KENT COUNTY VETERANS TREATMENT COURT

62A District Court, 2650 DeHoop Ave SW, Wyoming, MI 49509-1893

Nullum Relinquam Post Veteran—"Leave No Veteran Behind"

Participation and Waiver Agreement

Name:

Case Number(s):

KCVTC Case File:

DOB:

Charge(s):

Judge: Pablo Cortes (P53757)

Kent Co. Prosecutor: Gerard E. Faber Jr. (P67547)

Defense Attorney:

Probation Officer:

I understand that when I enter a guilty plea to the above-stated charge(s), I will be sentenced to the Kent County Veterans Treatment Court (KCVTC). I understand that there will be additional conditions to my sentence. As a condition of my sentence to the Kent County Veterans Treatment Court (KCVTC), I agree to the following terms and conditions set forth in this agreement:

1. I am subject to a term of probation set by law or as determined by the sentencing judge.
2. My attorney will no longer represent me.
3. If my charge relates to drinking and driving, an abstract may be sent to the Secretary of State and my driver's license may be suspended and/or revoked pursuant to Michigan Law. Because of my participation in KCVTC, I may be eligible for an Interlock-mandated restricted license.
4. I will complete diagnostic evaluations and participate in a treatment program and plan as ordered by the judge and pay all program fees as directed. I understand that my treatment plan may be modified by the judge at any time and for any reason.
5. The judge, my probation officer, program director and all members of the Treatment Team will be informed of my involvement with counseling and its objectives, alcohol and/or drug testing results, and my overall progress in the program. I consent to a disclosure of my compliance with treatment recommendations and test results compiled by individuals involved in my treatment and counseling, and I waive all privileges and confidentiality. I will sign a release for treatment providers to speak with my Veteran Mentor.
6. I will Inform my treating physicians if I have a moderate or severe substance disorder, and that I may not be able to take narcotic or addictive medications or drugs.

7. I agree I will not use, possess or associate with persons who use or possess any controlled substance or illegal drugs. I will not use or possess alcohol. I will not use or possess any other drug without a prescription, and I will only use my prescription medications as prescribed.
8. I agree to be tested for the presence of alcohol or drugs as often as requested by the judge, probation officer, program director or treatment provider. Testing may be accomplished by a preliminary breath test, observed urinalysis, SCRAM monitoring, Soberlink monitoring, or any other method selected by the probation officer and/or program director. I understand that if I fail to participate in a test, It will be treated as a positive (dirty) test. I further understand that positive, diluted, or adulterated test results and/or failure to participate in ordered testing may result in sanctions for my conduct at the discretion of the judge.
9. I will attend all appointments scheduled through my probation officer/program director and keep him/her and the Court aware of my current address, email address and telephone number(s). I understand that I must report to my probation officer/program director whenever the probation officer/program director directs me to. I understand that my probation officer/program director or any other court or police officer may make unscheduled home visits with or without my Veteran Mentor. I understand that I must report any contact with law enforcement to the probation officer/program director. I understand that the Court may impose a curfew.
10. I agree to appear in court on all scheduled court dates and remain in the courtroom until I am dismissed by the judge. If I do not appear, a bench warrant will be issued for my arrest. I agree to be on time to court and dressed appropriately for court and treatment sessions and remove my hat when entering the courtroom.
11. I understand that as a condition of participation In the KCVTC program, my person, property, place or residence, vehicle or personal effects may be searched at any time with or without a warrant, and with or without probable cause, when required by the program director, a probation officer or law enforcement officer.
12. I understand that I may not be able to possess any weapons while in the KCVTC program. This provision is not intended to interfere with authorized military training.
13. I will not engage in any assaultive, abusive, threatening, or harassing behavior.
14. I understand that my case will be discussed in open court, among the treatment team, and with my Veteran Mentor, regardless if my case is non-public. I also understand that there may be references to the KCVTC and my participation in my court file(s) and/or the electronic register of actions (ROA).
15. I understand that any data collected through my participation may be used in future program evaluations.
16. I understand that my continued participation in the KCVTC is solely at the discretion of the judge.
Violation of any provision may result in an increased treatment options and/or sanctions, extension of program participation and/or termination from the program.
17. I understand that sanctions may be imposed at any time by the KCVTC judge without formal violation charge and/or hearing. I waive the right to formal charge, a hearing, and representation by an attorney.
18. I understand that I must reside in Kent County at the time/day of my plea and sentencing, in order to be admitted into KCVTC.
19. I understand that if I relocate out of Kent County after my plea and sentence without informing this court, may be involuntarily discharged and returned to the original court of jurisdiction
20. I understand that I must maintain Kent County residency while a program participant. If I relocate outside of Kent County after being admitted into KCVTC, I must provide proof of financial ability to sustain all probationary requirements of KCVTC. However, I will be deemed ineligible for any fiscal support or non-VA ancillary/peripheral therapeutic expense coverage, while in program/probation.

I have carefully read all of the terms and conditions of this Agreement. I have done this In the presence of my attorney or I have waived the right to have an attorney present. I have had an opportunity to ask questions regarding this Agreement. By signing this Agreement, I am indicating that I fully understand all of the terms and conditions detailed in this Agreement and agree to abide by each of the conditions.

Date: _____ **Defendant:** _____

Date: _____ **Defense Attorney:** _____

Date: _____ **Kent County Prosecutor:** _____

Date: _____ **KCVTC Judge:** _____