

VETERAN TREATMENT DOCKET CONTRACT

Participant Name/DOB:

Docket#(s):

I, _____, agree to enter the Veterans Treatment Docket (VTD). I understand and agree that I will follow all the rules in this contract and in the Participant Handbook and my Probation Conditions. I also agree that I will follow orders given to me by the Judge and my Probation Officer as well as directions from the Treatment Docket Case Manager. I also agree to the following:

1. I understand that my participation in VTD is voluntary. I wish to participate in the program and I am not required to join. _____
2. I understand that participation in VTD involves a minimum time commitment of 18 months. _____
3. I understand that my participation in VTD requires me to be a resident of Vermont as part of the terms of my probation. _____
4. I agree to follow my treatment plan created by the Treatment Team. I understand the treatment plan may change in response to my progress or lack of progress. I agree to comply with all requirements of VTD including, but not limited to, following my treatment plan and attending all court hearings. Failure to attend a scheduled court hearing, without permission from my Case Manager, may result in the issuance of an arrest warrant. Failure to complete VTD, for any reason, will result in my case being scheduled for termination hearing and/or a violation of probation, if applicable. _____
5. I understand that my individual course of treatment may include residential treatment, education, and/or self-improvement courses such as anger management, parenting or relationship counseling, and/or rehab. _____
6. I will meet with my Probation Officer on a regular basis and will follow all of my conditions of probation which are a condition of my participation in VTD. _____
7. I will not possess and/or use alcohol, illegal drugs, or regulated drugs unless prescribed by a doctor which are in connection with my participation in VTD. _____
8. I will tell all of my medical treatment provider(s) that I am a participant in VTD. I will notify my Case Manager of any medications I am currently taking and the name of the prescribing physician. I will also notify my Case Manager of any over the counter medications I am taking, and the name of the prescribing physician. I will notify my Case Manager prior to taking an opiate, narcotic, or benzodiazepine that has been prescribed by my physician. I give permission for the Case Manager to verify my prescriptions and talk to my physician(s). _____

9. I understand that participating in VTD requires me to abstain at all times from alcohol, illegal, legal, and prescription drugs that are not prescribed to me by my Treatment Provider and pre-approved by the Treatment Team. I will not possess synthetic, illegal or non-prescription drugs or alcohol, or illegal drug or alcohol paraphernalia. ____

10. I will not associate with people who use or possess synthetic, illegal or non-prescription drugs, nor will I be present while drugs, synthetic or traditional, or alcohol are being used by others that I am associating with. ____

11. I will sign all necessary authorizations to release my information. I understand that information about my treatment plan, compliance, progress, and results of alcohol and drug tests may be communicated orally, in writing and by electronic mail. I understand that releases will expire upon graduation or termination from VTD, whichever is sooner. I will not revoke a current release or fail to execute a new release while participating in VTD. I understand that if I revoke a release or fail to sign a release this may be grounds for termination from VTD. ____

12. I agree that if a competency or mental health evaluation has been conducted by the court, the Treatment Team may review the evaluations for the purpose of determining a treatment plan. ____

13. I understand that for purposes of study, review, or evaluation some otherwise confidential information may be disclosed to third parties. Under no circumstances will researchers disclose my name or other identifying information. ____

14. I agree to allow my name and contact information to be given by the Treatment Team to the Crime Research Group, the evaluator of VTD, who may contact me and ask for my volunteer participation in the evaluation of VTD. ____

15. I agree to be observed, scheduled, and random alcohol and drug testing as part of my treatment plan. I agree that the results of alcohol and drug testing are considered accurate and I waive my right to challenge the test results, except in a violation of probation hearing. ____

16. I agree to the use of electronic monitoring to determine if I have consumed any alcohol and to monitor my whereabouts. ____

17. I will not use another person's urine, alter mine for my alcohol/drug test, use a synthetic or artificial urine, or give another participant my urine. If I am caught engaging in this behavior, the test will be presumed to be positive and may lead to sanctions or termination from VTD. The test will also be considered positive if I am unable to produce a sample, fail to show up for my test, or if the test shows the sample is diluted. I also understand that I may not use any device which would substitute another person's urine for my urine. ____

18. I understand that the result of any drug test will not be used against me to bring new criminal charges, but may be used to modify my treatment plan, or for the Treatment Team to issue incentives and sanctions as a response to my behavior. _____

19. I understand that the result of any alcohol or drug tests can be used against me if the use of alcohol is also involved with other behavior that could be charged as a criminal offense. _____

20. I understand that the result of any alcohol or drug test can be used against me by my probation officer, who may file for a violation of probation for my consumption of alcohol. _____

21. I understand that failure to follow any part of the treatment plan may result in a treatment response or sanctions. Examples of possible sanctions are attached to the VTD Participant Handbook. _____

22. I understand that incentives are built-in to VTD; incentives may be awarded for meeting my treatment plan goals. _____

23. I will notify the Treatment Team prior to, or as soon as possible, of a change of address, phone number, or other contact information if the change was not planned. _____

24. I will access available VA benefits, or available health care insurance (state or private) to offset the cost of treatment services and drug testing. I will immediately let my Case Manager know if my health insurance has lapsed, been terminated, or changed; or if I become no longer eligible for VA benefits. _____

25. I agree that I will not act as a confidential informant or otherwise act as an agent for law enforcement in criminal investigations while I am participating in VTD. _____

Failure to follow any of the conditions set out above may result in termination from VTD as described in the "Discharge from Treatment Court Protocol" and/or the filing of a violation of probation.

I have read the above contract or had it read to me, and I understand all of its provisions. I am willing to enter into this agreement with the Veteran Treatment Docket, and do so by signing below:

Veteran's Signature

Date: _____

Attorney for Veteran

Date: _____

State's Attorney

Date: _____

Treatment Court Judge

Date: _____

Case Manager

Date: _____

APPROVED: _____ Date: _____
Presiding Judge, Criminal Docket