

**IN THE COMMON PLEAS COURT OF HANCOCK COUNTY, OHIO  
DRUG COURT DOCKET**

**STATE OF OHIO**

**Plaintiff,**

**Case No. \_\_\_\_\_-CR-\_\_\_\_\_**

**vs.**

\_\_\_\_\_ ,

**Defendant,**

\_\_\_\_\_ ^

ACKNOWLEDGMENT OF REQUIREMENTS OF THE HANCOCK COUNTY TREATMENT COURT (DRUG COURT) AND JOURNAL ENTRY ACCEPTING THE DEFENDANT INTO HANCOCK COUNTY TREATMENT COURT (DRUG COURT).

I wish to be placed in the Hancock County Treatment Court (Drug Court) docket (as a condition of my Intervention in lieu of conviction) (as a condition of community control or judicial release) and I am willing to participate in the Hancock County Drug Court and comply with all the program terms and expectations set forth in the participant handbook that has been reviewed with me. I understand that the participation agreement outlines the process and requirements of the Hancock County Drug Court.

1. I understand that by entering into the Hancock County Drug Court I will be waiving some of my constitutional rights. These rights include:
  - a. Right to Due Process including in the imposition of sanctions;
  - b. Right to Consult and be Represented by an Attorney, including at status hearings,
  - c. Right to Remain Silent and Right Against Self-Incrimination, including at status hearings;
  - d. Right to Freely Associate, including the right to freely associate with persons who, in the sole discretion of the Court, interfere with or impede the recovery of the participant;

- e. Right Against Unlawful Search and Seizure. The participant agrees to a search, without warrant, of his or her person, motor vehicle, or place of residence by a supervising officer or other authorized representative of the Court at any time.

I also understand that I have the ability to rescind these rights waivers at any time and the consequence for rescinding the waivers may include unsuccessful termination from the Hancock County Drug Court.

2. I understand that I will be given a Treatment Plan and that I will have to comply with those plans. I further understand that the Treatment Plan may be amended as I progress through the Hancock County Drug Court phases. The minimum length of the Hancock County Drug Court program is twelve (12) to eighteen (18) months and the program will be comprised of four (4) treatment phases. Progression thru these phases will be contingent on my performance and progress with my treatment plan. I understand that I will be responsible for paying Court Costs, Fines, Restitution, Reimbursement if any, and Supervision fees. I understand that I may also have to complete community service.
3. I am expected to and willing to immediately attend all individual and group counseling sessions, educational sessions, and activities or assessments as required by my Treatment Team.
4. I am willing to sign all necessary releases of information. I understand that I will be placed in appropriate treatment programs as soon as possible and that I am required to attend these programs. I understand that I will keep confidential all the participants and any information heard in the review hearings or group sessions. I will cooperate with all treatment services outlined in my treatment plan and in any later or amended treatment plans from my treatment providers including any additional assessments. I further understand that I may also have to attend community support meetings.
5. I understand that I am being placed on reporting Community Control/Supervision in order to monitor compliance with the Treatment Plan. I will be expected to report to my Hancock County Treatment Team (Forensic Team Case Manager, Probation Officer or Drug Court Coordinator), provide urine samples, and pay Court Costs, Supervision Fees, Fines, and Restitution or Reimbursement, if any. I understand that my probation officer will discuss my case and overall performance with the treatment team in weekly meetings and in ongoing communication with my treatment provider. I understand that I have a right to have my attorney present at treatment team meetings or status review hearings, concerning my progress, potentially at my own expense.

- a. I understand that progress through the phases of the Hancock County Drug Court is based on how well I am doing with my treatment plan and my compliance with the requirements of the Hancock County Drug Court. Progression will be determined by the Treatment Team.
- b. I understand that repeated non-compliance with the requirements of my treatment plan may result in my dismissal from the Hancock County Drug Court and could result in a termination of (Community Control Sanctions/Treatment in Lieu of Conviction) and/or (further community control sanctions). Sanctions may be graduated and may include jail time before a probation violation hearing is required. Per the Participant Handbook, once a Notice of Hearing is filed; sanctions may range from community control to imposition of a prison sentence. Furthermore, I understand that by complying with my treatment plan and the Hancock County Drug Court, I will be rewarded for my compliance.
- c. I agree to attend all Hancock County Drug Court hearings as a part of the important interaction between the Judge and myself. I understand that I will attend bi-weekly hearings during the first phase.
- d. I understand that I will attend Hancock County Drug Court status review hearings every other Tuesday until I am granted permission to attend fewer sessions.
- e. I understand that I will be subject to regular and random alcohol and drug tests. I understand that the tests will be frequent and directly observed. Drug tests will be observed using a same-sex collector.
- f. I am expected to remain free from alcohol and all illegal mood-altering substances up to and including designer drugs unless otherwise prescribed by a physician. I shall provide documentation of prescribed medications to the Hancock County Drug Court Coordinator and my Probation Officer and other members of my Treatment Team. I understand that, if I continue to use prohibited substances, sanctions will be imposed, treatment plans may be amended to include a more appropriate level of care, and a return to the initial phase is possible.
- g. I understand the following regarding the drug/alcohol testing procedure:
  - i. If I am late for a test or miss a test, it will be considered a positive test for drugs/alcohol and that I will be sanctioned accordingly.
  - ii. If I refuse to submit a urine sample it will be reported as a refusal to test.

- iii. I must provide a urine sample which is negative for all alcohol and drugs or I will be immediately sanctioned.
    - iv. Urine samples will also be analyzed for temperature, specific gravity, Creatinine and other chemical markers to ensure a valid urine specimen.
    - v. If I fail to produce a urine specimen or if the sample provided is not of sufficient quantity, it will be considered as a positive test for drugs/alcohol and I will be sanctioned.
    - vi. Drinking excessive amounts of fluids immediately prior to a test can result in a diluted urine sample, and my urine sample will be tested to ensure the urine sample is not diluted.
    - vii. I will be allowed to provide only one (1) urine sample for analysis. If I produce a diluted urine sample it will be considered as a positive test for drugs/alcohol and I will be sanctioned accordingly.
    - viii. Substituting, submitting the sample of another, or adulterating my urine specimen for the purposes of changing the drug testing results will be considered as a positive test for drugs/alcohol and will result in immediate sanctioning and may be grounds for dismissal from the Hancock County Drug Court.
    - ix. If I test positive and wish to have my sample retested for confirmation I may request a confirmation test. If my test is positive I will be sanctioned and responsible for the testing fee.
    - x. I shall submit/comply with alcohol breathalyzing upon request by the Drug Court Coordinator or Probation Officer.
    - xi. All of my test results will be reviewed at the Status Review Hearings.
    - xii. The Judge will be notified immediately of any positive tests or refusals to test.
  - h. I understand that any noncompliance on my part will be punished by immediate and graduate sanctions (a list of these potential sanctions have been provided to me in the Drug Court Participant Handbook) up to and including days in jail, before a probation violation hearing is imposed.
6. I understand that in order to successfully complete and graduate from the Hancock County Drug Court I must complete all of the phases, remain drug and/or alcohol free for at least three (3) consecutive months, have complied with Community Control and/or Intervention in Lieu, and pay all Court Costs, Supervision Fees, and Restitution, if ordered.
  7. I understand that I may be terminated from the Hancock County Drug Court for continued noncompliance with treatment, a new criminal conviction, a Hancock County Drug Court violation or continued series of violations, or a Community Control violation

or series of violations. I further understand the consequences of termination from the Hancock County Drug Court could be loss of future eligibility for the Hancock County Drug Court; further legal action including revocation of intervention in lieu of conviction, or notice/motion to revoke community control; or, depending on the circumstances, prison, jail, or other sanctions.

8. I understand that it is my responsibility to inform all treating physicians/dentists of my recovery from drugs/alcohol prior to receiving an addictive medication and that I am subject to drug testing. If a doctor believes that it is necessary to prescribe the medication such as narcotic pain medication or any other medication that will yield a positive urine screen, the physician must submit a letter to the Hancock County Drug Court Coordinator and my Probation Officer stating that the doctor is aware of my status as a recovering addict/alcoholic and that the need for this medication outweighs the risks. I must have a letter prior to taking any medication that will cause a positive test result. If I test positive and do not have a letter from my doctor I will be sanctioned immediately. I further understand that there may be over-the-counter medications that I may not take as well. In cases of emergency room care, I understand that all emergency room orders and discharge information shall be made available to the Hancock County Drug Court Coordinator and my Probation Officer no more than seven (7) days upon release from the hospital and all prescriptions will have to be cleared by my primary care physician to continue taking the medications without sanctions. A pattern of doctor/dentist visits and/or emergency room for ailments that require opiate treatment may be brought back before the Court at the discretion of the Hancock County Drug Court team. Furthermore, I understand that I must bring all of my prescriptions in the original container to my probation appointment as directed.
  
9. I understand that status review hearings are not routinely recorded.

I have read this Acknowledgement and understand this agreement, and I freely and voluntarily relinquish the rights discussed and further agree to abide by all rules and conditions of the Hancock County Treatment Drug Court. After consultation with my attorney, I hereby sign the Agreement to Participate in the Hancock County Drug Court.

---

Participant

---

Date

---

Attorney for Participant

---

Date

---

Prosecutor

---

Date

Having reviewed the Hancock County Drug Court Admissions Assessment and eligibility requirements the Court hereby accepts this case and the Defendant into the Hancock County Drug Court.

It is so ordered.

---

(JUDGE)

---

Date

cc: Hancock County Prosecuting Attorney  
Counsel for Defendant  
Defendant  
Hancock County Drug Court Coordinator  
Hancock County Probation Officer