**IN THE CIRCUIT/COUNTY COURT OF THE TWENTIETH JUDICIAL CIRCUIT**

**IN AND FOR LEE COUNTY, FLORIDA**

**FELONY DRUG COURT PROGRAM AGREEMENT**

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| STATE OF FLORIDA  vs | Case Number(s): |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the defendant in this Criminal Action, agree that it is in my best interest to enter into this Felony Drug Court Program Agreement.

\_\_\_\_\_\_\_\_\_\_\_\_I agree to comply with all requirements of the Felony Drug Court Program and all terms of the Lee County Felony Adult Drug Court Handbook. I agree that I have received and read a copy of the Handbook.

In addition, I agree to the following terms:

\_\_\_\_\_\_\_\_\_\_\_ 1. I will cooperate in an assessment or evaluation and the individualized treatment plan prepared by the treatment provider. I understand that my individual course of treatment may include residential treatment, education and/or self-improvement courses, as well as recovery support groups. I understand that my treatment plan may be modified at any time to meet my needs. I agree to comply with the treatment plan and any modifications made to it.

\_\_\_\_\_\_\_\_\_\_\_2. I will sign the General Consent for Release of Confidential Information Form and any other necessary waivers to allow any member of the drug court team or support personnel access to medical, mental health, and substance use treatment records related to treatment while in the drug court program.

\_\_\_\_\_\_\_\_\_\_\_3. I will obey the law. I understand that any new law violation may result in a warrant being issued for my arrest and may result in termination from the drug court program.

\_\_\_\_\_\_\_\_\_\_\_\_4. I will not change my residence or employment, leave Lee County, or leave a treatment program or halfway house without first getting permission from my probation officer. I understand that failure to comply with this term may result in a violation of probation.

\_\_\_\_\_\_\_\_\_\_\_\_5. I will report as directed to my probation officer. I will truthfully answer all inquiries made by the probation officer and comply with all instructions given by the probation officer.

\_\_\_\_\_\_\_\_\_\_\_6. I will not possess or consume alcohol or any mood-altering or mind-altering substances unless prescribed by my doctor and disclosed to the Drug Court Team.

\_\_\_\_\_\_\_\_\_\_\_7. In the event that I need to seek medical/dental treatment of any kind, I agree to inform all of my doctors that I am in recovery and have a history of substance use and that I am in the Drug Court Program. I agree to immediately notify my case manager of any medical or dental visit (including emergency room visits). I will sign any releases and provide documentation as directed by my case manager or probation officer.

\_\_\_\_\_\_\_\_\_\_\_\_8. I understand that I must avoid everything in the “banned substances” grid (attached as page 4 of this contract and located on page 8 in the handbook).

\_\_\_\_\_\_\_\_\_\_\_\_9. I understand that I am responsible for everything that goes into my body, even food or drinks given to me by someone else.

\_\_\_\_\_\_\_\_\_\_\_\_10. I understand that I will be tested for the presence of alcohol or other drugs in my system on a random basis, according to the procedures set forth in the handbook.

* I understand that I must call the color line daily and report as directed. (initial here \_\_\_\_\_)
* I understand that a positive test may result in a sanction (sanctions are discussed in more detail on page 5 of the handbook). (initial here \_\_\_\_\_\_\_\_\_)
* I understand that if I am late or otherwise miss a test, it may be considered a positive, and I may be sanctioned. (initial here \_\_\_\_\_\_\_\_\_)
* I understand that if I fail to produce a urine specimen, it may be considered a positive test and I may be sanctioned. (initial here \_\_\_\_\_\_\_\_)
* I have been informed that drinking large amounts of fluids before a test can result in a diluted test. I understand that a dilute result may be considered a positive, and I may be sanctioned. (initial here \_\_\_\_\_\_\_\_\_ )
* I understand that I may not add, substitute, or interfere with a drug test or specimen in order to change the drug-testing results. I understand that doing so may result in a sanction. (initial here \_\_\_\_\_\_\_\_\_)
* I understand that I may be responsible for paying lab confirmation tests if I want to challenge the results.(initial here \_\_\_\_\_\_\_\_)
* I understand that the Drug Court Team values honesty regarding any positive, diluted, or missed tests. **Honesty is ALWAYS the best policy**.(initial here \_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_\_11. I will not knowingly associate with any person engaged in criminal activity.

\_\_\_\_\_\_\_\_\_\_12. I will not possess, carry or own any firearm unless otherwise authorized by my Probation Officer.

\_\_\_\_\_\_\_\_\_\_ 13. I understand that the Felony Drug Court Program Participant Handbook contains specific requirements regarding the payment of fees or the performance of community service hours before I can advance in the program. I will pay the fees or perform community service hours as directed.

\_\_\_\_\_\_\_\_\_\_14. I understand that I am responsible to pay the $65 drug court monthly treatment fee as well as the one-time $65 fee to the Department of Corrections.

By signing this agreement, I expressly acknowledge that I fully understand all requirements of the program and the potential sanctions for non-compliance as outlined in this agreement and in the Lee County Felony Drug Court Program Participant Handbook. I also admit that I have a substance use problem and I agree to comply with all conditions contained in this agreement and in the Lee County Felony Drug Court Program Participant Handbook.

I understand that if I willfully and substantially fail to comply with all of the requirements of the Felony Drug Court Program, it may be considered a violation of my probation. I also understand that I may be terminated from probation and re-sentenced to incarceration in jail, or prison, pursuant to the Florida Criminal Punishment Code, if the violation of probation is proven after hearing.

I have read every word of this agreement or have had it read to me. I have discussed the program’s requirements with my attorney and I fully understand them.

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Defendant's signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant's Name (printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant State Attorney

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Honorable Acting Circuit Judge

TREATMENT COURT BANNED SUBSTANCES

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| --- | --- | --- | --- |
|  | No alcohol, period. This includes foods cooked with alcohol, and beverages labeled “Non-Alcoholic.” |  | No solvents, lacquers, insecticides, etc. If you work with chemicals, you must speak with your probation officer and case manager. |
|  | No mouthwash and no breath strips that contain alcohol. |  | No foods containing poppy seeds. |
|  | No hand sanitizer that contains alcohol. |  | No mind- or mood-altering substances, or hallucinogenic substances, even if they are legal and/or “naturally occurring.” Examples include, but are not limited to Kratom, Kava, Spice, Bath Salts, and Tianna. |
|  | No perfumes, colognes, body sprays, aftershaves, astringents, or any other hygiene products that contain alcohol. |  | No diet or performance supplements, weight loss aids, workout aids, weight gaining aids, creatine, etc. |