



ELEVENTH JUDICIAL DISTRICT
HAMILTON COUNTY RECOVERY COURT
TENNESSEE
COMMUNITY★RECOVERY★SUPPORT

STATE OF TENNESSEE

vs

DEFENDANT.

CRIMINAL COURT
 GENERAL SESSIONS COURT

CASE NO(s). _____

HAMILTON COUNTY DRUG RECOVERY COURT CONTRACT

The mission of Hamilton County Recovery Court is to promote recovery from substance use in the lives of justice-involved participants, their families, and the community by providing effective treatment and comprehensive support. As part of an agreed plea of guilty or an agreement to resolve an alleged violation of probation or community corrections sentence, the undersigned participant voluntarily enters into this Contract with the Drug Recovery Court (referred to throughout as “Recovery Court” or “program”) and makes the following agreements as indicated by their initials and signature to this contract:

RULES AND REGULATIONS

1. I have received and read the Drug Recovery Court Handbook and agree to follow all rules of the program as contained in the Handbook and any other probation or furlough order of the Court. I am aware of possible sanctions as listed in the Handbook and understand that any violations of the rules could result in a sanction or removal from the program. _____(initial)
2. I understand that participation in Recovery Court involves a *minimum* time commitment of 15 months. _____(initial)



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3. I agree to obey all laws of the United States. I understand that if I am charged with violating any law, I will tell a member of the team within 24 hours. I understand that any such violation could lead to sanction or removal from the program and possible prosecution. _____(*initial*)
4. I agree to notify any law enforcement agent with whom I come in contact that I am in Recovery Court. _____(*initial*)
5. I agree to abstain from any alcohol and illicit substances. This includes controlled substances as well as any mind and/or urine altering substances, including but not limited to, Cannabidiol (commonly known as CBD, Kratom, Spice, poppy seeds, energy drinks, and vitamins or supplements that are not preapproved. _____(*initial*)
6. I agree that I will not be in the presence of anyone using illicit substances. _____(*initial*)
7. I agree to appear on time and attend all court sessions, treatment sessions, case management meetings and all other mandated Recovery Court activities. _____(*initial*)
8. I understand that if I do not attend required Recovery Court activities (such as court, case management or treatment sessions) for over 24 hours and do not contact a Recovery Court team member, it will be assumed that I have absconded from Recovery Court and a warrant for my arrest will be issued. _____(*initial*)
9. I understand that absconsion from the program could result in being removed from the program. I understand that if I do not turn myself in to the Recovery Court offices within 30 days, I have voluntarily removed myself from the program and the Court may remove me from the program without further hearing. _____(*initial*)
10. I understand that I may voluntarily appear in court at any time during an absconsion before 30 days to avoid an automatic removal from the program and will be provided an opportunity to consult with counsel and be heard before a judge. _____(*initial*)



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11. I understand that if the Recovery Court team is considering a sanction of incarceration or removal from the program, I will be offered the opportunity to have a hearing, call and cross-examine witnesses, contest evidence, and consult and be represented by defense counsel. I also understand that I can waive, or give up, the right to have such a hearing. _____ (*initial*)
12. I understand that I have the right to confer with defense counsel in regards to any sanction or hearing and that I may request their assistance at any time while in Recovery Court. _____ (*initial*)

DISCLOSURE OF INFORMATION/WAIVERS

13. I agree to sign and maintain releases of information to allow Recovery Court to have access to relevant treatment and medical information. _____ (*initial*)
14. I understand that if I exhibit behaviors of harm to self or others, including child abuse and/or neglect, my confidentiality will be breached and the proper authorities will be notified. _____ (*initial*)

TREATMENT AND RECOVERY

15. I agree to develop and follow a treatment and case management plan in collaboration with the Recovery Court team. _____ (*initial*)
16. I agree to follow treatment recommendations made by the Recovery Court team, including inpatient or residential treatment, recovery residence, intensive outpatient treatment, as well as individual or any other specialized treatment. _____ (*initial*)
17. I will not leave any treatment program without prior approval from the Recovery Court team, and failing to abide by the rules of any treatment program may result in sanction or removal from the program. _____ (*initial*)



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MEDICINE AND MEDICAL TREATMENT

18. I agree to inform the Recovery Court team of all prescribed medications and provide all paperwork associated with such prescriptions. I will consult a Recovery Court team member prior to filling any new prescriptions. _____(*initial*)
19. I agree to be responsible for what goes into my body that may affect my recovery or drug test results. I have reviewed the medication policy in the Handbook and understand that all over the counter medication other than medications listed on the ‘approved medication list’ are prohibited. Any exceptions to this rule must be granted by a Recovery Court team member. In the event of emergency circumstances requiring use of a prohibited medication, you must alert a Recovery Court team member prior to your use, if possible, or within 24 hours of the emergency circumstance. _____(*initial*)
20. I agree to inform all treating physicians that I am in Recovery Court and present to them a Medical Advisory Form, obtain necessary signatures, and return it to a Recovery Court team member. _____(*initial*)
21. I agree to inform a Recovery Court team member of all medical appointments and to provide all requested paperwork concerning those appointments within a 24 hour time period. _____(*initial*)

DRUG AND ALCOHOL TESTING

22. I agree to submit to random alcohol and drug screening throughout my time in the program. These screens may include, but are not limited to, testing of blood, breath, urine, sweat, hair or other bodily substance by any member of the Recovery Court team or designee. _____(*initial*)
23. I understand that substituting, altering or diluting a drug or alcohol test sample will result in more serious sanctions or removal from the program. _____(*initial*)



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24. I understand that I can contest a positive screen if I believe I have not used, and at such time the sample will be sent to the lab for confirmation. I also understand and agree that if that sample is confirmed to be positive that I will pay the cost of the screen and may receive a more serious sanction. _____(*initial*)

OTHER PARTICIPANT OBLIGATIONS

25. I agree to pay any fines or restitutions ordered by any court. I understand that I will pay GPS fees (currently \$26.60 per week) during my first phase and again if later sanctioned, as well as Reconnect fees (currently \$7.50 per month) throughout the program. _____(*initial*)

26. I agree to notify my case manager of any change of address, contact information or employment prior to such a change, or, in cases of emergency, within 24 hours. _____(*initial*)

27. I understand that I am responsible for my transportation to all required court sessions, treatment sessions, case management meetings, and all other mandated Recovery Court activities. _____(*initial*)

28. I will not threaten, harass, intimidate, or abuse in any way any member of the Recovery Court team member or representative, or any Recovery Court participant. Such behavior may result in a sanction or removal from the program. _____(*initial*)

29. I understand that if I leave or am removed from the program, my conduct while in the program can be considered by a Court at any subsequent hearing. _____(*initial*)

30. I understand that I may voluntarily remove myself from the Recovery Court program at any time, and that my case(s) will be transferred to another division of the appropriate Court for further adjudication. _____(*initial*)

31. I understand that I am now entering a program that aims to help and support me, and that honesty is the most important part of the recovery process. _____(*initial*)



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SIGNATURES

I have read the above participant contract and I understand what I have read. I am willing and voluntarily entering into this agreement with Hamilton County Drug Recovery Court.

Participant's Signature Date

Participant's Attorney's Signature Date

Assistant District Attorney General's Signature Date

APPROVED FOR ADMISSION

Recovery Court Judge's Signature Date



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WAIVER OF FOURTH AMENDMENT RIGHTS AS PART OF PARTICIPATION IN DRUG RECOVERY COURT PROGRAM

- 1. **Nature of the Rights I have:** I understand that I have constitutional and statutory rights that protect me from unreasonable searches and seizures.

I understand that these rights are guaranteed by, among other law, the Fourth Amendment to the United States Constitution and Article I, section 7 of the Tennessee Constitution.

I also understand that I can voluntarily give up these rights as part of a negotiated plea agreement or negotiated resolution of a probation or community corrections violation as an acceptable alternative to serving a sentence of incarceration. _____ (*initial*)

- 2. **Waiver of Rights:** For so long as I am a participant in Hamilton County Drug Recovery Court, or subject to a probationary or furlough order, I do hereby waive and give up the rights listed above. _____ (*initial*)

- 3. **Consent to Search without Any Level of Suspicion:** I hereby consent to a search of my person, papers, personal effects, residence, cell phone, computer, or other electronic devices, vehicles, and other effects, without a warrant by any Drug Recovery Court Staff member, treatment provider, any probation or community corrections officer, or law enforcement officer, at any time.

For as long as I am a participant in the Hamilton County Drug Recovery Court program or subject to a probationary or furlough order, I agree that that the above searches may be conducted without a warrant and without probable cause or any level of suspicion. _____ (*initial*)

- 4. **Use of Seized Evidence:** In granting this consent, I understand that the State may use any evidence seized during such a search as a basis for any later prosecution of me that may arise from said search. I also understand that the Drug Recovery Court may use any evidence seized during such a search as the basis for any sanction imposed by the Drug Recovery Court, including an incarcerative sanction or removal from the program. _____ (*initial*)

- 5. **Reclaiming My Rights:** I understand that this waiver of rights will no longer be effective, and that I will be able to reassert fully my Fourth Amendment rights, if I am removed from the Drug Recovery Court program. _____ (*initial*)

Participant's Signature

Date

Participant's Attorney Signature

Date