sobriety date is _____. I am compliant with the Montgomery County Drug and Alcohol Testing System.
2. I have complied with my treatment at _____ (agency). I have attended all my scheduled appointments and am up to date on payments of costs associated with my treatment.
3. I am participating in 12-step meetings _____ times per week which has been verified by Montgomery County Drug Court staff and recommended by my treatment provider.
4. I have a sponsor and am completing 12-step work.
5. I have revised my relapse prevention plan, which is attached to this document. I have reviewed this plan with my treatment provider _____, and Montgomery County Drug Court staff.
6. I am in a stable residence that has been approved Montgomery County Drug Court Staff.
7. I am involved in employment, or school/vocational training, or am completing weekly community service hours described below:

8. I am current in my payments towards court costs and restitution (if applicable) of \$ _____ per month.
9. Attach a sheet explaining the most important thing you have learned during Phase 3.

Participant Signature: _____ Date: _____

Drug Court Officer Signature: _____ Date: _____

ATTACH: Relapse Prevention Plan and sheet explaining the most important thing you learned during Phase 3.

Due 1 week prior to your scheduled court date for phase promotion.

Form I-4

**MONTGOMERY COUNTY DRUG TREATMENT COURT
PHASE CHANGE PETITION: PHASE IV TO PHASE V**

I, _____, hereby petition the Montgomery County Drug Court Program to move from **Phase 4 to Phase 5** for the following reasons:

1. My sobriety date is _____. I am compliant with the Montgomery County Drug and Alcohol Testing System.
2. I have complied with my treatment at _____ (agency). I have attended all my scheduled appointments and am up to date on payments of costs associated with my treatment.
3. I am participating in 12-step meetings _____ times per week which has been verified by Montgomery County Drug Court staff and recommended by my treatment provider.
4. I have a sponsor and am completing 12-step work.
5. I have revised my relapse prevention plan, which is attached to this document. I have reviewed this plan with my treatment provider _____, and Montgomery County Drug Court staff.
6. I am in a stable residence that has been approved Montgomery County Drug Court Staff.
7. I am involved in employment, or school/vocational training, or am completing weekly community service hours described below:

8. I am current in my payments towards court costs and restitution (if applicable) of \$ _____ per month.

9. I have completed my Drug Court Presentation.

Participant Signature: _____ Date: _____

Drug Court Officer Signature: _____ Date: _____

ATTACH: Relapse Prevention Plan.

Due 1 week prior to your scheduled court date for phase promotion.

Form J

**MONTGOMERY COUNTY DRUG TREATMENT COURT
GRADUATION REQUIREMENTS**

I understand the following requirements are necessary for my successful completion of Drug Treatment Court

1. DRUG AND ALCOHOL TESTS:

For the last six months of Drug Treatment Court, I will submit only negative test results.

2. TREATMENT:

I will successfully complete all treatment goals and create an approved Relapse Prevention Plan.

3. EMPLOYMENT:

I will be employed or involved in a productive daily activity for at least the last three months of Drug Treatment Court.

4. HOUSING:

For the last three months of Drug Treatment Court, I will reside at an approved residence that is not likely to promote relapse.

5. FINANCIAL OBLIGATION:

I will pay in full all my fine, costs, restitution, supervision fees and treatment costs before the completion of Drug Treatment Court.

6. NEW ARRESTS:

I will not incur any new arrests while in Drug Treatment Court.

7. SPECIAL CONDITIONS:

I will complete any and all special conditions ordered by Drug Treatment Court, including the completion of the Phase 4 Project.

I understand and agree that failing to complete the above requirements will delay my graduation and may lead to termination from Drug Treatment Court.

Adult Probation Witness: _____

Date: _____

Signature of Participant: _____

Date: _____

Form K

MONTGOMERY COUNTY DRUG TREATMENT COURT
APPLICATION FOR GRADUATION

Name: _____ Date: _____

Please answer the following questions in as much detail as possible.

How long have you been clean and sober?

Do you have a permanent 12-step sponsor/sponsor's name?

How long have you had this sponsor?

Did your PO meet with your current sponsor at your Phase 4 phase change (9 months)?

When did you begin working the 12 steps? What step are you working on currently?

Has having a sponsor been helpful to you?

If so, how was your sponsor helpful?

Besides your sponsor, describe your support systems?

What and where is your home group in AA/NA/GA? Do you plan to continue with that home group?

Are you in service, and if so, in what capacity?

How long have you been employed? Where are you employed?

What kind of work do you do?

Were you required to obtain your GED while in drug court? YES NO

Did you obtain it? YES NO

If so, when? _____

Is there room for advancement where you work?

What is your plan for remaining clean and sober?

Describe your life prior to entry into Drug Treatment Court:

Describe how your life is different today at the end of Drug Treatment Court:

Describe how your recovery has changed your relationship with others (including your husband/wife, boyfriend/girlfriend, children, parents, brothers/sisters and close friends)?

How do you cope with stressful situations?

What future goals have you planned for yourself in the following areas:

Home Life/Family: _____

Recovery: _____

Employment: _____

Education: _____

Did you complete a relapse prevention plan with treatment? YES NO If so, please attach with this application.

Additional comments/suggestions:

PROBATION OFFICER USE ONLY

- Drug and alcohol tests negative for the past 6 months.
- Completed all treatment goals and have created an approved relapse prevention plan.
- Employed or involved in productive activity the last 3 months.
- Lived at an approved residence for the last 3 months.
- Paid all fines, costs, restitution, and supervision fees on all cases.
- No new arrests.
- Completed all other special conditions.

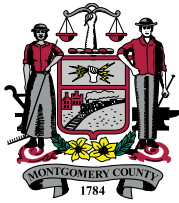
Probation Officer: _____

Date: _____

Coordinator: _____

Date: _____

Form L



“Partnering for a Better Tomorrow”
ADULT PROBATION – PAROLE DEPARTMENT

CHIEF ADULT PROBATION OFFICER
MICHAEL P. GORDON
DEPUTY CHIEF ADULT PROBATION OFFICER
RICHMOND S. PARSONS, JR.
DEPUTY CHIEF ADULT PROBATION OFFICER
TODD M. BERGMAN
OFFICE MANAGER
ROBIN A. ELLIOTT
PHONE: (610) 992-7777
FAX: (610) 992-7778

OF
MONTGOMERY COUNTY
100 ROSS ROAD, SUITE 120
KING OF PRUSSIA, PENNSYLVANIA 19406

MONTGOMERY COUNTY DRUG TREATMENT COURT
ALUMNI PHASE AGREEMENT

I, _____ am aware that I am currently in a (six) 6-month Alumni Phase.
During this phase I understand I am to comply with the following:

- 1. I will report as directed and follow any instructions of the Montgomery County Monitor Connect System.
2. I am required to attend (two) 2 Montgomery County Drug Court Graduations and (one) 1 Montgomery County Drug Court Admission.
3. I will pay all fines, costs, restitution, and supervision fees as directed by the Court. My monthly payment will remain the same during the Alumni Phase unless changed by my assigned probation officer.
4. I must comply with all local, state, and federal criminal laws. I will abide by the rules and conditions imposed by the Court and the Montgomery County Adult Probation/Parole Department. Furthermore, I will conduct myself in a manner that will not create a danger to the community or myself.
5. I will abstain from the unlawful possession, use, or sale of narcotics or other dangerous drugs, and drug paraphernalia. I will not consume poppy seeds or any food products containing poppy seeds. I will not possess or consume alcoholic beverages. I will avoid medications and topical gels for membranes containing alcohol. I will not take any prescribed narcotic medication, any prescribed pain medication, or any medication that may become addictive. I will request that prescription medication be non-narcotic and non-addictive. I will not consume diet pills. I will not use salvia, morning glory seeds or any other mood altering or hallucinogenic substance.
6. I will submit to urine sampling, other chemical testing, and/or other types of testing that may be randomly administered to ensure compliance with these conditions.
7. I must mentor an active DTC/RIP participant and provide them with my name and contact information. I understand that I will find a participant to mentor if a mentee is not assigned by my probation officer.
8. I will abide by all the rules and regulations that I originally signed when admitted into the DTC/RIP program.

I understand that I am subject to a Violation of Probation and / or denial of expungement, if I fail to abide by any of the above conditions during the Alumni Phase of the program.

As a Montgomery County Drug Court/RIP Graduate I understand that in order to request an expungement or termination of my supervision I must remain in good standing during the (six) 6-month Alumni Phase regarding above requirements. I also understand it is my responsibility to contact the Monitor Connect Officer once my six month extension period is over and my fines, cost and restitution are paid in full. I understand that I will remain on Monitor Connect if my fines, cost and restitution are not paid in full and or any other requirements are not completed by the expiration of the six month period mentioned above. If fines, cost and restitution are not fully paid after the six month expiration please notify the Monitor Connect Officer once everything is paid in full.

Signature: _____ Date: _____

RESTRICTIVE INTERMEDIATE PUNISHMENT: RIP cases must remain on supervision for an additional 6-months after the 6-month Alumni Phase. This will consist of a 6-month supervision period on Monitor Connect. A request for termination of any remaining probation can be made if the participant is in good standing after these (two) 6-month periods following graduation.

Signature: _____ Date: _____

Print: _____

Form M

MONTGOMERY COUNTY DRUG TREATMENT COURT GRADUATION SURVEY FOR DRUG TREATMENT COURT PARTICIPANTS

Please enter the month and year of your graduation: Month _____ Year _____

Directions: Please complete all of the following questions to the best of your ability. All responses are confidential.

Part I. Check the box that best describes how you feel about Judge: O'Neill in your case.

- | | | | | | |
|--|---|--------------------------------|----------------------------------|-----------------------------------|--|
| The Judge treated me with respect. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Judge was fair. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Judge was concerned about me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Visits with the Judge helped me to stay drug free. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Judge expected too much of me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |

Part II. Check the box that best describes how you feel about your Probation Officer.

Probation Officer: _____

- | | | | | | |
|---|---|--------------------------------|----------------------------------|-----------------------------------|--|
| The Probation Officer treated me with respect. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Probation Officer was fair. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Probation Officer was concerned about me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Visits with the Probation Officers helped me to stay drug free. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Probation Officer expected too much of me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |

Part III. Check the box that best describes how you feel about the Treatment Staff.

Treatment Agency: _____

- | | | | | | |
|--|---|--------------------------------|----------------------------------|-----------------------------------|--|
| The Treatment Staff treated me with respect. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Treatment Staff was fair. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Treatment Staff was concerned about me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Visits with the Treatment Staff helped me to stay drug free. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Treatment Staff expected too much of me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |

Part IV. Check the box that best describes how you feel about the overall experience in drug treatment court.

- | | | | | | |
|--|---|--------------------------------|----------------------------------|-----------------------------------|--|
| It helped me organize my priorities. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| It helped me to report to my Probation Officer on a regular basis. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| It helped me to attend treatment on a regular basis. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |

- Drug Treatment Court was easier than jail or prison. Strongly Agree Agree Neutral Disagree Strongly Disagree
- Drug Treatment Court was easier than regular probation. Strongly Agree Agree Neutral Disagree Strongly Disagree
- I think that my participation in Drug Treatment Court will help me avoid drug use in the future. Strongly Agree Agree Neutral Disagree Strongly Disagree
- In general, I am better off for participating in Drug Treatment Court as opposed to other court sanctions. Strongly Agree Agree Neutral Disagree Strongly Disagree
- I was personally helped through participation in Drug Treatment Court. Strongly Agree Agree Neutral Disagree Strongly Disagree
- It helped bring structure and responsibility to my life. Strongly Agree Agree Neutral Disagree Strongly Disagree

Part V. Please rate each of the following programs by checking the box that best describes your opinion.
If you did not participate in the program as part of drug treatment court, circle did not participate.

- | | | | | |
|--------------------------------|-------------------------------|-------------------------------|------------------------------------|--|
| Inpatient treatment | <input type="checkbox"/> poor | <input type="checkbox"/> good | <input type="checkbox"/> excellent | <input type="checkbox"/> did not participate |
| Detox Program | <input type="checkbox"/> poor | <input type="checkbox"/> good | <input type="checkbox"/> excellent | <input type="checkbox"/> did not participate |
| Intensive Outpatient Treatment | <input type="checkbox"/> poor | <input type="checkbox"/> good | <input type="checkbox"/> excellent | <input type="checkbox"/> did not participate |
| Community Service | <input type="checkbox"/> poor | <input type="checkbox"/> good | <input type="checkbox"/> excellent | <input type="checkbox"/> did not participate |
| Drug Testing | <input type="checkbox"/> poor | <input type="checkbox"/> good | <input type="checkbox"/> excellent | <input type="checkbox"/> did not participate |
| AA/NA | <input type="checkbox"/> poor | <input type="checkbox"/> good | <input type="checkbox"/> excellent | <input type="checkbox"/> did not participate |
| Halfway House | <input type="checkbox"/> poor | <input type="checkbox"/> good | <input type="checkbox"/> excellent | <input type="checkbox"/> did not participate |
| Recovery House | <input type="checkbox"/> poor | <input type="checkbox"/> good | <input type="checkbox"/> excellent | <input type="checkbox"/> did not participate |
| Employment Assistance Program | <input type="checkbox"/> poor | <input type="checkbox"/> good | <input type="checkbox"/> excellent | <input type="checkbox"/> did not participate |

Part VI. Please answer the remaining questions.

What did you like best about Drug Treatment Court? _____

What did you like least about Drug Treatment Court? _____

If you could change one thing about Drug Treatment Court, what would it be and why? _____

Would you recommend this program to others with substance abuse issues? YES NO

**Please complete at least one week prior to graduation and return to the Program Coordinator.
Your answers will remain confidential.**

