**CONTRACT FOR JUVENILE DRUG COURT**

In return for the opportunity to participate in the Juvenile Drug Court Program, I **, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

have consented to enter the Madison County Juvenile Drug Court, I understand and agree that I have certain obligations and responsibilities and will follow orders given to me by the Judge, Drug Court personnel and other people involved in the Drug Court Program.

**Participants Responsibilities**

1. Attend all Court sessions as ordered.
2. Must contact Probation Officer as directed.
3. Submit to any rehabilitative, medical psychological, psychiatric, educational, vocational, or alcohol or other drug treatment program as directed by the Drug Court, including aftercare.
4. Obey all laws; if arrested and adjudicated on new felony charges, you **WILL** be terminated from the Drug Court Program.
5. Must submit to urinalysis for testing UPON REQUEST of the Drug Court. A refusal or failure to provide a urinalysis will be viewed by the court as a positive test result and sanctions will be imposed. If a test is altered in ANY form, such as using someone else’s urine, you will automatically be terminated from Drug Court and taken into custody at that time.
6. Comply with curfew of **\_\_9**\_\_ p.m. on weekdays or \_\_\_\_**10**\_\_\_ p.m. on weekends unless otherwise specified by the court.
7. Must be employed, in school or in treatment while enrolled in Drug Court.
8. Remain drug free.
9. Can not refuse the following:
	* Tale all prescribed medicine
	* Attend all counseling sessions and be on time.
	* Attend all court appearances on time.
	* Attend all Drug Court appearances on time
	* Complete all counseling assignments and participate in all counseling sessions.
	* Complete all phase requirements;
	* Notify treatment provider of any drugs prescribed for me by a physician before taking them.
10. Must comply with the Courtroom behavior and rules including but not limited to the following:
	* No talking in the courtroom during Alternative Court proceedings.
	* Appropriately dress for Court. (Please see attachment)
	* Do not lean against the Judge’s bench.
	* Do not bring food into the courtroom.
	* Do not use profanity.
	* Do not chew gum in the courtroom.
	* Speak clearly and directly when addressing the Court.

**DO NOT LEAVE THE STATE OF ALABAMA WITHOUT THE WRITTEN PERMISSION FROM DRUG COURT, NOR CHANGE ADDRESS, TELEPHONE NUMBER OR EMPLOYMENT WITHOUT FIRST NOTIFYING COURT.**

1. Do not violate any city, state, or federal law.
2. Do not communicate with persons on probation, parole, ex-convicts, or inmates, nor associate with persons having a criminal record; nor will you be a Confidential Informant for any enforcement agency.
3. Sign all authorizations for release of information requested by the Drug Court, treatment provider(s) and other resource providers.
4. Pay all drug court fees, court cost, treatment fees, restitution costs, victim compensation, and attorney fee. A total of all fees will be provided by your Probation Officer.
5. Waive extradition to the State of Alabama from any jurisdiction in or outside the United States where you may be found and also agree that you will not contest any effort by any jurisdiction to return you to the State of Alabama.
6. Perform any and all community service hours to be completed as Drug Court directs.
7. If you fail to follow the terms of this agreement, the Drug Court may impose sanctions, task, or increase treatment which can include, but are not limited to: Increased urinalysis, Increased court appearance, additional self-help treatment, additional meetings, writing an essay, community service, re-phase, increased level of supervision, re-evaluation of treatment plan, revocation, which imposition of disposition as recommended by your Probation Officer.

I hereby acknowledge that I have read and understood my responsivilities as set forth here in above, and I have agreed to abide by each and every rule, this \_\_ \_\_\_\_\_\_\_  \_\_ day of \_\_\_\_\_\_\_ , 2014

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

 JUVENILE PROBATION OFFICER

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

 JUVENILE DRUG COURT REFEREE PARENT / GUARDIAN

IN THE JUVENILE COURT OF MADISON COUNTY, ALABAMA

IN THE MATTER OF**, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,** A Child Under the Age of 18 Years.

CASE NO. JU\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN ACKNOWLEDGEMENT

In recognition of the time , effort, and expense that will be expended by the Madison County Juvenile Court for the sole benefit of my child and in consideration of the opportunity my child will be given to participate in the Madison County Juvenile Court. I/We acknowledge the following:

1. I/We will cooperate and actively participate in counseling, parent education groups, and other programs as required to assist in my child’s rehabilitative effort.
2. I/We will allow the Court’s family interventionist to conduct counseling at my residence in order to a-void any inconvenience or expense.
3. I/We will inform the Juvenile Probation Officer or other Court designee of any violations of the conditions of supervision that may be imposed upon my child by the Juvenile Drug Court.
4. I/We will assist my child attending required meetings and will bring my child before the Court for status hearings.
5. I/We will remain sober for all counseling and court sessions, and will submit to drug-screens when ordered by the Court.
6. I/We understand that failure to comply with provisions of this acknowledgement may result in contempt of court charges and possible jail time.

I have read and fully understand the contents of this acknowledgement.

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

 DATE PARENT/GUARDIAN

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

 DATE PARENT/GUARDIAN

 IN THE JUVENILE COURT OF MADISON COUNTY, ALABAMA

**IN THE MATTER OF, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , A Child Under the Age of 18 Years.**

**CASE NO. JU\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONSENT TO EX PARTE COMMUNICATIONS**

**WHEREAS**, the purpose of the Madison County Juvenile Drug Court is to provide assistance to me and my family; and,

**WHEREAS**, a great deal of time, effort, and money will be expended solely for our benefit; and,

**WHEREAS**, the Madison County Drug Court is a voluntary specialty court that includes, but is not limited to, intensive therapeutic services, random urinalysis, immediate consequences for non-compliance as well as frequent court appearances; and,

**WHEREAS**, the Madison County Drug Court is not available to everyone due to limited resources and eligibility criteria; and,

**WHEREAS**, in an effort to enhance the interventions used in the Madison County Drug Court, it may be necessary for the court, the attorneys, the treatment provider, the juvenile probation officer, the family interventionist specialist, and other individuals associated with, or providing assistance to me and/or my family, to communicate with each other outside my presence or the presence of my attorney or family; and,

**WHEREAS**, that in order for me and my family to participate in the unique and non-adversarial judicial approach and receive the services offered to me and my family, I understand that I must waive and give up certain rights that would otherwise be given to me if I did not participate in the Madison County Drug Court; therefore,

**I HEREBY VOLUTARILY AGREE TO THE FOLLOWING CONDITIONS AND VOLUTARILY GIVE UP THE FOLLOWING RIGHTS:**

1. In an effort to enhance the value of the intervention used in the Madison County Drug Court, it may be necessary for the Court to communicate with various treatment providers, the Juvenile Probation Officer, school personnel, the attorneys, and/or other individuals or agencies directly involved with my case and/or treatment. Therefore, **I freely, voluntarily and knowingly waive** any objections to these communications outside of my presence or the discussions about my case and/or treatment between only those persons who are directly involved with the Madison County Juvenile Drug Court**. I DO NOT Waive** any rights of privacy or confidentiality regarding any aspect of my case or treatment concerning communications with any person or agency that is not affiliated with the Madison County Drug Court. This waiver shall apply only so long as **I am a participant in the Drug Court Program.**
2. I hereby acknowledge that I have discussed these waivers with my attorney and that I completely and fully understand these waivers and their significance. **I freely and voluntarily agree to waive the rights as specified in this waiver.**
3. The undersigned attorneys, by execution of this waiver, hereby waive any objection to exparte communications between the court and/or other individuals or attorneys directly involved with this case while the defendant is enrolled in Madison County Drug Court.

CERTIFICATE

**I HEREBY CERTIFY** that I have read the above Waiver and agree to all of its terms and conditions.

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

 JUVENILE DATE

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

 PARENT/GUARDIAN DATE

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

 REFEREE DATE

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

ATTORNEY OF RECORD FOR DEFENDANT DATE

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

 DISTRICT ATTORNEY DATE

CERTIFICATE

**I HEREBY CERTIFY** that as the Attorney representing the juvenile, I have explained the foregoing Waiver and other conditions of participation in the Madison County Drug Court. I believe the Juvenile’s Waiver is knowingly, voluntarily and intelligently made.

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

 ATTORNEY OF RECORD DATE

MADISON COUNTY DRUG COURT

**Below you will find a list of rules and procedures you are asked to follow while you wait for your name to be called.**COURTROOM ETIQUETTE

**Prohibited in the Courtrooms:**

* weapons of any sort
* electronic equipment (unless approved by the court)
* inappropriate attire, such as t-shirts with swear words, depicting violence or sexual acts, promoting drug or alcohol use; muscle shirts; tank tops; halter tops; shorts; cut-off jeans; baggy pants that fall below the hips; micro-mini skirts; pants with holes; hats (except those worn for religious purposes)
* food, beverages, chewing gum, tobacco

**Silence:**

Silence is a necessity, unless you are a party to the proceeding that is in progress. Disruptive behavior such as talking, laughing, shouting or creating other loud disturbances will not be tolerated. The Alternative Court staff may remove offenders from the building and the judges may hold violators in contempt of court.

**Cell Phones and Pagers:**

Cell phones and pagers must be placed in the silent mode, unless otherwise instructed at entry to the courthouse. Use of cell phones and pagers is not allowed in the courtrooms or hearing rooms. Use of cell phones and pagers in other areas of the courthouse is permitted, however users should exercise discretion in their conversations being held in a public environment.

**Addressing the Court:**

Address the judge as "Your Honor" or "Judge."

Stand when addressing the court. Please advise the judge or the Alternative Court staff if you have a disability that would make this difficult.

Speak clearly and loudly. The courtroom absorbs sound, making it difficult to hear mumbling and soft spoken voices. Speaking clearly and loudly ensures the judge and the Drug Court staff hear what is being said.

Address the court from the podium.

**Respect:**

Be respectful of the judge and the court staff. Maintain a respectful attitude at all times in the court building and in the courtroom.

**COURT CONDUCT**

This is a court of law and the rules of proper decorum will apply. Please remain quiet while the court is in session. This is a courtesy to other Alternative Court participants as well as the court. Persons who fail to conduct themselves in an orderly manner may be cited for contempt.

**IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CONTACT YOUR PROBATION OFFICER**