

# **11395 H&S Treatment Court**

## **Treatment Court Acknowledgment & Agreement**

**Participant Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

### **Summary of 11395 H&S Treatment Court**

The 11395 H&S Treatment Court is a structured, court-supervised program designed to provide treatment and support for individuals facing charges related to controlled substances. This alternative sentencing approach focuses on rehabilitation rather than incarceration, offering participants the opportunity to address substance use issues through treatment, counseling, and case management.

Participation in the program requires the entry of a plea (guilty or no contest) to a violation of 11395 H&S. The program consists of four phases and requires a minimum commitment of 18 months to successfully complete. Each phase has specific requirements aimed at promoting accountability, stability, and long-term recovery. Participants must comply with all court orders, demonstrate consistent progress, and complete all phases to graduate from the program and earn a dismissal of the charge.

### **Acknowledgment & Agreement**

I, \_\_\_\_\_ acknowledge that I have been accepted into the 11395 H&S Treatment Court Program and understand that participation in this program is voluntary but requires full compliance with all rules and expectations. I have reviewed the 11395 H&S handbook and understand my responsibilities in the 11395 H&S Treatment Court Program. I agree to comply with all program requirements and understand that failure to do so may result in sanctions or termination from the program.

By signing this agreement, I confirm that I understand and agree to abide by the following:

1. **Guilty/No Contest Plea Requirement** – I understand that participation in this program requires me to enter a plea of guilty/no contest to a violation of 11395 H&S.
2. **Program Duration** – I acknowledge that the program is a minimum of 18 months and requires successful completion of all four phases.
3. **Program Compliance** – I will actively participate in all court-ordered treatment, counseling, and case management services.
4. **Court Appearances** – I will attend all scheduled court hearings, check-ins, and meetings.
5. **Law-Abiding Behavior** – I will comply with all laws and program rules.
6. **Phase Progression** – I will complete all requirements for each phase of the program, including treatment sessions, support groups, and any additional conditions set by the court.

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7. **Honesty & Accountability** – I will provide truthful information to the court, probation, and treatment providers.
8. **Sanctions & Incentives** – I understand that failure to comply with program requirements may result in sanctions, including increased supervision or removal from the program, while progress may be rewarded with incentives.
9. I will not use or possess any narcotic or drug without a lawful prescription and approval of the Treatment Court Judge, Behavioral Health and Probation Officer (“Treatment Court staff”).
10. I will abstain from all use of drugs and alcohol and people and/or places where drugs and alcohol are used and/or sold.
11. I will not associate with any known gang members, probationers, individuals on Post Release Community Supervision or parolees.
12. I will obey all laws.
13. I will report as directed, cooperate with and follow the instructions of the Court, Treatment Court staff and the treatment providers.
14. I will report any change of address or telephone number to Treatment Court staff within 24 hours of the change. I also understand that I can leave the updated phone and address change on the Treatment Court staff's secured voicemail.
15. I will submit to urine and breath tests as ordered by the Court, Treatment Court staff or treatment providers. I agree to submit to the search of my immediate person and personal effects in conjunction with such tests. I understand that urine and breath tests results obtained through the Treatment Court will be used only to assist the Court and treatment providers in evaluating my progress in the program and that under no circumstance shall test results be used as evidence of a new crime or to support evidence of the present criminal charge.
16. I authorize the Treatment Court staff and treatment providers to release diagnostic and treatment information to the Court. I understand that such information may be considered by the Court in determining my progress in the treatment program, continued methods of treatment, whether to impose sanctions, and whether to continue me in Treatment Court.

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17. I agree that the Treatment Court Judge may, at his/her discretion, employ various interventions to assist me in complying with the Treatment Court requirements, including, but not limited to:
- Increased drug testing.
  - Increased 12-step meeting/support meeting attendance.
  - Increased participation in treatment sessions.
  - Increased Treatment Court appearances.
  - Participation in residential treatment.
  - Revocation of O.R. status and incarceration for a specified time period.
  - Attendance at individual, Group and Family Therapy.
  - Enrollment into parenting, vocational or GED classes.
18. I agree that the Court has the sole discretion to determine if I have failed the Treatment Court. I may be terminated from Treatment Court if:
- A. I have not performed satisfactorily in the assigned treatment program/s.
  - B. I have not benefited from education or treatment.
  - C. I am convicted of a misdemeanor that reflects a propensity for violence.
  - D. I am convicted of a felony or engage in criminal conduct that shows I am unsuitable for 11395 H&S Treatment Court.
  - E. If I have obtained 10 or more demerits for noncompliance of Court requirements.
19. I understand and give permission to the Treatment Court staff to discuss my case/s with or without my attorney and/or public defender present.
20. I understand that all in-court Treatment Court proceedings will be recorded.
21. I understand and agree that the Treatment Court staff will be discussing my alcohol, drug and mental health issues with the treatment providers to ensure that I obtain the fullest amount of support, treatment, interventions and guidance to assist me in changing my life.

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22. I understand that Treatment Court staff will protect my confidentiality to the fullest extent. I also understand that each in-court Treatment Court review is an open Court and that personal information regarding drug testing results, fees, progress in treatment, rewards, and sanctions will be discussed in open Court. If a mental health or medical issues are present, the Treatment Court staff will discuss the issue with the Court in chambers and the Court will be discrete in discussing these matters in open Court.
23. I understand that upon successful completion of all Treatment Court requirements and compliance with the conditions of this contract to the satisfaction of the Court, the Court will dismiss the violation(s) of Health & Safety Code section 11395.

I have reviewed this agreement and understand my responsibilities in the **11395 H&S Treatment Court Program**. I agree to comply with all program requirements and understand that failure to do so may result in sanctions or termination from the program.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Treatment Court Staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_