



**Crook County Adult Drug Court**  
**Crook County Circuit Court**  
**Orientation Packet**

Jennifer M.A. Goff  
Drug Court Coordinator

Crook County Circuit Court  
300 NE Third St.  
Prineville, Oregon 97754  
(541) 447-6541 x116

## Welcome to the Crook County Drug Court

Drug Court is a special program in the Circuit Court system that is designed to treat addicted individuals and give them the tools they need to change their lives. The Drug Court Judge serves as the leader of an interdisciplinary team of professionals. Most defendants that participate in the program are charged with drug-related offenses. Our Drug Court program is scheduled to be 18 months in duration, although some people may need more time to satisfy the criteria for program completion. To graduate, you must demonstrate continuous abstinence from drugs and alcohol for a substantial period of time (generally 6 months or longer), satisfy the conditions of treatment and Supervision, complete all phase requirements, and pay applicable fines and fees. You typically undergo several random weekly drug and alcohol tests, and attend treatment and support groups. In bi-monthly court sessions, the team will review your progress and the judge will give an incentive or a consequence based on that progress. Your probation officer will be notified of your progress in the program.

Upon acceptance into the program you must:

- Complete orientation with the Drug Court Coordinator,
- Report to your probation officer,
- Immediately submit to a urinalysis test at Imagine Freedom, LLC,
- Immediately make an appointment with Imagine Freedom, LLC,
- Submit to drug testing as required by the treatment provider
- Attend a minimum of two community based support groups (e.g. 12 step programs), & obtain verification of your attendance,
- Attend all groups and/or individual sessions required by your treatment provider (including mental health), obtain verification of your attendance,
- Comply with all conditions of probation, and
- Submit your verification sheet to your treatment provider **by 5pm every Wednesday.**

Imagine Freedom, LLC  
190 NW Fourth Street  
Prineville, Oregon  
(541) 447-6959

## **Prohibited Over-the-Counter Medicines and Food Products**

The primary concern of the Drug Court team is the support for your recovery from addictions. Because of that, we are concerned about any over-the-counter medications you might take. As you know, any misuse of substances is considered a violation of the Drug Court program. Before using any substances, we recommend you speak with your physician or pharmacist about any concerns or questions you might have. We are not in the position to give you any medical advice and cannot tell you what you can or cannot take as far as medications are concerned.

In order to preserve the integrity of the Drug Court testing program, it has become necessary for us to restrict and/or advise participants regarding the use of certain over-the-counter medications and food products. It is **your** responsibility to limit your exposure to the products and substances listed below.

Cough syrups and other liquid medications: Cough syrups, such as Nyquil, use alcohol in their products. Non-alcohol containing cough and cold remedies are available at most pharmacies and major retail stores. If in doubt, ask a pharmacist or health care provider.

Non-alcoholic beer and wine: Although legally considered non-alcoholic, NA beers (e.g. O'Douls, Sharps, etc.) do contain a residual amount of alcohol that may result in a positive alcohol test. Drug Court participants are not permitted to ingest NA beer or wine.

Food and other ingestible products: There are numerous consumable products that contain alcohol that could result in a positive test for alcohol. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts (such as Ginko Biloba), could result in a positive test for alcohol. Communion wine, food cooked with wine, and flambé dishes (alcohol poured over a food and ignited such as cherries jubilee, baked Alaska) must be avoided. Additionally, foods like poppy seeds may create a

positive result for opiates. A positive result from one of these food sources will be counted as a positive result and an appropriate sanction could result.

Mouthwash and breath strips: Most mouthwashes (e.g. Listermint, Cepacol, etc.) and other breath cleansing products contain alcohol. The use of these products can produce a positive test result. Use of alcohol-containing mouthwashes and breath strips by Drug Court participants is not permitted. Non-alcohol mouthwashes are readily available and are an acceptable alternative. If you have questions about a particular product, talk to a pharmacist, health-care provider or treatment provider.

Hand sanitizers: Hand sanitizers (e.g. Purell, Germex, etc.) and other antiseptic gels and foams used to disinfect hands contain up to 70% alcohol. Excessive, unnecessary or repeated use of these products could result in a positive urine test. Hand washing with soap and water is just as effective for killing germs.

Hygiene products: Aftershaves, colognes, hair sprays and mousse, astringents, insecticides (bug sprays such as OFF) and some body washes contain alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol, excessive, unnecessary or repeated use of these products could affect test results. Participants must use such products sparingly to avoid a positive result.

Solvents and lacquers: Many solvents, lacquers and surface preparation products used in industry, construction, and the home contain alcohol. Both excessive inhalation of vapors, and topical exposure to such products can result in a positive test.

As with any product, Drug Court participants must educate themselves as to the ingredients in the products they are using. There are alternatives to nearly any item listed above. If you are in employment where contact with such products cannot be avoided, you need to discuss this with your treatment provider. Do not wait for a positive test result to do so.

**I have read and understand my responsibilities:**

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Participant signature

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Date

## **Over-the-Counter and Prescription Drug Policy**

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Drug Court participants are expected to be free from alcohol and all other drugs, including illegal substances, prescription medication, and over-the-counter (OTC) medication that may present a risk to their recovery. These include, but may not be limited to, medications that contain the following:

- a) Benzodiazepines
- b) Opiates/Opioids
- c) Alcohol
- d) Ephedrine
- e) Anabolic Steroids
- f) Stimulants
- g) Illicit drugs such as methamphetamine, cocaine, heroin, and marijuana

Other over-the-counter or prescription medications that do not fall within these categories may also be prohibited due to demonstrated addictive qualities (for example: Tramadol (Ultram), diet pills, and sleeping pills). It is the responsibility of the participant to:

- a) Contact their doctor or pharmacist to determine whether a medication falls within one of the above categories PRIOR to taking any medication.
- b) Inform all medical, dental, mental health, and other treatment providers about their substance abuse history and participation in the Drug Court program.
- c) Request non-narcotic medications or alternative forms of medical treatment and have a physician letter signed by the prescribing doctor when receiving a prescription. The signed physician letter must be submitted to the Drug Court Coordinator within 24 hours of your doctor's visit.
- d) Immediately notify the Drug Court Coordinator and treatment provider of any prescription or prescriptions you receive.
- e) Provide a list of all current medications (prescription and OTC) and contact information for all prescribing doctors to the Drug Court Coordinator and treatment provider.
- f) Sign a Release of Information (ROI) to allow communication between the court, treatment provider, and prescribing doctors to clarify medical conditions, procedures, and medications.

- g) Limit the number of prescribing doctors to one (1) specialist for the treatment of mental health symptoms/conditions; and/or one (1) primary care doctor for the treatment of physical health symptoms and conditions.
- h) Identify a single pharmacy to be used for all prescription medication.
- i) Take medication exactly as prescribed by a doctor or as indicated on the label.
- j) Properly and safely dispose of any unused, leftover, and expired medication.

### **Prescription Medication**

There may be times when a doctor determines it medically necessary for a participant to use a medication that may pose a risk to their recovery. In these instances, the participant will be required to submit (1) a signed physician letter, (2) a doctor's note, discharge notes, or pharmacy printout, and (3) a written safety plan to the Drug Court Coordinator and treatment provider **prior** to taking any medication prescribed.

- a) The doctor's note, discharge notes, or pharmacy printout must include the following:
  - Name and Contact Information of prescribing doctor
  - Name of the medication
  - Intended purpose
  - Dosage/Frequency
  - Amount prescribed (including refills)
  - Duration of treatment
- b) The participant's written safety plan must include the following:
  - How/where the medication will be stored
  - Who will dispense the medication
  - How they will account for the medication
  - How they will dispose of any unused medication

Prescribed medication may be monitored by the Drug Court program as follows:

- a) Participants will be required to make all prescriptions available for counting to verify medication is being taken as prescribed.

- b) Information about the prescription may be provided to the drug testing lab to establish new cutoff levels consistent with the prescription. Likewise, the lab will be notified of prescriptions that may not show up on a normal drug test panel to ensure additional tests are conducted to detect and monitor the levels of these medications.
- c) If a medication count determines a medication is not being taken as prescribed or the lab determines the person's test is above the cut off level, the court will assume the individual is abusing the prescription and a sanction will be issued.
- d) A positive drug test after the prescribed course of treatment will be considered a violation of Drug Court rules and/or the terms of probation, and will result in a sanction.

It is illegal to take medication prescribed to someone else. Prescription medication must be taken as prescribed and only by the person for whom it was prescribed. Participants are not to use medication prescribed to someone else or provide someone else medication prescribed to them. Any misuse of prescribed or over-the-counter medication will result in treatment interventions and/or sanctions.

Participants and/or new referrals experiencing chronic pain or other medical conditions requiring repeated use of prescription medication will be required to work with their prescribing doctor to safely detox from the medication in a timeframe established by the Drug Court judge. The participant will be required to submit a written plan for weaning off the medication and the course of any non-addictive medication or other alternative treatment, if prescribed. Drug Court is a voluntary program, persons referred may choose not to participate if he/she is unable or unwilling to discontinue use and work with their doctor to develop an alternative treatment plan for any medication that may pose a risk to their recovery.

To: Healthcare Provider

From: Jennifer M.A. Goff, Drug Court Coordinator

Date: \_\_\_\_\_

Re: Drug Court Participation

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Drug Court is a special program in the Circuit Court system that is designed to treat addicted individuals and give them the tools they need to change their lives. The Drug Court Judge serves as the leader of an interdisciplinary team of professionals. Most people that participate in the program are charged with drug-related offenses. Our Drug Court program is scheduled to be 18 months in duration, although some people may need more time to satisfy the criteria for program completion. To graduate, the participant must demonstrate continuous abstinence from drugs and alcohol for a substantial period of time (generally 6 months or longer), satisfy treatment conditions, and pay applicable fines and fees. They typically undergo several random, weekly drug and alcohol tests, and attend treatment and support groups.

Please note that \_\_\_\_\_ is recovering from a substance use disorder and is a participant in our Drug Court program. They are required to inform you (their healthcare provider) that they are prohibited from taking medications from the following groups because they pose a significant risk to their recovery: Benzodiazapines, Opiates/Opioids, Alcohol, Ephedrine, Anabolic Steroids, Stimulants, and other illicit drugs such as Methamphetamine, Cocaine, Heroin, and Marijuana. Please do not prescribe medication from the above categories unless it is medically necessary.

**NOTE TO PARTICIPANT:** You must provide: (1) a signed physician letter, (2) a doctor's note, discharge notes, or pharmacy printout, and (3) a written safety plan to the Drug Court Coordinator and Alcohol and Drug Counselor **prior** to taking any medication prescribed.

**THIS ORIGINAL MUST BE COMPLETED BY THE MEDICAL  
PROVIDER AND RETURNED TO THE DRUG COURT  
COORDINATOR IMMEDIATELY**

Name of provider: \_\_\_\_\_

I acknowledge that I have received and read the letter from Crook County Drug Court dated \_\_\_\_\_.

I understand that \_\_\_\_\_ is a Drug Court participant and is prohibited from taking medications from the following groups because they pose a significant risk to their recovery: Benzodiazapines, Opiates/Opioids, Alcohol, Ephedrine, Anabolic Steroids, Stimulants, and other illicit drugs such as Methamphetamine, Cocaine, Heroin, and Marijuana

There are  are not  alternative medications that I can prescribe at this time.

Medications prescribed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Provider

\_\_\_\_\_  
Date

Please return to:  
Crook County Circuit Court  
Attn: Jennifer M.A. Goff, Drug Court Coordinator  
300 NE Third Street  
Prineville, Oregon 97754  
(541) 447-6541 x116 or Fax: (541) 447-5116

## **Drug Court Phases**

### **General Expectations**

- Abstain from alcohol and drug use
- Obey all municipal, county, state, and federal laws
- Obey all court rules
- Actively participate in treatment
- Submit to random drug testing
- Follow all conditions of probation
- Be on time to all court appearances
- Maintain sober and law-abiding associations with people
- Obtain and maintain sober housing
- Obtain and maintain employment or education

### **Phase 1**

#### **Orientation, Assessment, Treatment Planning, and Stabilization**

- Orientation with the Drug Court Coordinator
- Treatment assessment
- Minimum of two (2) support group meetings per week (e.g. 12-step programs)
- Attend a minimum of four (4) hours of group and/or individual therapy weekly with no less than one (1) hour of individual therapy
- Random urinalysis 2-5 times per week
- Meet with your probation officer as directed
- Meet with the Drug Court Coordinator as directed
- Regular payments toward Supervision and treatment fees
- Begin application for OHP, if applicable
- Completion of weekly verification sheets due to your treatment provider no later than 5pm every Wednesday
- Court reviews, a minimum of two times per month
- Minimum 30 days verified clean and sober time
- Minimum 30 days of no sanctions
- This phase may be completed in 3 months if sobriety is maintained and you remain sanction free

## **Phase 2 Intensive Treatment**

- Minimum of two (2) support group meetings per week (e.g. 12-step programs)
- Begin looking for a sponsor or sober support person (subject to approval by the Drug Court team)
- Attend a minimum of 3.5 hours of group and/or individual therapy weekly with no less than 1.5 hour of individual therapy
- Random urinalysis 2-5 times per week
- Meet with your probation officer as directed
- Meet with the Drug Court Coordinator as directed
- Vocational/educational counseling as needed
- Obtain DMV printout to determine barriers to getting license reinstated if applicable
- Debt analysis through a non-profit consumer credit agency, if applicable, and development of a debt management plan
- If employed, set up a fee/fine payment schedule
- Development of a schedule to complete any community service or work crew obligations
- Regular payments toward Supervision and treatment fees
- Completion of weekly verification sheets due to your treatment provider no later than 5pm every Wednesday
- Court reviews, a minimum of two times per month
- Minimum 60 days verified clean and sober time
- Minimum 60 days of no sanctions
- This phase may be completed in 5 months if sobriety is maintained and you remain sanction free

### **Phase 3 Maintenance and Transition**

- Minimum of two (2) support group meetings per week (e.g. 12-step programs)
- Obtain a sponsor or sober support person (subject to approval by the Drug Court team)
- Attend a minimum of three (3) hours of group and/or individual therapy sessions, bi-monthly with no less than two (2) hours of individual therapy
- Pursue education or employment (unless otherwise approved) through documented job search or class participation
- Obtain safe, stable, sober housing
- Random urinalysis 2-5 times per week
- Meet with your probation officer as directed
- Meet with the Drug Court Coordinator as directed
- Regular payments toward Supervision and treatment fees
- Compliance with debt management plan, if applicable
- Completion of weekly verification sheets due to your treatment provider no later than 5pm every Wednesday
- Court reviews, a minimum of two times per month
- A relapse prevention plan and clean living plan must be completed and presented in Drug Court prior to advancement to Phase 4
- Minimum 60 days verified clean and sober time
- Minimum 60 days of no sanctions
- This phase may be completed in 4 months if sobriety is maintained and you remain in compliance & sanction free

## **Phase 4 Aftercare and Transition**

- Minimum of three (3) support group meetings per week (e.g. 12-step programs)
- Maintain a sponsor or sober support person and continue step work or equivalent
- Attend a minimum of one (1) hour of individual therapy per month
- Continued search, acquisition, and maintenance of an approved education program or employment (unless otherwise approved)
- Maintain safe, stable, sober housing
- Random urinalysis 2-5 times per week
- Meet with your probation officer as directed
- Meet with the Drug Court Coordinator as directed
- Regular payments toward Supervision and treatment fees
- Complete Phase 4 Leadership project
- Alumni group participation/mentoring opportunities
- Attend Advisory meetings as requested
- Completion of weekly verification sheets due to your treatment provider no later than 5pm every Wednesday
- Court reviews, a minimum of one time per month
- Minimum 180 days verified clean and sober time
- Minimum 180 days of no sanctions
- This phase may be completed in 6 months if sobriety is maintained and

## **Violations Leading to Therapeutic Interventions and/or Sanctions**

Your first urinalysis following entry into Drug Court will be considered a baseline test and will not be considered a violation if it is positive. If your first test is positive for THC (marijuana or hashish), subsequent tests must indicate a declining level sufficient to show that you have discontinued use.

### **Violations**

Examples of violations include:

- Failing to turn in your Verification Sheet on time
- Unexcused absences from treatment and mental health sessions
- Non-compliance with support group meeting attendance
- No show for appointments related to Drug Court
- No show for counseling appointments
- Missed UAs, dilute UAs, altered UAs, or positive UAs
- Failing to comply with any of the conditions of Drug Court or Supervision

### **Therapeutic Interventions**

Examples of therapeutic interventions include:

- Intensified or repeated treatment
- Commitment to residential treatment
- Increased meeting attendance
- Increased drug testing
- Therapeutic assignments or homework

### **Sanctions**

Examples of sanctions include:

- Community service
- Work crew
- Penalty box (courtroom observation)
- Increased court appearances
- Jail time
- Termination from the program

Additionally, your probation officer will be notified of your violation.

## Drug Court Participant Contract

By initialing the following rules and regulations, I agree to:

\_\_\_\_\_ Attend and fully participate in the Crook County Drug Court Program.

\_\_\_\_\_ Obey all municipal, county, state, and federal laws. If I come into contact with law enforcement, I will immediately report it to my probation officer and the Drug Court Coordinator.

\_\_\_\_\_ Not use, possess, or be in the presence of alcohol, other drugs (including marijuana and prescription drugs that are not mine), or drug paraphernalia.

\_\_\_\_\_ Not knowingly associate with any person possessing or using alcohol or any other drugs (including marijuana and prescription drugs that are not mine).

\_\_\_\_\_ Not work with any police agency on drug cases or on cases where I may come into contact with drugs.

\_\_\_\_\_ Not use or possess any “designer drugs” that can be purchased legally, over the counter without a physician’s prescription.

\_\_\_\_\_ Not use or possess any and all “smoking mixtures” (other than products specifically designated to contain only tobacco).

\_\_\_\_\_ Not use or possess products sold or marketed under false pretenses with the warning “NOT for human consumption.”

\_\_\_\_\_ Attend all court hearings, treatment groups, mental health appointments, support groups, Drug Court activities, appointments with my probation officer; urinalysis tests, scheduled activities, and other appointments as required. Lack of transportation is not a valid excuse. Failure to attend any of the above may result in a sanction.

\_\_\_\_\_ Be on time to all scheduled sessions. If I am late to a session, I may not be allowed to participate and this may be considered a violation of Court requirements.

\_\_\_\_\_ Provide written documentation verifying excused absences and discuss all absences with my treatment provider, probation officer, and Drug Court Coordinator.

\_\_\_\_\_ Pay treatment costs, Supervision fees, and any restitution or fines owed in full prior to graduation from the program. Failure to make payments toward treatment, Supervision, restitution or fines will be considered a violation of Drug Court requirements.

\_\_\_\_\_ Submit to random urinalysis testing as requested by any program representative. A drug test is considered positive if it shows use of alcohol or other drugs, if I fail to submit when requested, if it shows evidence of tampering, it is dilute, or if it tests positive for any type of adulterant. Refusal or falsification of a test will result in a sanction, up to and including, possible termination from the program.

\_\_\_\_\_ Refrain from threats and acts of violence to staff or other participants. Violation will result in a sanction, up to and including, possible termination from the program.

\_\_\_\_\_ Not make any racist, sexually provocative, sexist, or homophobic comments during my participation in Drug Court.

\_\_\_\_\_ Notify the Coordinator and my probation officer immediately of any address or telephone number changes.

\_\_\_\_\_ Dress appropriately for Court and treatment. Not wear clothing that promotes drug or alcohol use. Not wear anything that shows undergarments or otherwise provocative clothing.

\_\_\_\_\_ Submit my Verification Sheet to my treatment provider every Wednesday by 5pm.

\_\_\_\_\_ Fully comply with all components of the Over-the-Counter and Prescription Drug Policy.

\_\_\_\_\_ I agree that the Drug Court Judge may communicate with others about my participation in Drug Court without my presence.

I have read, understand, and agree to abide by the terms of this contract, including the program rules and regulations herein. I understand that failure to comply with the terms of this contract or the conditions of my probation may result in a referral to Drug Court and could jeopardize on-going participation.

\_\_\_\_\_  
Drug Court Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Drug Court Coordinator Signature

\_\_\_\_\_  
Date

## **Drug Court Participant Rights**

All program participants shall be treated equally regardless of race, color, sex, pregnancy or pregnancy-related conditions, age, religion, national origin, or disability. Additionally, the Crook County Drug Court team shall reduce language barriers to all persons with Limited English Proficiency (LEP) that may preclude meaningful access to important benefits, rights, program information and services. In addition, each person receiving services from Drug Court will have rights, which include, but are not limited to, the following:

- To be accorded dignity in any relationship with staff and other individuals.
- To be accorded safe, healthful, and comfortable accommodations, furnishings, and equipment to meet his/her needs.
- To be free from intellectual, emotional, or physical abuse.
- To discuss any action regarding my case with a representative from Drug Court.
- To be informed of all fees and payment requirements for participating in treatment services and opportunities for a reduced fee.
- To speak to a counselor or agency representative about other public or private services or resources that may be available to me.

Complaints should be directed to:

Jennifer M.A. Goff, Drug Court Coordinator  
Crook County Courthouse  
300 NE Third Street  
Prineville, Oregon 97754  
Phone: (541) 447-6541 ext. 116

### **Acknowledgement**

I have personally been advised and have received a copy of my personal rights and have been informed of the provisions for complaints at the time of my admission to Drug Court.

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Drug Court Participant Signature

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Date

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Drug Court Coordinator Signature

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Date

## **Crook County Drug Court Drug Testing Contract**

\_\_\_\_\_ I understand that I will be tested for the presence of drugs in my system on a random basis according to the procedures established by the Drug Court team. I am required to call my treatment provider daily, Monday through Sunday, at the time designated by my treatment provider to see if my color group is required to submit a UA that day. I may also be required to submit to a drug test at any time it is requested by a Drug Court team member.

\_\_\_\_\_ I understand that I will be given a location and time to report for my drug test. I also understand that it is my responsibility to report to the assigned location during the time given for my drug test.

\_\_\_\_\_ I understand that if I am late for the test, or miss a test, it will be considered as a positive test for drugs/alcohol and that I may be sanctioned.

\_\_\_\_\_ I understand that 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 that I may be sanctioned.

\_\_\_\_\_ I understand that if I produce a dilute urine sample it will be considered as a positive test for drugs/alcohol and that I may be sanctioned.

\_\_\_\_\_ I have been informed that the ingestion of excessive amounts of fluid can result in a diluted urine sample and I understand that my urine sample will be tested to ensure the sample is not dilute.

\_\_\_\_\_ I understand that substituting or altering my specimen or trying in any way to modify my body fluids for the purposes of changing the drug testing results will be considered as a positive test for drugs/alcohol and will result in sanctioning and may be grounds for immediate termination from Drug Court.

\_\_\_\_\_ I understand that all urinalysis tests are observed by same sex treatment staff, in such a manner that the observer can see the urine flow directly from the individual into the collection container.

\_\_\_\_\_ I understand that I will be randomly tested for substances that may include amphetamine/methamphetamine, barbiturates, benzodiazepines, cocaine, ethanol, opiates (including pain killers), THC, and other substances as needed. The test may also screen for pH (5.0-8.0), creatinine (1.003-1.030), specific gravity, and nitrate. Any results out of range for these items may be considered a positive test.

\_\_\_\_\_ I understand that passive inhalation (second hand smoke) is not an excuse for a positive drug test. I understand that in the “Drug Court Participant Contract” I signed a commitment to obey all municipal, county, state, and federal laws and not be in the presence of alcohol or other drugs.

\_\_\_\_\_ I understand that I must provide information from my physician or healthcare provider on all prescriptions that I am taking while in Drug Court. If I do not provide the requested information, any positive drug test will count as a “dirty” test and may lead to sanctions.

\_\_\_\_\_ I understand that I must tell my treatment provider about current medications (prescription, non-prescription, over the counter, etc.) each time I am tested.

\_\_\_\_\_ I understand that I am to take prescribed medications as directed by my physician and am not to give or share them with another person.

\_\_\_\_\_ I understand that I can only use one pharmacy (cannot be mail order) to fill prescriptions.

\_\_\_\_\_ I understand that if the Drug Court team requests, I must agree to sign a release of information for my physician and pharmacy to discuss prescribed medications.

\_\_\_\_\_ I understand that I must fully comply with all components of the Over-the-Counter and Prescription Drug Policy.

\_\_\_\_\_ I understand that it is my responsibility to ensure that the UA sample is securely sealed. Any sample that leaks, resulting in any insufficient sample to test, will be considered a positive drug test.

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Drug Court Participant Signature

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Date

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Drug Court Coordinator Signature

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Date

## Graduation Requirements

In order to successfully complete the Drug Court program you must:

- Compliance
  - Complete all four (4) phases of Drug Court
  - 180 consecutive days of being sober and sanction free immediately preceding consideration for graduation
  - Safe, stable, sober housing
  - Employment or education
  - Completion of Phase 4 Leadership project
- Application
  - Prior to graduation participant must submit the following to the Drug Court Coordinator:
    - Graduation Application
    - Proof of completion of community service and/or work crew requirements
    - Proof of payment of all treatment and Supervision fees, restitution, and fines
- Formal review will take place at the next scheduled pre-court staff meeting. The graduation timeframe is determined by the participant's level of commitment and compliance to the program.

Upon successful completion of the program:

- You will have a judiciary graduation ceremony at Drug Court
- Your probation officer will be notified of your completion

I authorize the Crook County Drug Court to send invitations to interested parties, requesting their attendance at my graduation from Drug Court. In addition, I authorize press releases and pictures to be distributed to local media outlets. I understand that this is to honor my accomplishment and to promote the Drug Court Program.

\_\_\_\_\_

Drug Court Participant

\_\_\_\_\_

Date

\_\_\_\_\_

Drug Court Coordinator

\_\_\_\_\_

Date

We are excited to have you entering our program. You are well on your way to a lifetime of freedom from chemical dependency. We wish you well and please let us know if there's anything we can do to assist you in the recovery process!

I have read, understand, and agree to abide by the terms outlined in the Crook County Adult Drug Court Orientation Packet, including the program rules and regulations herein. I understand that failure to comply with the terms outlined in the Orientation Packet or the conditions of my probation may result in a referral to Drug Court and could jeopardize on-going participation in the program.

\_\_\_\_\_

\_\_\_\_\_

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I further acknowledge that I have been provided a copy of the Crook County Adult Drug Court Orientation Packet..

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## Crook County Adult Drug Court Contacts

Judge Annette C. Hillman  
Crook County Drug Court Judge 541-447-6541 x107

Jennifer M.A. Goff  
Drug Court Coordinator 541-447-6541 x116

Imagine Freedom, LLC  
Treatment Provider 541-447-6959

Crook County Probation 541-447-3315

Crook County District Attorney 541-447-4158

John Susac  
Defense Attorney 541-233-0750

Bill Condon  
Defense Attorney 541-447-2959

Fred Bennett  
Defense Attorney 541-416-0133

Victoria Moffet  
Defense Attorney 541-903-4004

Vada Camacho  
Defense Attorney 541-362-5602

Jennifer Kimble  
Defense Attorney 541-362-8639

UA color call-in number 541-213-3869

Other: