

**STATE OF INDIANA
VIGO SUPERIOR COURT
2021 TERM**

STATE OF INDIANA

-vs-

Cause No. 84D01-____-____-____

Vigo County Veterans Treatment Court Participant Agreement

The mission of the Vigo County Veterans Treatment Court is to promote public safety while supporting veterans and their families through a coordinated effort among the veteran services delivery system, community-based services, and the court, leaving no veteran behind.

I have been offered and have accepted the opportunity to participate in this program.

I, _____, VOLUNTARILY AGREE TO THE FOLLOWING:

1. My participation in the Vigo County Veterans Treatment Court (“VCVTC”) is governed by I.C. § 33-23-16-13(3):

- ___ (A) Pretrial Diversion
- ___ (B) Deferral With Guilty Plea (I.C. § 33-23-16-14)
- ___ (C) Nonsuspendible Offense Conviction (I.C. § 33-23-16-15)
- ___ (D) Condition of probation
- ___ (E) Condition of Community Corrections
- ___ (H) Condition of parole
- ___ (M) Condition of a Misdemeanor sentence

2. The original Cause Number of the case being accepted into VCVTC is _____.

3. I acknowledge that I am required to successfully complete a minimum of 18-24 months in VCVTC to be eligible for graduation. If I successfully complete and graduate from VCVTC, I understand my case will be dismissed if I entered on a pre-trial diversion or deferral basis, or I will be eligible for reduced or modified sentence or conviction, depending upon the basis under which I entered the program. If I am terminated from the program, I understand my case will be returned for regular criminal justice system processing, without penalty or adverse consequences, except

I may face consequences if my participation in VCVTC Court was a condition of my probation.

4. I acknowledge and hereby expressly waive my right to a speedy trial under Criminal Rule 4 during the period of my participation in VCVTC if I am entering the same on a pre-trial basis.

5. I agree to complete any and all diagnostic evaluations and/or assessments. I understand I will be subject assessment under the Indiana Risk Assessment System throughout my participation in VCVTC, and the results of any such assessments will be entered into the risk assessment system database.

6. I will attend and successfully complete any and all treatment programs and/or support groups that I am referred to by the Court. I agree to be supervised by persons designated by the Court. I will obey all rules of the treatment program and/or support group, provide verification of my participation, and pay all required fees, including a one hundred dollar (\$100.00) administration fee; monthly problem-solving court services fees of fifty dollars (\$50.00) per month; a transfer fee of twenty-five dollars (\$25.00) if applicable; and drug screening fees.

7. I agree to meet with my Case Manager as directed. I will submit to urine, breath or other drug testing upon request by the Court, Case Manager, or VCVTC Coordinator. I will control the intake of fluids so as not to dilute any urine sample. I will cooperate during random home visits by probation officers, police officers, or other authorized agencies, including breath testing and cursory searches of my person and residence. I agree that any missed call for drug screening, any missed or refused test or any diluted test result will count as a positive test. I will not manipulate the results of any testing.

8. I will appear for all court dates, case management appointments, treatment meetings, probation officer meetings, classes or other scheduled appointments as ordered by the Court, and I will be on time and dressed appropriately.

9. Where applicable, I will comply with the terms and conditions of my sentence and any other rules designated by Probation or members of the Team. I will read the VCVTC participant handbook and abide by the rules in the handbook.

10. I understand I must be employed and/or in school as may be required by the VCVTC Judge.

11. I agree to sign any and all releases necessary to monitor my progress in, and compliance with, the VCVTC program. I understand that a Criminal Justice Consent for Release of Confidential Information is non-revocable during the term of my participation in VCVTC. I understand that if I revoke this release during that time, it can result in my expulsion from the program. I further acknowledge and

understand that my case and compliance, including information that might otherwise be confidential, will be discussed in open court.

12. I agree to keep the Court and treatment providers informed of my current address and phone number(s) and to report all address and phone changes to my case manager and/or veteran treatment court coordinator before I make the changes.

13. I understand that all prescription medications, including any medically assisted substance abuse treatment, shall be administered and monitored as directed by my treating and prescribing physician(s). I will provide verification of prescriptions to my case manager before any use of medication. Except in the case of a life-threatening medical emergency or minor illness, I will only use one physician, one pharmacy, and one hospital while in VCVTC.

14. I will not use, possess, distribute, or have under my control any alcohol, drugs, drug paraphernalia or any mood-altering substances while participating in VCVTC, except as authorized by a lawful prescription.

15. I will not knowingly associate with persons using or possessing controlled substances.

16. I will not live with a convicted felon, unless approved by the VCVTC Judge.

17. I will obey all laws and all rules and conditions of the program, and I understand that violations can result in additional criminal charges and/or revocation of my release on my own recognizance, and I may be subject to termination from the VCVTC program.

18. The Court may impose immediate sanctions for non-compliance with conditions of the program.

19. I agree to the terms set forth by the VCVTC, and understand that if I do not follow the Court rules I will be terminated from the program. I have received a copy of this Participant Agreement and the Participant Handbook and agree to their terms and conditions.

20. I acknowledge I have had the opportunity to review and discuss this participation agreement with an attorney prior to entering the same, or that I have expressly waived that right by indicating said waiver on the attorney signature line below.

DATE: _____

Defendant

DATE: _____

Defendant's Attorney

DATE: _____

Prosecuting Attorney

DATE: _____

VCVTC Presiding Judge

DRAFT