

TRAVIS COUNTY FAMILY DRUG TREATMENT COURT CLIENT AGREEMENT

Terms and Conditions:

1. I understand that participation in Family Drug Treatment Court is voluntary. I understand that, although I have the right to disagree with any of the terms and conditions contained in this agreement, if I sign this agreement and agree to participate in the Family Drug Treatment Court, I must accept and comply with each of the terms and conditions in this agreement.
2. I understand that the Family Drug Treatment Court Program is a group effort that involves the participation of the Court, the Family Drug Treatment Court Team, Child Protective Services, myself, and others.
3. I agree to cooperate in the completion of a diagnostic evaluation for my drug treatment program through a provider acceptable to the Court.
4. I understand that I will be required by the Court to submit to regular and/or random testing for use of drugs and/or alcohol by a provider acceptable to the Court.
5. I understand that a missed/refused test will be considered to be positive (dirty).
6. I understand that I must notify the drug court coordinator and any person conducting a drug or alcohol test of all over-the-counter and/or prescription medication that I take.
7. I understand that I will be required by the Court to submit hair follicle tests either for phase advancement, due to suspected use, or at random. I understand that these tests require 1 ½ inches of hair. I agree that I will grow my hair to at least 1 ½ inches and have a hair follicle test performed prior to cutting it shorter than 1 ½ inches in length.
8. I understand that, while I am participating in the Family Drug Treatment Court program, I cannot socialize or spend time with known drug users or those in possession of or using drugs.
9. I understand that I may dispute a positive (dirty) drug or alcohol test and that, in order to do so, I must contact the Drug Court Coordinator for the Travis County Family Drug Treatment Court as soon as I find out about the drug or alcohol test result to request a retest, and that I, myself, must pay for any such retest that results in a positive (dirty) finding for the presence of drugs or alcohol.
10. I understand that I must attend all Court hearings related to my case. Un-excused absence from a Family Drug Treatment Court hearing or required Court appearance may result in any consequence the Judge determines to be appropriate. (See “Consequences List” referenced at Paragraph 17(b) below)
11. I agree to complete all services related to my treatment program to the satisfaction of the Court, including faithful attendance at all counseling sessions and other Court-ordered services. I understand and agree that any failure on my part to complete the treatment program ordered by the Court, including missed appointments or failure to abide by the terms of this agreement or orders of the Court, may result in any consequence the Judge determines to be appropriate. (See “Consequences List” referenced at Paragraph 17(b) below)

12. I understand and agree that my participation in the Family Drug Treatment Court is projected to last 12 to 18 months; however, I further understand that the Court may extend the treatment program for an additional period as the Court determines necessary.
13. I understand that I must continue to reside in Travis County while my Family Drug Treatment Court case is pending, unless given specific permission by the Court to leave the county.
14. I have been given an opportunity to consult with the attorney designated by the Court to represent parents in the Family Drug Treatment Court about the differences between the Family Drug Treatment Court and the Traditional CPS Court process and I understand that these are two separate court processes. I understand that, even while I attend hearings related to the Family Drug Treatment Court, **I MUST STILL CONTINUE TO ATTEND ALL TRADITIONAL CPS COURT HEARINGS RELATING TO MY CHILDREN AND MY PARENTAL RIGHTS.** I understand that, even if my participation in Family Drug Treatment Court is terminated, I must still attend all scheduled Child Protective Services hearings regarding my children.
15. I understand that there is a possibility that any inappropriate actions or statements I make in connection with Family Drug Treatment Court could be shared with and used against me in the Traditional CPS Court Process and may have a negative effect on my Traditional CPS Court Case.
16. I agree to keep the Drug Court Coordinator advised of my current address and phone numbers at all times during the treatment program.
17. I understand that information revealed during drug court hearings is confidential. I agree that I will not share any information that I learn about other drug court participants during drug court hearings with any individual who is not a drug court participant. I am free to share information about my own case but I must keep information about other participant's cases confidential.
18. I have been offered the opportunity to discuss each paragraph of this document with the attorney designated by the Court to represent parents in the Family Drug Treatment Court and, by my signature below, I acknowledge that I understand all of my rights and obligations expressed above and have no further questions regarding my rights and obligations.
19. By my signature on this agreement, I acknowledge that I have been provided with:
 - a. information on ways that I can advance through each phase and eventually commence from the Family Drug Treatment Court as included in the "Participant Handbook".
 - b. a list of the possible drug court consequences ("Consequences List"), also included in the "Participant Handbook."

_____(Initial) I have read and have been offered the opportunity to ask questions of the attorney designated by the Court to represent parents in Family Drug Treatment Court about the above terms and conditions of participation in the Family Drug Treatment Court Program.

_____(Initial) I knowingly and voluntarily accept each of the above terms and conditions and agree to abide by them if I am accepted into the Travis County Family Drug Treatment Court. I understand that, by doing so, I will waive certain rights, as described above.

_____(Initial) I certify that I have read and understand the Form Entitled “Travis County Family Drug Treatment Court: Drug Testing Policies.” I agree to abide by each of these policies and will accept the Court’s consequences if I test positive for alcohol or any non-prescribed drugs.

_____(Initial) I certify that I have read and understand the information included in the Form Entitled “Acknowledgement of Receipt of Participant Handbook”

_____(Initial) I certify that I have read and understand the Form Entitled “Travis County Family Drug Treatment Court Policy for Participants Taking Potentially Addictive Medication.” I agree to abide by each of these policies and will accept the Court’s consequences if I take any potentially addictive medications without following these policies.

_____(Initial) I certify that I have read and understand the information contained in the Form Entitled “Family Drug Treatment Court Policy: Attendance to & Documentation of Community-based Recovery Activities.” I agree to abide by this policy and will accept the Court’s consequences if I do not attend community-based recovery activities and/or 12 step meetings as Court ordered.

Date

Signature

Printed Name