



DENTON COUNTY DRUG COURT

Application Booklet

The Honorable Brody Shanklin

211th District Court Judge

The Honorable Steve Burgess

158th District Court Judge

The Honorable Paul Johnson

Criminal District Attorney



DENTON COUNTY COURTS BUILDING
1450 EAST MCKINNEY STREET
DENTON, TEXAS, 76209

DENTON COUNTY DRUG COURT

APPLICATION BOOKLET

This booklet is designed to make the application process for Denton County Drug Court efficient and easy to understand while protecting legal rights of prospective candidates. Because a potential candidate is charged with a criminal offense and their admission into Drug Court is not a guarantee several protections are put in place to help ensure the District Attorney's Office does not receive any information during the initial screening process which could be used during a subsequent prosecution if the candidate is not accepted or declines to enter the Court's program.

With the exception of providing the District Attorney's Office with a copy of your client's pre-screening report, none of the remaining forms provided in this booklet should be turned into the District Attorney's Office. Your client should turn these forms and documents into the Drug Court Screening Officer at the Denton County Community Supervision and Corrections Department (Adult Probation). The Community Supervision Department and third party licensed counselor will use the information completed by your client throughout the screening process to help provide the Court with as accurate account as possible.

Information gathered through forms provided in this packet, a screening interview and a substance abuse evaluation will be used to produce a Drug Court Screening Report. After the substance abuse evaluation is completed, it will be forwarded to the screening officer who will add a summary of the substance abuse evaluation to the screening report. At this point in the process the screening report will be available to the District Attorney's Office, the candidate's attorney, the program Administrator and the Judge.

This approach will allow your client to be open and honest throughout the screening process without providing the District Attorney's Office specific and personal information collected during the substance abuse evaluation. Please remind your client the importance of being truthful during the screening process which can allow for a more accurate understanding of each individual's needs.

If your client has not completed an acceptable substance abuse evaluation (s)he will be asked to do so. If an evaluation has been completed previously, the Community Supervision Department will review to determine if it meets the Court's requirements. The Court will request a timely approach by all parties involved if your client is found to be eligible for Drug Court. Further your client is expected to have completed the screening report and substance abuse evaluation (if necessary) within one month.

DENTON COUNTY DRUG COURT

TABLE OF CONTENTS

1. Purpose and Overview of Drug Court.
2. Screening process.
3. Steps and Process of screening process.
4. Admission Tracks for Drug Court.
5. Contact Information.

6. Phases of Denton County Drug Court Program.

7. Screening Report Forms (all to be turned into Denton County CSCD)
 - a. Drug Court Program Requirements, signed by client.
 - b. Signed authorization to disclose protected health information.
 - c. Signed waiver and release for Drug Court Screening Report.
 - d. Completed Financial Profile.
 - e. Completed Drug Court Screening Report Information Packet.
 - f. Signed Post-Screening Instruction Letter.

Purpose and Overview of the Drug Court

Incentives for Drug Courts

- 85-95% of addicted prisoners relapse upon release
- Drug Court participants receive treatment and other services while still being held accountable by a Judge
- A large percentage of prison inmates have a history of drug abuse and/or addiction
- The average cost to supervise someone on probation is approximately \$3.40 per day while the cost of housing someone in the state prison system is approximately \$57.79 per day. The cost of 10 days in prison is equal to over 6 months on probation
- People that participate in a drug court are less likely to be rearrested

Program Description

The Denton County Drug Court offers intensive supervision and treatment to high-risk felony offenders that abuse drugs but show a genuine desire to break the cycle of addiction. Participation in the program is voluntary and participants remain in the program for an average of 18 to 24 months. While in the program probationers are court-supervised and subject to continuous judicial involvement. Depending on the level of need the participant will be placed in residential treatment, intensive outpatient treatment and/or supportive outpatient treatment. Random drug testing is performed throughout the program. Scheduled office and court visits as well as field visits, both scheduled and unannounced, are required as is participation in support group meetings. Maintaining stable employment and residence is emphasized.

Target Population

- Felony drug cases or cases where the commission of the offense was drug related
- Defendants with serious substance abuse issues who demonstrate a need for intensive treatment, up to and including residential, combined with intensive supervision and court involvement
- Defendants who are motivated and willing to accept treatment

Eligibility Criteria

- Denton County cases only
- A plea of guilty
- Drug dependence
- Felony offenses only
- No prior or pending 3g offenses
- Not on supervision in any other jurisdiction
- Not currently on parole
- No sex offenders
- No major mental impairments
- Must have at least 24 months remaining on supervision if currently on probation
- Must live in Denton County
- Must have or obtain a current substance abuse evaluation requiring treatment (in-patient or out-patient)

HOW TO GET YOUR CLIENT IN THE DRUG COURT

(Steps and Process)

Step 1:

Possible candidates may be referred through District Attorney's Office, Sheriff, Defense Attorney, Community Supervision Department, family, friends etc. It is important to note that a candidate must have an attorney appointed or retained before beginning the process. Once referral is made to the District Attorney's Office, the D.A.'s office must agree to allow the individual to be considered for the Drug Court. If the D.A.'s Office refers the candidate for further consideration the defense attorney will receive a copy of the Drug Court Application Booklet and be advised to contact Denton County CSCD (Adult Probation).

Documents needed: Substance abuse evaluation (if available).

Documents needed: Defense attorney will receive the Drug Court application booklet.

Step 2:

Defense attorney and/or client will contact Community Supervision Department Screening Officer and schedule an interview. Prior to arriving for the screening interview the client should have all forms completed and signed. The candidate will bring in the completed and/or signed documents when they arrive for the screening interview. The client should prepare for a 1 to 2 hour interview process. If the client is in jail the defense attorney should notify the Screening Officer so that arrangements can be made to interview the client in jail.

Documents needed: Drug Court Program Requirements signed by client.

Documents needed: Signed authorization to disclose protected health information.

Documents needed: Signed waiver and release for Drug Court Screening Report.

Documents needed: Completed Drug Court data sheet.

Documents needed: Completed financial profile.

Documents needed: Proof of insurance, Medicaid, Medicare and/or SSI benefits if available.

Step 4:

Screening Officer will begin preparing the screening report while tracking the candidate's progress of scheduling and completing a substance abuse evaluation. Once the evaluation is completed the Screening Officer will finalize the screening report. A copy of the finalized screening report will be provided to the District Attorney's Office, the Program Administrator and the Judge for review.

Step 5:

The District Attorney's Office will use the screening report to deem the candidate eligible for the Court. If eligible, the Drug Court Treatment Team will have a collaborative review of the screening report as well as the substance abuse evaluation. The Judge will make a final determination if the candidate is admitted into the Drug Court based on the screening report, substance abuse evaluation and recommendations from the Program Administrator.

ADMISSION TRACKS FOR DRUG COURT

Entry into the Drug Court:

Defendants may enter the Court in one of three ways:

1. Open Plea
2. Court Ordered as a Condition of Probation
3. In Lieu of Revocation

TRACK 1:

1. Pre-filing or pre-adjudication
 - a. District Attorney's Office initially approves the program.
 - b. Review by Screening Officer.
 - c. If initially approved for the program candidate will complete all required forms, sign all requisite documents and turn into the Community Supervision Department. The candidate will then complete a screening interview as well as a substance abuse evaluation.
 - d. The Judge needs to know whether a person is approved or declined, and why. This allows the Judge to keep their finger on the pulse of the Program and see trends and anticipate needs or changes in the Program.
 - e. Screening officer will add a summary of the substance abuse evaluation to the screening report. If the District Attorney's Office identifies the candidate as eligible the Screening Officer and Judge would review all information with the Judge making the final determination of admission into the Drug Court.

TRACK 2:

1. Post-adjudication (for individuals identified eligible after sentencing)
 - a. Review by the Screening Officer and consultation with Judge.
 - b. If initially approved the individual will be required to complete a substance abuse evaluation at the direction of the Screening Officer.
 - c. Judge and the Screening Officer will review the evaluation, as well as relevant information from defendant's Adult Probation file, to help make final determination of admission.

REFERRALS FOR PROGRAM:

1. Referrals may be from District Attorney's Intake Department.**
2. Referrals may be from the County Sheriff's office during initial arrest or upon incarceration.**
3. Referrals may be from Defense Attorneys.
4. Referrals may be from Adult Probation.**

** Candidate must have an attorney appointed or retained before the Program Administrator can meet with them.

DENTON COUNTY DRUG COURT
IMPORTANT CONTACT INFORMATION

Drug Court Prosecutor

Rick Daniel
1450 E. McKinney Street, #3100
Denton, Texas, 76209-4524
940.349.2691 (phone)
940.349. (fax)
rick.daniel@dentoncounty.com

Denton County Community Supervision and Corrections Department

Drug Court Supervision & Screening Officer

Kevin Edwards
650 S. Mayhill Road
Denton, Texas, 76208
940.349.3337 (phone)
940.349.5238 (fax)
kevin.edwards@dentoncounty.com

Denton County CSCD Supervisor

Frances Thomas
400 N. Valley Pkwy., Suite 1064
Lewisville, Texas 75067
972.434.4810 (phone)
972.434.5960 (fax)
frances.thomas@dentoncounty.com

Court Administrators for Drug Court

211th Judicial District Court

Theresa Portales
1450 E. McKinney Street, 4th Floor
Denton, Texas, 76209-4524
940.349.2330 (phone)
940.349.5198 (fax)
theresa.portales@dentoncounty.com

158th Judicial District Court

Rebecca Hobon
1450 E. McKinney Street, 3rd Floor
Denton, Texas, 76209-4524
940.349.2320 (phone)
940.349.5368 (fax)
rebecca.hobon@dentoncounty.com

Phases of the Denton County Drug Court Program

The Denton County Drug Court is divided into four phases. **Participants must successfully complete each phase to the satisfaction of the Treatment Team before moving into the next phase.** Progression through the program will depend upon the participant's performance and success of their treatment.

The ultimate goal of the Drug Court is to give participants the foundation they need to maintain their recovery and reintegrate into their families and communities.

The Four Phases of The Drug Court Program

PHASE 1: Stabilization, Orientation and Assessment

PHASE 2: Intensive Treatment

PHASE 3: Transition

PHASE 4: After Care

PHASE 1

Stabilization, Orientation and Assessment

- Orientation/overview of the program
- Assessment and initial treatment plan developed. Depending on the level of need participants will be placed in residential treatment, Intensive Outpatient Services, Supportive Outpatient Services and/or individual counseling.
- Meet with the Supervision Officer each week that there is no court.
- Individual and/or group counseling sessions as indicated by the assessment
- Submit to random drug testing at least 2 times per week as directed
- Attend and participate in a community based sober support group 3 times per week and work with a sponsor / accountability partner.
- Identify special needs such as housing, finances, budgeting, medical, clothing, etc.
- Attend Drug Court settings twice a month or as directed by the Court
- Average length of Phase 1 is 90-120 days

The following Goals and Requirements must be met in Phase 1 before advancing to Phase 2

- Attend all meetings and appointments required under the integrated treatment plan
- No new arrests or probation violations for 30 consecutive days
- Complete abstinence from alcohol and abused drugs for 30 consecutive days
- Must be employed or show positive response to vocational / educational goals
- No unexcused absences from scheduled services for 30 consecutive days

PHASE 2

Intensive Treatment

The following Goals and Requirements must be met in Phase 2 before advancing to Phase 3.

- Continue to engage in individual and/or group Substance Abuse Counseling
- Continue to attend and participate in a community based sober support group and work with a sponsor / accountability partner
- Unemployment / vocational counseling as needed
- Submit to random drug testing at least once a week as directed
- Have safe and stable housing
- Have a plan to obtain needs identified in Phase 1 (finances, employment, housing budgeting, medical, etc.)
- Meet with supervision officer at least twice a month as directed
- Maintain or continue to improve personal/family finances
- Review and work towards goals for both the Drug Court and life goals
- Attend Drug Court settings twice a month or as directed by the Court

- Average length of Phase 2 is 120-150 days

Must be in compliance with each of the following requirements:

- Attend Drug Court settings as directed by the Court
- Attend all appointments with the Supervision Officer
- Complete any remaining classes required as a result of the offense
- No positive drug test for at least 45 consecutive days
- No unexcused absences from scheduled services for at least 60 consecutive days
- No new arrests or probation violations

Phase 3

Transition

The following Goals and Requirements must be met in Phase 3 before advancement to Phase 4.

- Continue to engage in individual and/or group Substance Abuse Counseling and attend as directed
- Submit to random drug testing at least 4 times per month or as ordered by the Court
- Continue to attend and participate in a community based sober support group and to work with a sponsor / accountability partner
- Continue to work and/or attend school and maintain a stable income
- Continue to follow previously set treatment / transition goals and modify those goals as needed.
- Meet with Supervision Officer at least once a month
- Attend Drug Court settings at least once a month
- Average length of Phase 3 is 150-180 days

Must be in compliance with each of the following requirements:

- No unexcused absences from scheduled services for 90 consecutive days
- No new arrests or probation violations
- No positive drug test for 120 consecutive days
- No unexcused absences from drug testing for 120 days
- Comply with the requirements of the Integrated Treatment Plan
- Maintain safe and stable housing

PHASE 4

After Care

The following Goals and Requirements must be met in Phase 4 before graduation.

- Continue to engage in individual and/or group Substance Abuse Counseling and attend as directed
- Court Appearances at least once a month
- Drug testing on a random basis
- Continue to attend and participate in a community based sober support group and to work with a sponsor / accountability partner
- Meet with the Supervision Officer at least once a month
- No positive drug tests for at least 30 consecutive days required to graduate
- Payment of all court imposed fees
- Maintain safe and stable housing
- Continue to work and/or attend school and maintain a stable income
- Average length of Phase 4 is 180-210 days.

Upon successful completion of Phase 4, Drug Court participants will be honored at a graduation ceremony that publicly acknowledges their accomplishments and their journey towards sobriety. Family members, friends, treatment providers, public officials and civic leaders are invited to share the occasion with the graduates as their presence at the ceremony reinforces the collaborative approach upon which the Drug Court model is based.

Court Appearances

Drug Court dockets are scheduled for the 2nd and 4th Thursdays of every month at 4:00 p.m. Participants are required to report for court sessions on time and as directed. This could include weekly court dockets depending on the participant's individualized treatment plan. Any participant reporting late for court or who fails to report to court will be subject to the sanctions of the court.

Reporting and Counseling / Treatment Appointments

Reporting to the Drug Court Supervision Officer and making all counseling appointments are two of the most important aspects of the Drug Court. The participants should make every attempt to make their appointments or, if they cannot attend their appointments, notify both their counselor and their supervision officer so they can be rescheduled. If the participant fails to attend an appointment, possible sanctions could be ordered by the Court.

Alcohol and Drug Testing

Any participant may be tested at any time for alcohol or drugs. Sobriety monitoring is critical for both the sobriety of the participant and the safety of the community.

Incentives

Incentives are given to participants who are deserving of special recognition for achievements and/or progress while in the Drug Court. Any member of the Drug Court team can make recommendations for incentives.

Examples of Incentives:

- Judicial recognition
- Reduced court appearances
- Reduced reporting to the supervision Officer
- Praise/Applause
- Excused from Court early
- Graduation certificates

Sanctions

Sanctions can either be therapeutic, punitive, or both. The Drug Court employs judicial sanctions, sanctions related to supervision, and therapeutic sanctions.

Examples of Judicial Sanctions:

- Increased contact with the Judge
- Court admonishment
- Jail Time
- Dismissal from the program

Examples of Supervision Sanctions:

- Verbal reprimand
- Community service hours
- Increased reporting and/or drug testing
- Increased court appearances
- Move back a phase or extension of time in the current phase

Examples of Therapeutic Sanctions:

- Essay assignment
- Address Judge/Peers in court
- A higher level of treatment

Graduation

Stable residence, employment or education and participation in individual and/or group counseling are required before being considered for graduation. After the participant has successfully completed all four phases of the program, he/she will be graduated. Upon graduation from the Drug Court the participant will continue supervision with the Denton County Community Supervision and Corrections Department on an aftercare or regular caseload.

Authorizations for Treatment

In some cases, additional treatment will be ordered for participants. Authorizations for treatment will be requested by the Supervision Officer.

DENTON COUNTY DRUG COURT

POST SCREENING INSTRUCTION LETTER

To Drug Court Candidate:

- The application process should take approximately four to eight weeks.
- We will notify your Court of jurisdiction you have applied and are being considered, if necessary.
- Please continue to follow all the directions of your original Court of jurisdiction, bondsman and attorney.

YOU ARE NOT EXCUSED FROM ANY COURT APPEARANCES OR BOND DIRECTIONS/INSTRUCTIONS

While your application is being considered:

1. You will not use drugs, re-offend or get arrested.
2. You will continue to follow all of your current Court, bond and attorney directives as well as conditions.
3. You will contact the Drug Court Screening Officer and provide any information concerning any changes to your application (telephone numbers, employment, residence, etc.).
4. Return our telephone calls promptly.
5. Notify the Drug Court Screening Officer within 72 hours if you need to cancel or reschedule any appointments. Failure to do so will result in a delay in the application process or removal from consideration.
6. Inform the Drug Court Screening Officer when you have scheduled your substance abuse evaluation and confirm when the evaluation has been completed.

Thank You

Denton County Drug Court Team

Defendant/Date

DENTON COUNTY DRUG COURT PARTICIPANT CONSENT FORM

AN EXPLANATION REGARDING YOUR RIGHTS

This consent form is governed by the Code of Federal Regulations, Part 2 of Title 42 concerning the confidentiality of alcohol and drug abuse patient records. Upon the participant's signature on this form, Denton County Drug Court Program Team, may disclose the participant's medical records regarding alcohol and drug abuse to those individuals within the criminal justice system who have a need for the information in connection with their duty to monitor the patient's progress, and attendees of Denton County Drug Court Program meetings who will be required to sign a confidentiality agreement pertaining to the participant's alcohol and drug abuse records. A person who receives patient information may redisclose and use it only to carry out that person's official duties.

BY SIGNING THIS CONSENT FORM, I UNDERSTAND:

- **I AM AUTHORIZING DENTON COUNTY DRUG COURT PROGRAM TEAM TO DISCLOSE CONFIDENTIAL INFORMATION FOR THE TERM OF MY PARTICIPATION IN DENTON COUNTY DRUG COURT PROGRAM, AND**
- **MY PRIVATE PATIENT RECORDS REGARDING MENTAL HEALTH ISSUES AND ANY DRUG AND ALCOHOL ABUSE MAY BE DISCUSSED IN A PUBLIC FORUM.**

I, _____, a participant in Denton County Drug Court Program authorize
Please print your name

Denton County Drug Court Program to disclose information regarding my diagnosis, prognosis, attendance or lack of attendance at treatment sessions or designated appointments, and / or my cooperation within the treatment program to:

- a prosecuting attorney;
- probation or parole officers;
- other participants in Denton County Drug Court Program
- a court granting pretrial or post trial release
- treatment provider/s
- defense attorneys and,
- members of the public attending Denton County Drug Court sessions
- members of the Denton County Drug Court Treatment Team

This information will be disclosed to these individuals for the purpose of providing treatment services and adequate case management and supervision. This consent is subject to revocation at any time except to the extent that Denton County Drug Court Program has already taken action in reliance on it. If not previously revoked, this consent will terminate upon the successful completion of my participation in Denton County Drug Court Program or the revocation of my probation.

This authorization DOES NOT include disclosure of the following: HIV/AIDS status; and genetic testing.

I have read the above explanation of my rights concerning the confidentiality of alcohol and drug abuse patient records. I also understand that any disclosure made is bound by the Code of Federal Regulations, Part 2 of Title 42 governing confidentiality of alcohol and drug abuse patient records and those recipients of this information may redisclose it only in connection with their official duties.

X _____
Signature

Date

DENTON COUNTY DRUG COURT
AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

Participant's Name: _____ SID: _____
LAST FIRST MIDDLE
 Social Security Number: _____ Date of Birth: _____
 Home Address: _____
STREET CITY STATE ZIP CODE
 Home Phone: (____) _____ Cell/Work Telephone Number: (____) _____

I hereby authorize the **Denton County Drug Court/Initiative Staff to disclose and/or receive** my Protected Health Information **to/from** the following entities (LINE THROUGH THOSE NOT APPROVED for disclosing and/or receiving information)

- | | |
|---|---|
| County Courts of Denton County | Denton County Community Supervision & Corrections Adult Probation Dept. |
| Denton County Pre-Trial Services | Center for Health Care Services |
| Denton County Criminal District Attorney's Office | Denton County Friends of the Family |
| Denton County Adult Detention Center Re-Entry Program | Texas Department of Family and Protective Services |
| District Courts of Denton County | Rape Crisis Center of _____ |
| Probate Courts of Denton County | Denton County MHMR |
| Denton County Detention Health Care Services | Family Members/Significant Others: |
| _____ State Hospital | Name: _____ Relationship: _____ |
| University Health System _____ | Name: _____ Relationship: _____ |
| _____ | Name: _____ Relationship: _____ |
| Methodist Healthcare _____ | Name: _____ Relationship: _____ |
| _____ | Psychiatrist/Clinic _____ |
| Baptist Health System _____ | Primary Care Doctor/Clinic _____ |
| _____ | Attorney _____ |

Description of item(s) to be released: (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Entire Health Care Record | <input type="checkbox"/> Nursing Notes | <input type="checkbox"/> Case Management Notes |
| <input type="checkbox"/> Mental Health Diagnosis/Treatment/Prognosis | <input type="checkbox"/> Physician Progress Notes | <input type="checkbox"/> Income/Benefits |
| <input type="checkbox"/> Alcohol/Drug Abuse History/Treatment/Prognosis | <input type="checkbox"/> HIV-Related Information | <input type="checkbox"/> Employment/Unemployment Hx |
| <input type="checkbox"/> Emergency Center/University Hospital Treatment | <input type="checkbox"/> History and Physical | <input type="checkbox"/> School Records/ARDs/Testing |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Laboratory Results | <input type="checkbox"/> Access CHCS Anasazi EMR System |

I understand the information will be used or disclosed for the following purpose(s):

- Coordination of Care Assistance and Support of treatment Coordination of Social Services
 Other, specify _____

I understand the following (see CFR §164.508 (c)(2)(i-iii):

- I have a right to revoke this authorization in writing at any time, except to the extent information has been released in reliance upon this authorization. To revoke this authorization, you must deliver a written statement signed by you or your legally authorized representative to a Drug Court/Initiative Staff.
- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose(s) listed. I understand that this authorization is voluntary and treatment, Medicaid benefits, or payment processing will not be withheld if I refuse to sign this authorization.
- Many of the organizations that I may have authorized to receive my health information are NOT health-care providers.**
- If an organization authorized to receive my information is not a health-care provider, the released information is no longer protected by federal Privacy regulations (45 CFR Parts 160 through 164), and that it may be re-disclosed by the recipient.**
- The Drug Court/Initiative cannot limit or control the subsequent use, reproduction, or dissemination of the health information I have authorized to be released.** _____ (initial)
- The requested information in my health records may include information relating to AIDS, HIV, psychiatric, behavioral or mental health services, and substance or alcohol dependency.
- This authorization is given in compliance with the federal consent requirements for release of alcohol or substance abuse records of 42 CFR 2.31, the restrictions of which have been specifically considered and expressly waived.** _____ (initial)
- This authorization will be valid until until I am no longer a participant in the Drug Court Initiative.

Participant's Signature _____ Date _____ Drug Court/Initiative Staff Signature _____ Date _____

If not the participant, person signing on participant's behalf: _____ Authority to sign: _____
Signature Date

Any facsimile, copy or photocopy of the authorization shall authorize you to release the records requested herein.
Denton County Drug Court, Attention: Kevin Edwards
650 S. Mayhill Road, Denton, Texas, 76208-6313 Phone: 940.349.3337

**WAIVER AND RELEASE OF DRUG COURT SCREENING
REPORT**

TO THE PRESIDING JUDGE OF DRUG COURT:

I, _____, a defendant charged in Denton County, Texas, alleged to have committed acts constituting a criminal offense under the laws of the State of Texas, do knowingly, voluntarily, and intelligently consent to the release and inspection of the Drug Court Screening Report prepared by officers of the Denton County Community Supervision and Corrections Department pursuant to Article 42.12, Sec. 9(c)(2) of the Texas Code of Criminal Procedure and in accordance with my request and application to be considered for the Drug Court Program. By providing this release, I understand I am waiving any rights or complaints of confidentiality regarding the information I provide to the Drug Court Screening Officer as a part of my application for Drug Court.

Pursuant to this section, I authorize the Presiding Judge of Drug Court to release the information contained in this report to my counsel of records, members of the Community Supervision and Corrections Department, the Denton County District Attorney's Office and approved outside medical personnel in order to facilitate the screening process to determine my eligibility for Drug Court. I understand until I accept the terms of the Drug Treatment Plan and volunteer to enter the Drug Court, the supervision department will not release this information to the State or the Court.

I understand after I am presented with and accept the terms of my Drug Court Treatment Plan and volunteer to enter Drug Court, my screening report will be released to the State as well as the Presiding Judge for a final review and I further understand the Presiding Judge will make the final determination if I will be accepted into the Drug Court. I understand this report will be compiled, not to aid in prosecution, but rather to determine my eligibility for Drug Court.

By releasing and waiving my rights of confidentiality under Article 42.12, Sec. 9(c)(2) of the Texas Code of Criminal Procedure pursuant to the Denton County Drug Court Program, I understand the information I provide to the Denton County Community Supervision and Corrections Department could possibly be used in my subsequent prosecution for the crime I have been alleged to have committed should I not be accepted into Drug Court or fail to complete Drug Court successfully.

Defendant/Date

Defendant's Attorney

Drug Court Screening Officer/Date

FINANCIAL PROFILE

DATE: _____

NAME: _____

LIST YOUR MONTHLY INCOME:

Salary: _____
SPOUSE'S SALARY: _____
ROOMMATE/FAMILY: _____
OTHER INCOME: _____

MISCELLANEOUS:

LIFE INSURANCE: _____
DONATIONS: _____
ENTERTAINMENT: _____
RECREATION/SPORTS: _____

MONTHLY EXPENSES:

CHILD SUPPORT: _____
RENT/MORTGAGE: _____
UTILITIES: _____
TELEPHONE: _____
OTHER: _____
CIGARETTES/TOBACCO: _____
FURNITURE: _____
VACATION: _____

SAVINGS: _____
CREDIT CARD(S): _____
CHILD CARE: _____
LOANS: _____
GROCERIES: _____
MISC. FOOD & DRINKS: _____
FOOD (EAT OUT): _____
CABLE TV/MOVIES: _____

TOTAL: _____

TOTAL: _____

TRANSPORTATION:

GAS & OIL: _____
TAXI: _____
OTHER: _____
INSURANCE: _____
CAR PAYMENT(S): _____

MONTHLY COURT ORDERED MONIES:

PROBATION: _____
COURT COSTS: _____
FINE: _____
ATTORNEY FEES: _____
RESTITUTION: _____

TOTAL: _____

TOTAL: _____

CLOTHING:

SPOUSE'S: _____
CHILDREN'S: _____

EDUCATION:

NEWSPAPER: _____
TUITION: _____
BOOKS/SUPPLIES: _____

TOTAL: _____

TOTAL: _____

THE ABOVE TOTALS ARE ACCURATE TO THE BEST OF MY KNOWLEDGE.

DATE: _____

DEFENDANT: _____

****BRING COPIES OF PAYCHECK FOR LATEST MONTH****

DENTON COUNTY CSCD – DRUG COURT DATA SHEET

INSTRUCTIONS FOR FILLING OUT THIS FORM / INSTRUCCIONES PARA LLENAR EL FORMULARIO:

PLEASE WRITE **DETAILED ANSWERS** TO THESE QUESTIONS. IF A QUESTION DOES NOT APPLY TO YOU, WRITE "N/A" (not applicable) INSTEAD OF LEAVING IT BLANK.

Escriban respuestas detalladas a estas preguntas. Si una pregunta no se aplica a usted, escriba "N/A" (no aplicable) en lugar de dejarlo en blanco.

Full Name: _____ **Sex:** _____
(Nombre completo) (Sexo)

Other Names Used: _____
(Alias)

With whom do you live: _____
(Con quien vive)

Your Street Address: _____
(Domicilio)

City _____ **State** _____ **ZIP** _____

Are there any firearms at this address? Yes ___ No ___
(¿Hay armas de fuego localizados en esta casa?)

Do you own or have access to any firearms not located at this address? Yes ___ No ___
(¿Es dueño de cualquier arma de fuego o tener acceso a cualquier arma de fuego que no están ubicadas en la dirección antes mencionada?)

If your answer is yes to either of the two questions above, please explain: _____
Si su respuesta es "sí" a cualquiera de las dos preguntas anteriores, explique:

Permanent Address: _____
(Domicilio permanente)

How long have you lived at your current address? _____
(¿Cuánto tiempo ha vivido en su dirección actual?)

If less than a year, how many times have you moved in the past year? _____
(Si menos de un año, ¿cuántas veces se ha cambiado en el último año?)

Why did you move? _____
(¿Por qué has cambiado de domicilio?)

Home Phone: _____ **Cell Phone:** _____
(Teléfono de casa) (Cellular)

Your Age: _____ **Your Date of Birth:** _____ **Your Email:** _____
(Edad) *(Fecha de nacimiento)* *(Correo electrónico)*
Marital Status: _____ **Number of Dependents:** _____
(Estado civil) *(# de dependientes)*
City/State of Birth: _____ **Citizenship:** _____
(Lugar de nacimiento, ciudad y estado) *(Ciudadanía)*
Ethnicity/Race: _____ **SS#:** _____
(Etnicidad/raza) *(# de seguro social)*
Drivers License #: _____ **State:** _____
(Licencia de conducir) *(Estado)*

Height: _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____
(Estatura) *(Peso)* *(Color de pelo)* *(Color de ojos)*
Vehicle Make: _____ **Model:** _____ **Year:** _____ **Type:** _____
(Marca de vehículo) *(Modelo)* *(Año)* *(Tipo)*
Color: _____ **Vehicle License Plate #:** _____ **State:** _____
(Color) *(# de placa)* *(Estado)*

Present Offense *(Ofensa Presente)*

Offense: _____
(Ofensa)

Explain in your own words what happened *(Explica lo que ocurrió):*

What was your specific involvement in the offense(s)? (What was going on that day? What led to your decision to commit the offense(s)? Who was with you?) *(Cuál fue su participación específica en la/las ofensa(s)?)*
(¿Qué estaba pasando en ese día? ¿Qué lo llevó a su decisión de cometer la/las ofensa(s) ¿Quién estaba con usted?)

Attorney: _____ **Plea Guilty** **Not Guilty** **No Contest**
(Abogado) *(Culpable)* *(Inocente)* *(No disputa)*

Weapon Involved? Yes _____ **No** _____
(¿Uvo una arma involucrada en esta ofensa?)

If yes, what kind of weapon and was it used during the offense?
(En caso afirmativo, qué tipo de arma y se la utilizó durante el delito?)

Pending Charges? _____
(¿Tienes cargos pendientes?)

LIST ALL PRIOR ARRESTS JUVENILE AND ADULT *(Apunte todos los previos arrestos)*

DATE <i>(Fecha)</i>	OFFENSE <i>(Ofensa)</i>	CITY/STATE <i>(Ciudad/Estado)</i>	AGE <i>(Edad)</i>	RESULT <i>(Resultado)</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Were you drinking and/or using drugs when involved with any of your prior offenses? (circle one)
(¿Estaba bebiendo y / o el uso de drogas cuando está involucrado en ninguna de sus ofensas anteriores?) (marque con un círculo)
NONE/ninguno SOME/algunos MOST/la mayoría de todos ALL/todos los casos

Have you ever been sentenced to jail? _____ # _____ **Where** _____
(¿Ha sido sentenciado a la cárcel alguna vez?) (Adonde)

Have you ever been sentenced to prison? _____ # _____ **Where** _____
(¿Ha sido sentenciado a la prisión alguna vez?) (Adonde)

Have you ever been on Juv Probation? _____ # _____ **Where** _____
(¿Ha estado en libertad condicional-juvenil?) (Adonde)

Have you ever been on Adult Probation? _____ # _____ **Where** _____
(¿Ha estado en libertad condicional-adulto?) (Adonde)

Have you ever been on Parole? _____ # _____ **Where** _____
(¿Ha estado en libertad condicional-parole?) (Adonde)

Have you ever had a Probation or Parole revoked? _____ **Where** _____
(¿Ha revocado alguna vez su libertad condicional?) (Adonde)

Have you ever been a member of a gang? _____
(¿Ha sido miembro de una pandilla?)

Name of Gang: _____ **Where:** _____
(Nombre de pandilla) (Adonde)

COMPANIONS *(Compañeros)*

Have any of your friends been on probation or experienced legal problems? Yes ___ No ___
(¿Alguno de sus amigos en libertad condicional o ha presentado problemas legales?)

If yes, what did they do? Were they (or are they currently) in jail or prison, or on probation or parole?
[En caso afirmativo, ¿qué hicieron? Eran (o son en la actualidad) en la cárcel o prisión, o en libertad condicional o libertad condicional?]

What do you do during your free time away from work or school?
(¿Qué hace durante su tiempo libre fuera del trabajo o la escuela?)

FAMILY HISTORY *(Historia Familiar)*

Father: _____
(Padre)

Street Address: _____
(Domicilio)

City/State/Zip: _____
(Ciudad/Estado/Código)

Occupation: _____ **Employer:** _____
(Oficio) *(Empleador)*

Mother: _____
(Madre)

Street Address: _____
(Domicilio)

City/State/Zip: _____
(Ciudad/Estado/Código)

Occupation: _____ **Employer:** _____
(Oficio) *(Empleador)*

Are your parents divorced? _____ **Your age at time of divorce:** _____
(¿Estan divorciados sus padres?) *(Edad de usted cuando se divorciaron)*

LIST BROTHERS & SISTERS *(Apunte todos los nombres de sus hermanos/hermanas)*

Name <i>(Nombre)</i>	Age <i>(Edad)</i>	Address/City <i>(Domicilio/Ciudad)</i>	Phone <i>(Teléfono)</i>	Employer <i>(Empleador)</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

USE BACK OF FORM IF NECESSARY *(utilizar el reverso del formulario si es necesario)*

When growing up, how did you get along with your parents?
(Cuando usted estaba creciendo como un niño, ¿cómo se lleva con sus padres?)

When growing up, how did you get along with your brothers and/or sisters?
(Cuando crecen, ¿cómo se lleva con sus hermanos y / o hermanas?)

Has anyone in your family been on probation or experienced legal problems?
(¿Alguien en su familia ha estado en libertad condicional o ha presentado problemas legales?)

If yes, please provide their names, offense(s) and if they have been or are still on probation or parole?
(En caso afirmativo, indique sus nombres, delito (s) y si han sido o están todavía en "probation" o libertad condicional.)

MARITAL STATUS *(Estado Civil)*

Single **Married** **Separated** **Divorced** **Widowed** **Co-Habiting**
(Soltero) *(Casado)* *(Separado)* *(Divorciado)* *(Viuda/Viudo)* *(Cohabitando)*

Current Spouse Name: _____ **Phone:** _____
(Esposo/Esposa actual) (Teléfono)

Address: _____
(Domicilio)

Employer: _____ **Work Phone:** _____
(Empleador) (Teléfono de trabajo)

How well do you get along with your significant other and/or roommate? How satisfied are you with your relationship?

¿Qué tipo de relación tiene con su pareja y / o compañero de cuarto? ¿Qué tan satisfecho está usted con su relación?

LIST ALL CHILDREN AND STEP CHILDREN (Apunto todos sus hijos/hijas)

Name (Nombre)	Age (Edad)	Lives With (Con quien vive)	Address (Domicilio)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOUR EDUCATION (Su educación)

Schools Attended (Esuelas que asistió)	City/State (Ciudad/Estado)	Grade completed (Año terminado)	Date (Fecha)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently enrolled in school/college? Yes ___ No ___ If yes, what school/college and what is your major?
(¿Está usted actualmente matriculado en la escuela / universidad? En caso afirmativo, ¿a qué escuela / universidad y lo que es su especialidad?)

Did you have any problems doing school work? Yes ___ No ___ Were you enrolled in any Special Education, Resource or Content Mastery classes?
(¿Sabía usted algún problema al hacer el trabajo escolar?) (¿Ha estado en programas especiales en la escuela?)

What type of trouble did you get into in school (if any)?
(¿Si usted se metió en problemas en la escuela, ¿qué tipo de problemas?)

If you did get into trouble in school, what was the outcome?
(Si se meten en problemas en la escuela, ¿cuál fue el resultado?)

Your primary language? _____ **Do you speak any foreign languages?** _____
(¿Idioma principal?) (¿Qué idioma (s) se puede hablar?)

Have you ever repeated a grade? _____ Which grades/why? _____
(¿Reprobaste años en la escuela?) (¿Cuales grados y por qué?)

What plans do you have concerning your education/future?
(¿Cuales son tus planes sobre tu educación y futuro?)

MILITARY SERVICE (Servicio Militar)

Have you ever served in the military? _____ Date entered: _____ Date Discharged: _____
(¿Ha servido en el servicio military?) (fechas de enlisto y termino)

Branch: N/A AIR FORCE ARMY COAST GUARD MARINES NAVY

Current Service Status: Active Duty Reserve/Nat. Guard Inactive Reserve Discharged

Type of discharge (Tipo de desalojo) :

Honorable General General Less than Honorable Dishonorable
 Dismissed (Officers Only) Honorable Retired Retired Service-Connected Disability

DD214 form (Dept. of Defense Military discharge) attached: Yes No

Military 201 Records form attached Yes No

Eligible for or receiving Veteran's Administration Benefits? Yes No

Do you hold a combat service ribbon? Yes No

Combat zone: N/A WWII (1941-1945) KOREA (1950-1953) VIETNAM (1960-1975)

GRENADA (1983) PANAMA (1989-1990) GULF WAR (1990-1991)

KOSOVO (1998-1999) AFGHANISTAN (2001-PRESENT) IRAQ (2003-PRESENT)

Service in support of combat mission ribbon? Yes No

Mental health diagnosis of post-traumatic stress disorder? Yes No

Other mental health conditions (service-connected): _____

Combat-related traumatic brain injury: _____

Other combat injury: _____

Other service-connected injury/disability: _____

EMPLOYMENT (Empleo)

Occupation: _____ Current Employer: _____
(Oficio) (Empleador actual)

Address: _____
(Domicilio de trabajo)

Phone: _____ Salary: _____ Supervisor: _____
(Teléfono) (Sueldo) (Nombre de supervisor)

Start Date: _____ Work Hours: _____ Full/Part Time: _____
(Fecha de cuando empezo) (Horario de trabajo) (Trabajo tiempo completo?)

Vacation or paid leave available: _____
(¿Recibe vacaciones pagadas?)

Is your employer aware of your offense? _____
(¿Esta enterado su empleador de esta ofensa?)

WORK HISTORY (Historia de Trabajo)

Employer (Empleado)	City/State (Ciudad/Estado)	Date (from-to) (Fecha)	Duties (Obligaciones)	Reason for Leaving (Razón de despedido)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is the longest period you have worked at the same job? _____
(¿Que es el período más largo que has durado en un trabajo?)

What are your job skills? _____
(¿Cuáles son sus habilidades de trabajo?)

In the past year, how many months have you worked? _____
(En el año pasado, ¿cuántos meses trabajo?)

If unemployed, length of time? _____
(Si no está trabajando, ¿el tiempo en busca de trabajo?)

Do you and/or your family have medical insurance? _____ **What provider?** _____
(¿Tiene usted/su familia seguro medical?) (Con que servidor?)

FINANCES (Fianzas)

What is your annual income from all sources? _____
(¿Cuál es su ingreso anual de todas las fuentes?)

Have you ever had problems supporting yourself? _____
(¿Ha tenido alguna vez problemas por sí mismo apoyo?)

Have you ever been in trouble because of money problems (bad checks, fraud, stealing, etc.)?
(¿Alguna vez ha tenido problemas a causa de problemas de dinero (cheques sin fondos, fraude, robo, etc)?)

What are your total monthly expenses? _____
(¿Cuáles son sus gastos mensuales totales?)

Do you pay child support? _____ **How much?** _____ **Is it court ordered?** _____
(¿Paga usted manutención de los hijos (child support)?) (Cuánto?) (Esta ordenado de la corte?)

During times of unemployment, how do you support yourself? _____
(¿Cómo usted se mantenes cuando no trabajas?)

Do you receive any federal assistance (Housing, SSI, Food Stamps)? If yes, specify how much per month and which type: _____
(Recibe asistencia federal (estampillas de comida)? En caso afirmativo, especificar la cantidad por mes y el tipo)

SHORT PERSONAL HISTORY (Historia Personal)

Have you ever been abused (physically, sexually and/or verbally)? _____
(¿Alguna vez ha sido víctima de abuso (físico, sexual y / o verbal)?)

Has anyone in your family abused another family member? _____
(¿Alguien en su familia había maltratado a otro miembro de la familia?)

What do you consider your health to be? _____
(¿Cómo considerer su salud?)

Have you ever thought of hurting yourself? _____ **If yes, what did you think about doing?**
(¿Alguna vez ha pensado en hacerse daño?) (En caso afirmativo, ¿qué ha pensado alguna vez acerca de hacer?)

Did you actually hurt yourself? _____

(¿Usted realmente logró hacerse daño?)

Have you ever attempted suicide? If yes specify the date of the last attempt and the method used.

(¿Alguna vez ha intentado suicidarse? En caso afirmativo especificar la fecha del último intento y el método utilizado.)

What kinds of things make you feel depressed? ¿Qué tipo de cosas te hacen sentir deprimido?

What do you do when you are depressed?

¿Qué hace usted cuando usted está deprimido?

Have you ever been or are you now under the direct supervision of:

(¿Has recibido supervisión de alguno de estos médicos?)

- **Psychiatrist(s) or Psychologist(s)** _____
(Siquiatra)
- **Substance Abuse Counselor** _____
(Sicólogo)
- **Social Worker (MSW or A.C.S.W.)** _____
(Asistencia social)
- **Other Professional Counselor** _____
(Otra ayuda profesional)

If yes, when: _____ **Name of Doctor/Counselor:** _____

(Sí, su respuesta es si, cuando)

(Nombre/s del Consejero)

Address: _____ **Phone:** _____

(Domicilio)

(Teléfono)

Treatment for: _____

(¿Tratamiento de que?)

Do you have any physical handicaps, disabilities, or illnesses? _____

(¿Tienes discapacidades?)

Explain: _____

(De una explicación)

Are you currently under the care of a Medical Doctor? Yes _____ No _____

(Recibe atención médica en este momento?)

(Sí)

(No)

If yes, for what? _____

(Sí, su respuesta es si de una explicación)

How would you describe your health (circle one)? poor fair good excellent

Have you ever received psychological testing? _____ no _____ yes

If yes, date: _____ Location: _____ By Whom: _____

Have you ever engaged in self-injurious behavior (such as cutting, scratching, etc.)?

_____ no _____ yes

_____ no _____ yes

Have you ever been hospitalized for psychiatric reasons?

If yes, how many times? _____ If yes, when? _____

What was your diagnosis? _____

Are you taking current medication(s) as prescribed? _____ no _____ yes

Have you ever been prescribed medication for depression, anxiety or any mental health issues? _____ no _____ yes

PRESENT PRESCRIPTION DRUG HISTORY (*Apunte todos los medicamentos que tomas*)

Type (Tipo)	Date Started (Fecha que empezo)	How Often (Que tan seguido)	Prescribed By (Nombre de medico)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALCOHOL USE (*Uso de Alcohol*)

At what age did you first drink alcohol? _____

(¿Que edad tenias cuando probaste alcohol?)

How often did you drink? _____ How much? _____

(¿Que tan seguido bebes alcohol?)

(¿Cuánto?)

What kind? _____ When was the last time? _____

(¿Que tipo de alcohol bebes?)

(¿La ultima vez que bebeste?)

Have you ever blacked out? _____ Have you ever missed work due to alcohol? _____

(¿Alguna vez te has desmayado?)

(¿Has faltado al trabajo por causa del alcohol?)

HAVE YOU EVER USED ANY OF THE FOLLOWING DRUGS

(*Alguna vez a usado alguna de estas drogas*)

(INDICATE D-DAILY, W-WEEKLY, M-MONTHLY, O-OCCASIONALLY)

(*Favor de indicar: D-DIA, S-SEMANAL, M-MENSUAL, O-OCASIONALMENTE*)

DRUG (Tipo de droga)	AGE FIRST USED (Edad cuando uso)	HOW OFTEN (Que tan seguido usa)	DATE FROM-TO (Fecha de cuando uso)	LAST USED (La ultima vez que uso)
AMPH/ADDERALL				
COCAINE				
CRACK				
HEROIN				
MARIJUANA				
METH/ICE				
LSD				
PCP				
BARBITURATES				
ROHYPNOL				
HASHISH				
MORPHINE				
CODEINE				
ECSTASY				
GHB				
INHALANTS				

Street Address: _____

(Domicilio)

City/State/Zip: _____ **Relationship (family or friend)** _____

(Ciudad/Estado/Código)

(¿Relación con usted (familiar o amigo)?)

Name: _____ **Phone:** _____

(Nombre)

(Teléfono)

Street Address: _____

(Domicilio)

City/State/Zip: _____ **Relationship (family or friend)** _____

(Ciudad/Estado/Código)

(¿Relación con usted (familiar o amigo)?)

How do you think Drug Court can help you? *¿Cómo crees que la libertad condicional le puede ayudar?*

I certify the statements made by me in this information packet are true, complete and correct to the best of my knowledge. I understand the information I have been provided will be verified and any discrepancies will be noted in the subsequent screening report.

Signature of candidate

Date



NAME: _____

CAUSE# _____

DRUG TREATMENT COURT CONTRACT
PARTICIPANT RESPONSIBILITIES/REQUIREMENTS

I _____, understand that I am responsible for the following behaviors as part of my agreement and willingness to participate in the Denton County Drug Treatment Court Program:

1. I am responsible for signing a release of information and I understand the Drug Court Team will be speaking about me in staffing.
2. I am responsible for making sure that I do not consume alcohol and/or products that contain alcohol. (for example: O'Doul's, Nyquil, mouthwash), illegal drugs or medications that I do not have a prescription for.
3. I am responsible for attending all office and field contacts as scheduled by my Supervision Officer. I am responsible to report to my Supervision Officer as per the requirements of my current phase in the Court.
4. I am responsible for appearing before the Court as scheduled
5. I am responsible for attending and participating in all elements of my treatment program including but not limited to: Residential Treatment, Substance Abuse Outpatient Treatment: IOP, SOP, Individual counseling, aftercare, education or vocational programs, health education programs, mental health programs, or life skills programs as directed by my Supervision Officer.
6. I am responsible for attending community based sober support group meetings (such as AA, NA, CR, Smart Recovery) as directed & approved by my Supervision Officer, no less than 2 times per week and for providing verification of attendance to my Supervision Officer.
7. I am responsible for obtaining a sponsor/accountability partner in the community based sober support meetings and working with this person closely in my recovery process.
8. I am responsible for my own behavior.
9. I am responsible for making recovery the first priority in my life.

10. I am responsible for being honest and forthright about my behavior (both past and present) with the Judge, my Supervision Officer, the treatment provider and the other agents of the Drug Court.
11. I am responsible for treating myself and others with respect.
12. I am responsible for submitting to any requested test for alcohol or other drugs as scheduled or as requested. I understand that I will be observed while providing urine specimens. I will call in or check in via the internet app into the IVR/TASC –urine collection system, every day: Sunday thru Saturday. I am responsible for making sure that the urine sample I provide is NOT diluted. I understand that if I produce a dilute urine sample it may be addressed with a sanction. I have been informed that ingesting an excessive amount of fluids can result in a diluted urine specimen. 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 /alcohol test results may be considered a violation of the program rules and addressed by the Court in the manner deemed appropriate by the Court.
13. I am responsible for wearing a drug patch if requested/ordered by the Court.
14. I am responsible for providing my Supervision Officer with written proof of any medications that I am taking and I am responsible for signing a release of information so that the Drug Court Team may speak to my medical providers if deemed necessary by the Court.
15. I am responsible for making myself available for my Supervision Officer to visit me at my home or elsewhere and I further understand that my Supervision Officer may make unannounced visits to my home or elsewhere.
16. I am responsible for bringing my Drug Court folder to each contact with my Supervision Officer.
17. I am responsible for complying with all terms of my community supervision.
18. I must reside in Denton County.
19. I am responsible for notifying my Supervision Officer within 24 hours of any new arrests, tickets or any law enforcement contact I have.

I ACKNOWLEDGE THAT I RECEIVED A COPY OF THIS CONTRACT & I HAVE HAD IT EXPLAINED TO ME, AND I FULLY UNDERSTAND WHAT IS EXPECTED OF ME WHILE I AM PARTICIPTAING IN THE DRUG COURT OF THE DENTON COUNTY.

Participant Signature

Date

Supervision Officer Signature

Date