

MONTGOMERY COUNTY COURT OF COMMON PLEAS
DRUG TREATMENT COURT

POLICY
AND
PROCEDURE
MANUAL



Pathway to a Productive, Substance-Free Future since April 2006

MONTGOMERY COUNTY BOARD OF COMMISSIONERS

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DRUG TREATMENT COURT

The mission of the Montgomery County Drug Treatment Court is to enhance the safety of the community by providing intensive substance abuse treatment, education, and related services to offenders while under criminal justice supervision. Our method provides comprehensive treatment of the offender and factors that drive their addiction, empowering the offender to overcome barriers which interfere with their ability to make behavioral and life change possible.

Treatment/Supervision Team Approach

The participant will be supervised and supported by a treatment team approach which includes the Judge, District Attorney, Public Defender, treatment provider(s), support systems, and Probation Officer, to achieve life changing goals.

Promote Community Safety

The program reduces recidivism rates among offenders to make the community a safer place to live by dealing with the underlying addiction.

Conserve Resources

The program will provide participants the ability and knowledge to lead a crime free and substance free life and in return reduce the impact to community resources.

Provide a Framework for Better Lives

The program allows the participant the opportunity to learn not just about their addiction but about themselves. This results in better, more productive lives for the participant and those around them.

The Montgomery County Drug Treatment Court began operation in April 2006 as an alternative to traditional methods of disposition for offenders struggling with substance abuse disorders. The program identifies, assesses, and provides both intensive treatment and intensive supervision to those whose criminal behavior is linked to substance abuse disorders. It is not probation/parole in the traditional sense; it is a treatment program that models the ten key components of treatment courts.

In April of 2010, the community supervision component of Restrictive Intermediate Punishment was merged with the Montgomery County Drug Treatment Court, adding proven rehabilitative strategies to changing offender behavior. With increased drug testing and judicial oversight, the Adult Probation Department witnessed an increase in successful completions and a further reduction in recidivism. The modified approach to meeting participants' needs will present to the participant what to do in high-risk situations, as well as what not to do. There is zero tolerance for high risk offenders, and the Court uses creative applications of sanctions, leading up to revocation of their sentence.

(In 1997, Pennsylvania's Sentencing Guidelines include a mechanism by which the sentencing court may consider the use of Treatment-based Restrictive Intermediate Punishment (R.I.P.) as an alternative to incarceration for non-violent offenders assessed to be dependent on alcohol and/or drugs. When an offender is targeted and identified as a potential candidate for R.I.P., a comprehensive diagnostic assessment is conducted to determine the appropriateness and necessity of treatment. If the offender gets approved without objection by the Judge or District Attorney, the offender is diverted from incarceration and begins intensive drug and alcohol treatment.)

DRUG TREATMENT COURT TEAM

The team meets weekly to discuss the progress of each individual in the program and to formulate strategies to help insure a successful outcome for each participant. The discussions offer an opportunity for information sharing and allow team members to hear perspectives on an offender from those filling other roles on the treatment team. Often new strategies for supervision or treatment emerge from these meetings. The imposition of sanctions and the distribution of program rewards are also discussed. The team also discusses the merits of recent applicants for admission to the program.



Judge

The Drug Treatment Court Judge provides leadership and direction to the team, provides judicial supervision for the offenders, and directs the weekly status conference meeting.

District Attorney

The Assistant District Attorney's role is to protect public safety.

Public Defender

Assistant Public Defender's role is to protect the rights of the participant.

Coordinator

The Drug Treatment Court Coordinator's role it is to oversee the overall function of the program including budgetary issues, supervision issues, issues related to treatment provision, and liaison issues with government and community agencies.

Probation Officers

The Probation Officer's role is to not only provide intensive supervision but also function as part of the treatment team. Officers are to provide insight at the weekly status conference meeting.

Treatment Service Providers

The treatment provider's role is to provide treatment services to the program participants as well as provide insight at the weekly status conference meeting. The probation and parole department works together with the treatment providers to avoid conflicts; allowing the participant positive team support during their substance-free journey.

ELIGIBILITY PRINCIPLES

The Montgomery County Drug Treatment Court receives referrals from a variety of sources including the participant, arresting officers, probation/parole officers, District Justices, District Attorneys, and the defense bar. Referrals are categorized into four types:

Diversion Cases: those are new cases to the criminal justice system and are admitted at the sole discretion of the District Attorney. They require a written admission of guilt and waiver for speedy trial rights (Rule 600) to the charges prior to being admitted to the program. No plea is entered and upon successful completion of the program requirements, the charges may be dismissed and record expunged.

If deemed eligible by the District Attorney's representative, the offender undergoes a three step screening process. The offender is initially interviewed by the program coordinator who explains the program's requirements, aim, and its voluntary nature. At the same time, an assessment is being completed to evaluate the offender's motivation for applying to the program. If considered appropriate by the coordinator, the offender is then referred for a comprehensive drug, alcohol, and psycho/social assessment by the program's clinical evaluator. The final step in the process takes place when the full program committee meets and reviews the findings of the coordinator and clinical evaluator. After a full review of the offender's information, the committee will either accept or deny the applicant.

Recovery Cases: (Violation of Probation and/or Parole VOP) these are offenders currently under the supervision of the Montgomery County Adult Probation and Parole Department. Upon successful completion of all program requirements they may earn the termination of their periods of supervision if all program conditions are met and all financial obligations to the Court are satisfied. They do not qualify for record expungement. If the financial obligation is not satisfied during the program period, administrative supervision is continued until payment in full is made.

While the majority of Recovery cases are facing violation charges, the program has accepted several offenders who volunteered for the program as an aid in their attempt to maintain a substance free lifestyle. The screening process for Recovery cases is similar to that in use with diversion cases. However, the coordinator will also consult with the assigned probation officer in order to receive feedback as to the offender's suitability for the program. In Recovery cases, the District Attorney's role is more limited than in Diversionary cases. In the event of a case involving technical violations, the District Attorney can object to an admission at the committee meeting but can not block the admission. If the District Attorney has an objection, the sentencing judge on the offender's violation case is notified of the objection. If there are new charges and the District Attorney has an objection, the probation/parole violation (recovery case) can be admitted but the new charge must be entered post plea and there is no agreement regarding dismissal or expungement of the new charge. Once the District Attorney's objection has been noted in the committee meeting, the coordinator and clinical evaluator conduct their interviews with the offender. The committee then reviews their findings and a decision is made as to the offender's admission or denial to the program. Recovery cases are only admitted with the probation/parole judge's permission.

Hybrid Cases: these are offenders who have both a diversion case (new arrest) and a recovery case (current sentence of probation/parole/intermediate punishment). Hybrid cases are subject to the same admittance procedure of the Recovery and Diversion cases explained above.

Restrictive Intermediate Punishment Cases: an offender can be admitted on a new charge where the offender is a level 3 or 4 offender under PA state guidelines. An offender can be admitted on their current

probation case if they are in violation of their probation case, statutorily eligible, and have 3 years of sentence exposure. The new case or violation case will be referred to Drug Treatment Court for an assessment. Upon successful completion they may earn the termination of their periods of supervision if all program conditions are met and all financial obligations to the Court are satisfied. If the financial obligation is not satisfied during the program period, supervision is continued until payment in full is made.

INELIGIBILITY STANDARDS

For Diversion, Recovery, and Hybrid cases, there are certain types of offenses and behaviors which are deemed to be inappropriate for the Drug Treatment Court for reasons of public safety. The following is a list of ineligible offenses and behavior:

- Drug Sales
- An offense involving firearm(s)
- Simple Assault
- Sex Offenses
- Manufacture of a controlled substance
- Possession w/ Intent to Deliver
- Aggravated Assault
- A history of violence

This list includes any instant offense(s) or prior offense(s) that include these charges or behavior(s). The responsibility to deny or object to an admission based on the nature of the present or past offense is the District Attorney's. The circumstances and details of all offense(s) are taken into consideration along with any victim impact.

For Restrictive Intermediate Punishment cases, the eligibility criteria for Levels 3 and 4 Sentencing Guideline Offenders applies to sentences for certain offenses committed on or after June 3, 2005 as per the 6th Edition of the Sentencing Guidelines Implementation Manual with substance abuse as a causative factor. An offender who meets the following criteria is eligible:

- The offender must be a Level 3 or 4 Sentencing Guideline Offender
- The offender must be drug and/or alcohol dependent
- The offender must be a Montgomery County resident
- The offender must be convicted of an eligible offense

The offender's diagnosis of a Serious Mental Illness (SMI) may limit their ability to participate in the program. The Coordinator may choose to refer an offender to Behavioral Health Court or another specialty Court.

Based on applicable statutes on June 3, 2005 of the Sentencing Guidelines, an offender with a current conviction or prior conviction within the past ten years for any of the following offenses is ineligible for county restrictive intermediate punishment:

- Murder
- Voluntary Manslaughter
- Aggravated Assault
- Assault by a Prisoner
- Assault by a Life Prisoner
- Kidnapping
- Rape
- Statutory Sexual Assault
- Involuntary Deviant Sexual Intercourse
- Sexual Assault
- Aggravated Indecent Assault
- Indecent Assault
- Arson and Related Offenses
- Burglary
- Robbery
- Theft by Extortion
- Incest
- Escape

THE PROGRAM



Treatment: A team approach is used by program staff whereby Probation Officers work in collaboration with clinicians for the benefit of the participant. This aids in forming treatment strategies and identifying issues currently affecting the participant's recovery. Anyone significant to the participant's life such as family members, employers, friends, etc. is significant to the treatment team. Treatment needs are determined during the clinical assessment done on each participant prior to admission to the program. Needs are reviewed on a weekly basis and are often adjusted during the program as more is known about the individual's risks and needs.

The full continuum of treatment modalities is available including detoxification, in-patient, halfway house, and out-patient at varying levels. Both individual and group therapies are employed since the aim of the program is to treat the whole addict not just the addiction. The Pennsylvania Client Placement Criteria (P.C.P.C.) instrument is used to determine the appropriate level of care. Funding for treatment is provided by private insurance, Single County Authority (SCA) funding, Medical Assistance, and Drug Treatment Court funding. Confidentiality is maintained by providers except where the continuum of care principle requires that information be shared.

Participation in a 12-step program is also required of the participant. Participants are required to have a home group and a sponsor in order to help them understand the 12-step program. The 12-step program is designed to help participants create a new life in recovery which includes a healthy and sober lifestyle.

Collaboration: In order to eliminate participant triangulation or playing one side against another in order to manipulate the program, there is on-going communication between the supervision personnel and treatment staff. This team approach is vital in maintaining accountability for the offender. This is important in building responsibility and accountability which is lacking in the lifestyle of the addict.

Supervision: Supervision contacts with probation officers are made frequently in the beginning of the program to help create containment, a feeling of inclusion, assess attitude, and also to monitor compliance with program requirements. As the participant moves through the program, behavior becomes the chief indicator of the appropriate frequency of supervision. While the program has minimum contact requirements in each phase, the participant is seen more often, if and when, circumstances dictate.

A key component in the supervision of the participant is the court appearance. Judicial supervision is essential in keeping the participant focused on the ultimate goal, long-term sobriety. In the beginning of the program, the court appearance will be scheduled weekly and will be lessened or increased. Judicial supervision is done on a declining basis based on the participant's performance in the program.

Testing and Accountability: Substance abuse testing is considered a cornerstone of the program. The program's substance abuse testing policy is based on a random and frequent testing system. Each participant is directed to call a random testing phone line daily between 4 am and 9 am to hear if they are directed to report for testing. Upon finding they are directed to report for testing, the offender is to report to Adult Probation Department during the designated hours. All testing will be observed by a probation officer or drug technician. If the participant fails to appear, submit a sample, and/or dilutes a sample it will be considered a positive test for program purposes.

Reconsideration Policy

The Montgomery County Drug Treatment Court will consider all appropriate referrals on a case-by-case basis. During the consideration process, a myriad of factors are considered. Major emphasis is placed upon the offense as charged, nature of the offense, prior record, substance abuse history and how it relates to the offense, and the likelihood of success. This information is derived from police reports, criminal history inquiries, contacts with arresting officer(s), the offender, and previous probation/parole records.

If a relevant party to the offender's case (attorney, judge, treatment provider, police officer, etc.) feels the Drug Treatment Court Team failed to consider a particularly important factor, he/she may make a request for the case to be reconsidered in writing.

The reconsideration request must be submitted in writing to the District Attorney for Diversion cases and Drug Treatment Court Coordinator for Recovery cases. The request must include supportive reasoning for reconsideration. Supportive reasoning is defined as mitigating circumstances pertaining to the crime, psychiatric/psychological reports that may not have been available for the initial consideration, or any other relevant information that can be placed in written format.

The decision by the Drug Treatment Court Team will be final.

PHASES OF THE PROGRAM

The Montgomery County Drug Treatment program will last a minimum of 15 months, with the exception of Restrictive Intermediate Program (RIP) cases. There are five phases, each of which last a minimum of 90 days. The Restrictive Intermediate Punishment Program (RIP) will last a minimum of 21 months. There are five phases to the RIP program. Phase I is a minimum of six months. Phases II, III, and IV are a minimum of four months each. Phase IV (wings) is a minimum of 3 months. As a program requirement, any participant who begins the program in an inpatient or halfway house level of care must complete each program successfully in order to be eligible for recognition toward phase completion.

Both Montgomery County Drug Treatment and RIP program have the same phase requirements. The most highly structured and demanding is Phase I. This is when internal motivation is often at its weakest and the most support is necessary. As progress is made requirements are gradually decreased. To advance to the next phase, each participant must complete a petition and submit it for review and approval by the supervision and clinical team. Please refer to Appendix D for a more inclusive list of requirements.

PHASE I

- Participant is required to meet with their Probation Officer a minimum of one face-to-face contacts per week
- Frequent and random drug/alcohol testing
- Attend and participate in treatment as directed
- Attend 12-step program meetings as designated by the Court
- Establish a home group and a sponsor
- Seek and maintain full-time employment or education
- Appear weekly for a Judicial Status Conference

PHASE II

- Participant is required to meet with their Probation Officer a minimum of three face-to-face contacts per month
- Continued frequent and random drug/alcohol testing
- Continue treatment
- Continue 12-step meetings
- Maintain employment or education
- Appear bi-weekly for a Judicial Status Conference

PHASE III

- Participant is required to meet with their probation officer a minimum of two face-to-face contacts per month
- Continued frequent and random drug/alcohol testing
- Continue treatment
- Continue 12-step meetings
- Maintain employment or education
- Appear at their Judicial Status Conference every three weeks

PHASE IV

- Participant is required to meet with their probation officer a minimum of one face-to-face contact per month
- Continued frequent and random drug/alcohol testing
- Continue treatment
- Continue 12-step meetings
- Maintain employment or education
- Appear for their monthly Judicial Status Conference

PHASE V (Wings)

- Participant is considered “On Call” during this phase and may be called in at anytime for a meeting with their probation officer
- Continued frequent and random drug/alcohol testing as required
- No mandatory probation or judicial contacts but the offender is expected to continue treatment, 12-step meetings, and employment or education

DAILY EXPECTATIONS

A typical day for a Phase 1 participant will include: awaken between 4 am and 9 am to call the testing hotline to hear if they are directed to report for testing, report for drug testing; go to work or school; if not in school or employed, attend a combination of job training, community service, and actively apply for employment; attend a 12-step meeting; attend therapy (group and/or individual); appear in front of the Drug Court Judge in order to discuss his/her progress and compliance with the program on either Wednesday or Friday. This schedule is repeated daily during the Phase 1 in order to maintain the participants focus on sobriety. The aim is to fill the participant’s day with positive, recovery related requirements so that there is no time to revert back to negative former thought patterns.

SANCTIONS

The program relies on a series of sanctions and rewards for offender behavior. The sanctions for non-compliant behavior are imposed to instill a sense of responsibility for one's actions. Sanctions can be implemented for, but not limited to, the following behaviors: missed random urines; positive urine(s); diluted urine(s); missed appointment(s) with their officer; missed Judicial Status Conference(s); missed 12-step meeting(s); failing to attend and participate in treatment. Sanctions can be, but are not limited to, the following: community service; written essays; increased urine surveillance; increased reporting requirements; house arrest/electronic monitoring; GPS monitoring; alcohol testing/monitoring; phase reduction; incarceration. The level of sanction imposed can be determined, to an extent, by the participant's performance in the program as well as the nature of the violation itself.

COMPLIANCE REWARDS (Incentives)

Compliance with a highly structured and comprehensive program, as is Drug Treatment Court, is difficult. The participants in this program have been struggling with their addiction issues for sometime and as a result have experienced few periods of success in their lives. It is felt, that marking their successes in the program will promote a sense of accomplishment that has been lacking in their lives. Therefore, the program borrows a page from the 12-step methodology and recognizes successful periods, by marking time spent in the program, with compliance rewards. The rewards may range from: a handshake from the judge; public recognition for phase changes; officer and/or judicial appreciation; gift cards; key chains; certificates of completion; fines/cost reductions. The participants are reminded that it is not the monetary value of the reward that matters but rather what the reward symbolizes, which is a period of success in their on-going battle with addiction.

TREATMENT PROVIDERS

After the admission of the participant to the program, the participant will enter and participate in treatment. The level of care is determined through the completion of the Pennsylvania Client Placement Criteria and the review of the initial treatment assessment.

The participant will work through their private insurance company for treatment when possible. Others that do not possess their own insurance must go to the Department of Welfare and apply for Medical Assistance. The participant will then be referred for treatment at one of our approved agencies. For a current list, please contact the program coordinator.

DRUG TREATMENT COURT STANDARDS ON MEDICATIONS

The Montgomery County Drug Treatment Court prohibits the use of narcotics or other prescribed drugs with potential for abuse even when prescribed by a physician, without the prior consent of the probation officer. Prior to use over the counter medications must also be approved for use by the probation officer in order to avoid any cross reactions that may result in positive drug tests. All offenders are apprised of these prohibitions prior to entering the program and are responsible for notifying their physician when being treated. It is necessary that the physician treating the participant understand and recognize their patient's addiction issues. The program will work with the physician to meet the needs of the participant while accomplishing the goals of the program.

VOLUNTARY AND INVOLUNTARY DISCHARGE FROM DRUG TREATMENT COURT

Drug Treatment Court is a voluntary program. The decision to discharge an offender either voluntarily or involuntarily is the Judge's to make after consultation with the entire team.

Diversion and Recovery Case Discharge

Voluntary Discharge: a participant is free to request a voluntary discharge from the program at any time. However, Diversion cases are then relisted for trial. Recovery case participants are then sentenced on their outstanding charge of probation, parole, and/or intermediate punishment violation and will be incarcerated until hearing.

Involuntary Discharge: a participant may also be discharged involuntarily for violation of program rules and regulations and/or for new criminal charge(s). New criminal charges, above summary level that are either waived by the offender or held for court at the preliminary hearing stage, will be grounds for automatic discharge and will be added as a new violation to Recovery cases. The team may request a clinical reassessment to be completed to determine if they are clinically appropriate for the program. In the event of an involuntary discharge, Diversion cases are then listed for trial. Recovery case offenders are then scheduled to be sentenced on their outstanding charge of probation, parole, and/or intermediate punishment violation and will be incarcerated until hearing.

Restrictive Intermediate Punishment Discharge

R.I.P. Discharge: R.I.P. is only voluntary when being admitted to the Drug Treatment Court. Participants sentenced under R.I.P. can only be discharged from the program through a violation, which may result in them being sentenced to a state correctional institution.

GRADUATION AND THE REQUIREMENTS

Graduation from Drug Treatment Court comes after an participant has successfully completed the requirements of the program and has been promoted through the five phases. The decision to allow phase changes and ultimately graduation is made by the full committee and must be agreed to by the judge. The requirements for graduation are: remain substance free for the last six months; successfully complete all treatment goals and create an approved relapse prevention plan; be employed or involved in a productive daily activity for the last 3 months; reside at an approved residence for the last 3 months; pay all fines, costs, restitution, and treatment costs; have not incurred any new arrests; completed all special conditions of their sentence. Participants, in the program for recovery and R.I.P. cases, who have completed all but the financial requirements may be allowed to graduate but will remain under Court supervision until the obligation is met. Diversion cases will not have their charges dismissed until the obligation is met. Upon graduation, all participants are required to participate in the 6-month Alumni Phase. After completion of the Alumni Phase, The Restrictive Intermediate Program (RIP) cases will be required to remain under supervision of Adult Probation and Parole Department for an additional 6-month period.

OFFICER TRAINING

Officers receive training of a minimum of 40 hours annually in topics related to addiction, recovery, Evidence Based Practices, supervision, and related topics. They are expected to stay current with trends in Treatment

Courts nationally as well as any changes or advances in the treatment of addictions. Trainings and conferences sponsored by the National Association of Drug Court Professionals are offered in order for the team members to stay current as well as from a host of other sources. Some of our local trainings are offered by: BDAP, DVAPPTC, MAGLOCLEN, departmental training, and from the Pennsylvania Board of Probation and Parole.

DATA COLLECTION

The program realizes the need to measure the programs performance outcomes. The measurements are used to monitor the success and failures of program initiatives and objectives, and to give insight as to any necessary program modifications and implementations. Currently the program measures: ethnicity, gender, marital status, employment, education, community service, terminations, successful offenders, violations (new arrest and technical), and withdrawals, admissions, urinalysis, officer contacts and field work, risk and needs evaluations, incarceration days saved, and offenders in program phases.

PARTNERSHIPS WITH OTHER AGENCIES

The program has formed a relationship with the National Association of Drug Court Professionals in order to stay abreast of trends in the field. The program is also involved with the Administrative Office of the Pennsylvania Courts in trying to enhance the sharing of information related to Treatment Courts within the Commonwealth. A variety of drug and alcohol treatment facilities are used by the program for the provision of in-patient, outpatient, recovery house, and halfway house treatment.

The program works with the Council of Southeast Pennsylvania Inc. to match participants in need with Certified Recovery Support Services. The program has partnered with the Southeast Pennsylvania Parenting Support Group to establish a Drug Court Parenting Support Group.

Our program will continue to seek out and create strong partnerships with community resources that will aid in the rehabilitation of the participant while increasing the stability of our community.

CONFIDENTIALITY

The Drug Treatment Court proceedings shall be kept confidential unless otherwise ordered by the Court. No information disclosed shall be the basis for prosecution of new crimes and no participant shall be required to testify to any information discussed or disclosed during Drug Treatment Court hearings. None of the proceedings, other than guilty plea, sentencing, termination, and contested sanction hearings will be held on the record. Participants will be asked to sign a waiver authorizing the transfer of information among Drug Treatment Court participating agencies and court-approved observers.

APPENDICES

APPENDIX A

TRADITIONAL COURT CHARACTERISTICS VS. TREATMENT COURT CHARACTERISTICS

Traditional Court	Treatment Court
Court Team of Judge, Prosecutor, Defense, Counsel, etc	Drug Court Team created to achieve goals to support treatment interventions
Adversarial	Non-adversarial
Goal = Process case; apply the law	Goal = Restore defendant as a productive, non-criminal member of society
Judge exercises limited role in supervision of defendant	Judge plays central role in monitoring defendant's progress in treatment
Interventions for substance abuse at discretion of the Judge	Formalized and structured treatment interventions
Relapse may lead to increased sentence	Progressive sanctions used in response to violations of Drug Treatment Court conditions

APPENDIX B

MONTGOMERY COUNTY DRUG TREATMENT COURT APPLICATION AND REFERRAL FORM

I am making an application/referral to the following Treatment Court:

Drug Treatment Court Behavioral Health Court Veterans Treatment Court (Please select only one)

DEFENDANT INFORMATION:

Date: _____

Docket Number: _____

Inmate Number: _____

Request Date: _____

Social Security Number: _____

Client Name: _____

Phone Number: _____

Aliases/Maiden Name: _____

Date of Birth: _____

Current Address (Street/City/State/Zip): _____

Permanent (last known) Address: _____

County: _____

Sex: Male Female

REFERRAL SOURCE:

_____	_____	_____	_____
Probation Officer	Prison	Judge	Other Agency
_____	_____	_____	_____
Phone Number	Phone Number	Phone Number	Phone Number
_____	_____	_____	_____
E-Mail	E-Mail	E-Mail	E-Mail

IS COMPETANCY AN ISSUE: YES NO

ISSUES SURROUNDING REQUEST:

Drugs Alcohol Mental Health Sexual Issues
 Abuse Medical Reasons Anger Housing

Briefly explain issues checked above: _____

History of trauma? YES NO If yes, explain: _____

In a mental health crisis? YES NO If yes, explain: _____

Emergency Contact Information:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Who else resides in the household:

Name	Relationship	Criminal Record	+/- Influence

Are you a Veteran? YES NO

If yes, what were your dates of service? _____

What Branch of the military did you serve? _____

Where did you serve? _____

What was your rank? _____

What was your military discharge? _____

Did you serve in combat? _____

Highest level of education completed: 11th Grade or below High School Grad College Grad

Do you have a valid driver's license: YES NO

If YES, Operator's License Number _____

Occupation or Employer:

Employer	Address	Phone Number	Supervisor

Marital Status: _____ Are you presently involved in a relationship: YES NO
 If YES, with Whom: _____ Date of Birth: _____
 Address: _____ Are they in recovery: YES NO

How many children do you have: _____

Name	Age	Other Parent's Name	Address

Do you have an AXIS I Diagnosis? YES NO

If yes, complete the following:

AXIS I Diagnosis: _____ Physician: _____

Attached Psychiatric Evaluation (completed within last 6 months is required for consideration)

Current Medications:

Medication	Dosage	Prescribing Doctor

CASE MANAGER:

Name: _____

Agency: _____

Address: _____

Phone Number: _____

Please attach (if possible) any additional Mental Health information (Psychological/Psychiatric Evaluations), Medical Report, Criminal Complaint, Court paperwork and/or other information or comments.

What is the name of your Health Insurance Company: _____

Insurance Policy Number: _____

Where have you attended treatment (*please list all inpatient, outpatient facilities, and halfway houses*):

Agency	Address	Therapist/Doctor

Substance Abuse:

Substance	Frequency	Age When I Began Use	Last Use

Have you ever been arrested, charged, convicted/adjudicated, cited (including Vehicle Code violations) or held by any law-enforcement or juvenile authorities in the United States regardless of whether the citation or charge was dropped or dismissed or you were found not guilty or whether the record has been “sealed” expunged or otherwise stricken from the court records on any occasion other than this arrest: YES NO

Are you presently on probation or parole: YES NO

If yes, where and who is your Probation Officer and assigned Judge?

State/County: _____

Probation Officer: _____

Judge: _____

Are you **presently** on bail or do you have any **other** outstanding criminal charges outside of Montgomery County, what are the charges and from where: YES NO

Where do you think you would be in life (career, family, employment, etc.) if you had never had a substance abuse or mental health issue? _____

What do you think has led to your most recent involvement in the criminal justice system? Any traumatic life events?

Why are you applying for a Treatment Court?

By signing, I have read or had read to me the Treatment Court description and acknowledge that I will commit my time and effort to create in me behavioral and life change if accepted. I have been truthful, to the best of my knowledge, with regard to all my answers in this application.

Signature: _____ Date: _____

If you have any questions as to the program you are applying for, please read the policy and procedure manual on our web page. If you need further assistance, please contact the following program coordinator:

BEHAVIORAL HEALTH COURT AND VETERAN'S COURT Brittini DiStanislao 610-992-7758	DRUG TREATMENT COURT Megan Thomas 610-992-7773
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**IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA
CRIMINAL DIVISION**

**RULE 600 WAIVER
TREATMENT COURT APPLICATION**

NAME: _____

DOCKET Number(s): _____

I understand that under Rule 600 of the Pennsylvania Rules of Criminal Procedure my trial in Montgomery County Court must begin on or before the 180th day from the filing of the Criminal Complaint if I am incarcerated. I understand that my trial must begin on or before the 365th day from filing of the Criminal Complaint if I am not incarcerated. I further understand that the charges against me may be dismissed if my trial does not commence within the time allowed under Rule 600.

I understand that by filing an application for acceptance into a Treatment Court program, I am requesting that my case be removed from normal scheduling of my criminal case(s) in the Montgomery County Court of Common Pleas, so that it may be considered for Treatment Court. I further understand that my Treatment Court Application may delay my case being brought to trial, should my application be denied. I understand that time will be required to review my case and to procure necessary information and materials.

I hereby waive my speedy trial rights under Rule 600 from the time I submit my Treatment Court Application until either: 1.) I am admitted into a Treatment Court program or 2.) Until the first available court listing after my Treatment Court Application has been denied or withdrawn.

I have not been made any promises, nor have I been forced to sign this waiver. I read and write the English language, or this waiver has been explained to me in a language that I understand.

Signature of Defendant: _____ Date: _____

APPENDIX C

MONTGOMERY COUNTY DRUG TREATMENT COURT PHASE REQUIREMENTS

Honorable Steven T. O'Neill, Judge

	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
PROGRAM REQUIREMENTS	Clean urines	Clean urines	Clean urines	Clean urines	Clean urines: No call/no color. Called in randomly
	Treatment-engaged and not missing any sessions Minimum of 2-4 times per week	Treatment-engaged and not missing any sessions	Treatment-engaged and not missing any sessions	Treatment-engaged and not missing any sessions	Treatment-engaged and not missing any sessions
	APO Meetings	APO Meetings	APO Meetings	APO Meetings	Random meeting with APO
	F/C or CS (10 hours)	F/C - \$100 month	F/C - \$100 month	F/C - \$100 month	F/C - \$100 month
	Weekly Verification	Weekly Verification	Weekly Verification	Weekly Verification	Weekly Verification
	Court attending all required sessions Minimum of 1 time per week	Court attending all required sessions	Court attending all required sessions	Court attending all required sessions	Court attending all required sessions
	Job search/readiness programs, employment of 27.5 hours per week, therapeutic community service of 20 hours per week or enrolled in school	Employment/ Education (27.5 hours per week)	Employment/ Education (27.5 hours per week)	Employment/ Education (27.5 hours per week)	Employment/ Education (27.5 hours per week)
	Case Plan completed	Addressing behaviors tied to the Case Plan	Reassess the Case Plan and address behaviors	Addressing behaviors tied to the Case Plan	
RECOVERY REQUIREMENTS	90-90 Unless otherwise directed	3-5 meetings a week	3-5 meetings a week	3-5 meetings a week	3-5 meetings a week
	Obtain Sponsor	Sponsor comes to Court	Sponsor comes to Court	Meet with Sponsor again	
	Home Group	Home Group and in service	Home Group and in service	Home Group and in service	Home Group and in service
	Familiarize self with the 12-step process	Start step-work	Active step-work/ verified with Sponsor	Active step-work/ verified with Sponsor	Mentor a person within DTC approved by your APO
					**Graduation application given and due within 1 month

****Any relapse will require 30 meetings in 30 days. (Regardless of Phase.)**



APPENDIX D

MONTGOMERY COUNTY DRUG TREATMENT COURT SANCTION RESPONSE MODEL

(List is not limited to following)

LEAST SEVERE	Level 1 Sanctions	<ul style="list-style-type: none"> • Verbal admonishment by the Court • Stay until the end of Court • Behavioral contact • Increased number of office visits • Increased UA/Breathalyzer testing
	Level 2 Sanctions	<ul style="list-style-type: none"> • GPS unit • Meeting with supervising APO and Supervisor • Complete 30 meetings in 30 days • Keep a detailed daily journal for 30 days • Write an essay on triggers, how to avoid program violations, and/or other situational appropriate topics • Sanction Row • Observe other Court proceedings (PFA Court) • Speak to public (church/school) • Arts and crafts project • Keep and complete a calendar and return to Court • Read an assigned recovery article/book and write a report • Community service
MOST SEVERE	Level 3 Sanctions	<ul style="list-style-type: none"> • Weekly Court visits • Residential treatment (in lieu of incarceration) • Increased community service • Complete 90 meetings in 90 days • Reduction of Phase • Place on Alcohol Monitoring/Testing • Open acknowledgement of relationship in Court with added couple's counseling • Jail commitments
	Level 4 Sanctions	<ul style="list-style-type: none"> • Issuance of a bench warrant • Place on electronic monitoring for 30 days • Increased jail sentence (FOC) • Termination from the program

APPENDIX E

MONTGOMERY COUNTY DRUG TREATMENT COURT INCENTIVES RESPONSE MODEL

Level 1 Incentives	<ul style="list-style-type: none"> • Praise from the Judge and/or Treatment Team • Public praise from the participants • Getting to leave court early
Level 2 Incentives	<ul style="list-style-type: none"> • Gift cards • Phase change • Reductions in fines and costs • SEPTA tokens • 100% club member
Level 3 Incentives	<ul style="list-style-type: none"> • Gift cards • Reductions in fines and costs • Phase change
Level 4 Incentives	<ul style="list-style-type: none"> • Moving to Wings Phase • Phase change • Graduation

APPENDIX F

MONTGOMERY COUNTY DRUG TREATMENT COURT APPLICATION FOR GRADUATION

Name: _____ Date: _____

Please answer the following questions in as much detail as possible.

How long have you been clean and sober?

Do you have a permanent 12-step sponsor/sponsor's name?

How long have you had this sponsor?

Did your PO meet with your current sponsor at your Phase 4 phase change (9 months)?

When did you begin working the 12 steps? What step are you working on currently?

Has having a sponsor been helpful to you?

If so, how was your sponsor helpful?

Besides your sponsor, describe your support systems?

What and where is your home group in AA/NA/GA? Do you plan to continue with that home group?

Are you in service, and if so, in what capacity?

How long have you been employed? Where are you employed?

What kind of work do you do?

Were you required to obtain your GED while in drug court? YES NO Did you obtain it? YES NO
If so, when? _____

Is there room for advancement where you work?

What is your plan for remaining clean and sober?

Describe your life prior to entry into Drug Treatment Court:

Describe how your life is different today at the end of Drug Treatment Court:

Describe how your recovery has changed your relationship with others (including your husband/wife, boyfriend/girlfriend, children, parents, brothers/sisters and close friends)?

How do you cope with stressful situations? _____

What future goals have you planned for yourself in the following areas:

Home Life/Family: _____

Recovery: _____

Employment: _____

Education: _____

Did you complete a relapse prevention plan with treatment? YES NO If so, please attach with this application.

Additional comments/suggestions:

PROBATION OFFICER USE ONLY

- Drug and alcohol tests negative for the past 6 months.
- Completed all treatment goals and have created an approved relapse prevention plan.
- Employed or involved in productive activity the last 3 months.
- Lived at an approved residence for the last 3 months.
- Paid all fines, costs, restitution, and supervision fees on all cases.
- No new arrests.
- Completed all other special conditions.

Probation Officer: _____ Date: _____

Coordinator: _____ Date: _____

APPENDIX G

MONTGOMERY COUNTY DRUG TREATMENT COURT GRADUATION REQUIREMENTS

I understand the following requirements are necessary for my successful completion of Drug Treatment Court

1. DRUG AND ALCOHOL TESTS:

For the last six months of Drug Treatment Court, I will submit only negative test results.

2. TREATMENT:

I will successfully complete all treatment goals and create an approved Relapse Prevention Plan.

3. EMPLOYMENT:

I will be employed or involved in an approved, productive, daily activity for at least the last three months of Drug Treatment Court.

4. HOUSING:

For the last three months of Drug Treatment Court, I will reside at an approved residence that is not likely to promote relapse.

5. FINANCIAL OBLIGATION:

I will pay in full all my fine, costs, restitution, supervision fees and treatment costs before the completion of Drug Treatment Court.

6. NEW ARRESTS:

I will not incur any new arrests while in Drug Treatment Court.

7. SPECIAL CONDITIONS:

I will complete any and all special conditions ordered by Drug Treatment Court (i.e: GED, parenting classes, community service, etc), including the completion of the Phase 4 Project.

8. ALUMNI PHASE:

I will sign the 6-month Alumni Phase contract and comply with all the requirements.

I understand and agree that failing to complete the above requirements will delay my graduation and may lead to termination from Drug Treatment Court.

Adult Probation Witness: _____ Date: _____

Signature of Participant: _____ Date: _____

APPENDIX H



"Partnering for a Better Tomorrow"
ADULT PROBATION – PAROLE DEPARTMENT

OF

MONTGOMERY COUNTY
100 ROSS ROAD, SUITE 120
KING OF PRUSSIA, PENNSYLVANIA 19406

CHIEF ADULT PROBATION OFFICER
MICHAEL P. GORDON
DEPUTY CHIEF ADULT PROBATION OFFICER
RICHMOND S. PARSONS, JR.
DEPUTY CHIEF ADULT PROBATION OFFICER
TODD M. BERGMAN
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ROBIN A. ELLIOTT
PHONE: (610) 992-7777
FAX: (610) 992-7778

MONTGOMERY COUNTY DRUG TREATMENT COURT ALUMNI PHASE AGREEMENT

I, _____ am aware that I am currently in a (six) 6-month Alumni Phase. During this phase I understand I am to comply with the following:

1. I will report as directed and follow any instructions of the Montgomery County Monitor Connect System.
2. I am required to attend (two) 2 Montgomery County Drug Court Graduations and (one) 1 Montgomery County Drug Court Admission.
3. I will pay all fines, costs, restitution, and supervision fees as directed by the Court. My monthly payment will remain the same during the Alumni Phase unless changed by my assigned probation officer.
4. I must comply with all local, state, and federal criminal laws. I will abide by the rules and conditions imposed by the Court and the Montgomery County Adult Probation/Parole Department. Furthermore, I will conduct myself in a manner that will not create a danger to the community or myself.
5. I will abstain from the unlawful possession, use, or sale of narcotics or other dangerous drugs, and drug paraphernalia. I will not consume poppy seeds or any food products containing poppy seeds. I will not possess or consume alcoholic beverages. I will avoid medications and topical gels for membranes containing alcohol. I will not take any prescribed narcotic medication, any prescribed pain medication, or any medication that may become addictive. I will request that prescription medication be non-narcotic and non-addictive. I will not consume diet pills. I will not use salvia, morning glory seeds or any other mood altering or hallucinogenic substance.
6. I will submit to urine sampling, other chemical testing, and/or other types of testing that may be randomly administered to ensure compliance with these conditions.
7. I must mentor an active DTC/RIP participant and provide them with my name and contact information. I understand that I will find a participant to mentor if a mentee is not assigned by my probation officer.
8. I will abide by all the rules and regulations that I originally signed when admitted into the DTC/RIP program.

I understand that I am subject to a Violation of Probation and / or denial of expungement, if I fail to abide by any of the above conditions during the Alumni Phase of the program.

As a Montgomery County Drug Court/RIP Graduate I understand that in order to request an expungement or termination of my supervision I must remain in good standing during the (six) 6-month Alumni Phase regarding above requirements. I also understand it is my responsibility to contact the Monitor Connect Officer once my six month extension period is over and my fines, cost and restitution are paid in full. I understand that I will remain on Monitor Connect if my fines, cost and restitution are **not** paid in full and or any other requirements are not completed by the expiration of the six month period mentioned above. If fines, cost and restitution are not fully paid after the six month expiration please notify the Monitor Connect Officer once everything is paid in full.

Signature: _____ Date: _____

RESTRICTIVE INTERMEDIATE PUNISHMENT: RIP cases must remain on supervision for an additional 6-months after the 6-month Alumni Phase. This will consist of a 6-month supervision period on Monitor Connect. A request for termination of any remaining probation can be made if the participant is in good standing after these (two) 6-month periods following graduation.

Signature: _____

Date: _____

Print: _____

APPENDIX I

MONTGOMERY COUNTY DRUG TREATMENT COURT AFTER CARE PLAN CONSIDERATION

(To be completed with your Probation Officer, Therapist or Sponsor)

A. IDENTIFYING INFORMATION:

Name: _____ Date: _____
Admission Date: _____ Current Phase: _____
Probation Officer: _____ Treatment Provider: _____
Sponsor: _____ Therapist: _____
Home Group: _____

B. GOALS/OBJECTIVES YOU COMPLETED IN DRUG TREATMENT COURT:

1. _____
2. _____
3. _____

C. POSITIVE RESPONSES:

(Discuss how these goals have made a positive adjustment to your life/recovery)

D. LIST AT LEAST THREE GOALS OR OBJECTIVES YOU PLAN TO ADDRESS AND WORK ON WITHIN YOUR NEXT PHASE:

1. _____
2. _____
3. _____

E. WHAT STEPS ARE YOU TAKING TO PREPARE YOURSELF FOR COMPLETION OF THE PROGRAM AND A LIFE IN RECOVERY:

APPENDIX J

MONTGOMERY COUNTY DRUG TREATMENT COURT GRADUATION SURVEY FOR DRUG TREATMENT COURT PARTICIPANTS

Please enter the month and year of your graduation: Month _____ Year _____

Directions: Please complete all of the following questions to the best of your ability. All responses are confidential.

Part I. Check the box that best describes how you feel about Judge: O’Neill in your case.

- | | | | | | |
|--|---|--------------------------------|----------------------------------|-----------------------------------|--|
| The Judge treated me with respect. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Judge was fair. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Judge was concerned about me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Visits with the Judge helped me to stay drug free. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Judge expected too much of me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |

Part II. Check the box that best describes how you feel about your Probation Officer.

Probation Officer: _____

- | | | | | | |
|---|---|--------------------------------|----------------------------------|-----------------------------------|--|
| The Probation Officer treated me with respect. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Probation Officer was fair. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Probation Officer was concerned about me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Visits with the Probation Officers helped me to stay drug free. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Probation Officer expected too much of me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |

Part III. Check the box that best describes how you feel about the Treatment Staff.

Treatment Agency: _____

- | | | | | | |
|--|---|--------------------------------|----------------------------------|-----------------------------------|--|
| The Treatment Staff treated me with respect. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Treatment Staff was fair. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Treatment Staff was concerned about me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Visits with the Treatment Staff helped me to stay drug free. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Treatment Staff expected too much of me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |

Part IV. Check the box that best describes how you feel about the overall experience in drug treatment court.

- | | | | | | |
|--|---|--------------------------------|----------------------------------|-----------------------------------|--|
| It helped me organize my priorities. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| It helped me to report to my Probation Officer on a regular basis. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |

It helped me to attend treatment on a regular basis.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Drug Treatment Court was easier than jail or prison.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Drug Treatment Court was easier than regular probation.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
I think that my participation in Drug Treatment Court will help me avoid drug use in the future.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
In general, I am better off for participating in Drug Treatment Court as opposed to other court sanctions.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
I was personally helped through participation in Drug Treatment Court.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
It helped bring structure and responsibility to my life.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree

Part V. Please rate each of the following programs by checking the box that best describes your opinion.
If you did not participate in the program as part of drug treatment court, circle did not participate.

Inpatient treatment	<input type="checkbox"/> poor	<input type="checkbox"/> good	<input type="checkbox"/> excellent	<input type="checkbox"/> did not participate
Detox Program	<input type="checkbox"/> poor	<input type="checkbox"/> good	<input type="checkbox"/> excellent	<input type="checkbox"/> did not participate
Intensive Outpatient Treatment	<input type="checkbox"/> poor	<input type="checkbox"/> good	<input type="checkbox"/> excellent	<input type="checkbox"/> did not participate
Community Service	<input type="checkbox"/> poor	<input type="checkbox"/> good	<input type="checkbox"/> excellent	<input type="checkbox"/> did not participate
Drug Testing	<input type="checkbox"/> poor	<input type="checkbox"/> good	<input type="checkbox"/> excellent	<input type="checkbox"/> did not participate
AA/NA	<input type="checkbox"/> poor	<input type="checkbox"/> good	<input type="checkbox"/> excellent	<input type="checkbox"/> did not participate
Halfway House	<input type="checkbox"/> poor	<input type="checkbox"/> good	<input type="checkbox"/> excellent	<input type="checkbox"/> did not participate
Recovery House	<input type="checkbox"/> poor	<input type="checkbox"/> good	<input type="checkbox"/> excellent	<input type="checkbox"/> did not participate
Employment Assistance Program	<input type="checkbox"/> poor	<input type="checkbox"/> good	<input type="checkbox"/> excellent	<input type="checkbox"/> did not participate

Part VI. Please answer the remaining questions.

What did you like best about Drug Treatment Court? _____

What did you like least about Drug Treatment Court? _____

If you could change one thing about Drug Treatment Court, what would it be and why? _____

Would you recommend this program to others with substance abuse issues? YES NO

**Please complete at least one week prior to graduation and return to the Program Coordinator.
Your answers will remain confidential.**

APPENDIX K

ADULT PROBATION – PAROLE DEPARTMENT
OF
MONTGOMERY COUNTY
PARTNERING FOR A BETTER TOMORROW



MICHAEL P. GORDON
CHIEF
TODD BERGMAN
DEPUTY CHIEF
KATHLEEN SUBBIO
DEPUTY CHIEF
STEPHANIE LANDES
DEPUTY CHIEF
ROBIN ELLIOTT
OFFICE MANAGER

100 ROSS ROAD, SUITE 120, KING OF PRUSSIA, PA 19406
Office 610-992-7777 Fax: 610-992-7778

MONTGOMERY COUNTY DRUG TREATMENT COURT WEEKLY VERIFICATION FORM FAX: 610-992-7798 – DUE MONDAY 8:00AM

Adult Probation Officer: _____ Phone Number: _____
 Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 Emergency Contact : _____ Phone: _____
 Employer Work Address: _____ Employer Phone: _____
 Fines and Costs Payment Date and Amount: _____ HS Grad Date/GED Date: _____
 Home Group (include address): _____
 Sponsor: _____ Color: _____

	Work Hours	Treatment Hours	NA/AA Meetings (Address & Time)	Chair Initial
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

BY SIGNING BELOW I AM VERIFYING THE ABOVE INFORMATION IS COMPLETE, TRUE AND ACCURATE.
I UNDERSTAND I MAY BE SANCTIONED IF THIS FORM IS INCOMPLETE.

Signature: _____ Date: _____

APPENDIX L

ADULT PROBATION – PAROLE DEPARTMENT
OF
MONTGOMERY COUNTY
PARTNERING FOR A BETTER TOMORROW



MICHAEL P. GORDON
CHIEF
TODD BERGMAN
DEPUTY CHIEF
KATHLEEN SUBBIO
DEPUTY CHIEF
STEPHANIE LANDES
DEPUTY CHIEF
ROBIN ELLIOTT
OFFICE MANAGER

100 ROSS ROAD, SUITE 120, KING OF PRUSSIA, PA 19406
Office 610-992-7777 Fax: 610-992-7778

MONTGOMERY COUNTY DRUG TREATMENT COURT RULES AND CONDITIONS GOVERNING DRUG TREATMENT COURT

You have been admitted as a participant in the Montgomery County Drug Treatment Court. You are therefore placed under the supervision of the Adult Probation and Parole Department and must comply with the following rules and conditions.

1. I agree to participate in the Montgomery County Drug Treatment Court for a period specified by the Court. I agree to participate at a minimum of 15 months for Pre-Trial Diversion and Probation/Parole Recovery cases. I agree to participate at a minimum of 21 months for Restrictive Intermediate (RIP) cases.
2. I will report, in person, as directed and follow any instructions of my probation/parole officer. I must make all court appearances as ordered by the Court.
3. I must comply with all local, state, and federal criminal laws. I will notify my probation/parole officer immediately if am arrested by any law enforcement agency. I understand I am to notify my probation/parole officer immediately if I am cooperating with any law enforcement agency. I will abide by the rules and conditions imposed by the Court and the Montgomery County Adult Probation/Parole Department. I will conduct myself in a manner that will not create a danger to myself or the community.
NOTE: As a Probation/Parole Recovery case participant, I understand that if I am arrested on new criminal charges they may be added to my list of violations being brought on my underlying violation case.
4. I will allow my probation/parole officer to make supervision visits to my residence. I am required to obtain permission from my probation/parole officer prior to changing my residence.
5. I understand my daily travel is limited to adjoining counties. I understand any travel beyond those counties, out of state, or overnight must be approved by my probation/parole officer 72 hours prior to the event. A travel permit must be obtained from my probation/parole officer prior to my departure.
6. I am required to obtain permission from my probation/parole officer prior to changing employment. If I lose my job, I must notify my probation/parole officer within 72 hours. If I am not gainfully employed, I must actively seek employment. The Court may also order attendance in employment counseling, GED prep course, further education as part of the program and/or any treatment program or other condition deemed necessary by the court.
7. I will pay all fines, costs, restitution, and supervision fees in monthly installments as directed by the Court. Payments are to be sent to the **Clerk of Courts, Courthouse, P.O. Box 311, Norristown, PA 19404. Please be advised that in order to get proper credit for your payment, your name and docket number should appear on your check or money order.** I am advised that all amounts over \$ 1,000 will cause a lien and filing fees to be placed against me. Further, that my failure to pay my fine, costs, restitution, and supervision fee as directed by the Court may result in my account balance being submitted to a collection agency. An additional 25% collection charge will be added to my account balance.
8. I will abstain from the unlawful possession, use, or sale of narcotics, other dangerous drugs, and drug paraphernalia. I will not possess or consume alcoholic beverages. I will avoid medications and/or topical gels containing alcohol. I will not take any prescribed narcotic medication, any prescribed pain medication, or any medication that may become addictive. I will request that prescription medication be non-narcotic and non-addictive. I am required to obtain permission from my probation/parole officer prior to consuming and/or using any prescribed medication or any over the counter medication. I will not consume poppy seeds or any food products containing poppy seeds. I will not consume diet pills or any weight loss medications. I will not use salvia, morning glory seeds, or any other mood altering or hallucinogenic substance.

Initials: Offender _____ A.P.O. _____

9. I will submit to witnessed urinalysis, chemical testing, and/or other types of testing that may be randomly administered to ensure compliance with these conditions. I will be required to call the Adult Probation Department every morning, seven days a week to learn if I must report for testing.
10. I will cooperate and participate in any medical, psychological, and/or psychiatric examination, test, treatment and/or counseling as directed by my probation/parole officer or the Court. I agree to complete any treatment program to the satisfaction of the Court.
11. I agree to sign any and all releases necessary for further the treatment aims of the Drug Treatment Court. I further agree to sign releases that will allow the Drug Treatment Court to review any diagnostic and treatment information.
12. I agree that if I test positive for any illegal drugs, non-approved medications, and/or alcohol, fail to appear in court as directed, fail to timely attend and/or participate in all treatment sessions, fail to abide by any condition imposed by the Court, or arrested on new criminal charges, the Court can impose sanctions within Drug Treatment Court rather than terminate my involvement. These sanctions may include, but are not limited to the following:
 - a. Modify my treatment program to include more intensive counseling or a residential program;
 - b. Order medical detoxification;
 - c. Community service;
 - d. Incarceration;
 - e. House arrest/electronic monitoring, GPS monitoring, and/or electronic monitoring indicating alcohol consumption;
 - f. Psycho educational or cognitive behavioral groups;
 - g. Extend the amount of time I am to be in the program;
 - h. Issue a warrant for my arrest;
 - i. If the bench warrant issued for my arrest remains outstanding for more than 30 days I understand I will be removed from the program without further notice. Furthermore, after the issuance of the warrant I understand that anytime at liberty may be added to any sentence imposed by the court.
 - ii. I understand I will be immediately incarcerated to await removal and disposition of my original charges and/or my original probation, parole, or intermediate punishment violation. NOTE: I understand if I am arrested on new criminal charges I will be subject to incarceration to await disposition of my original charges, and/or my original probation, parole, or intermediate punishment.
13. I will support my dependants, if any, and assume all my legal obligations for them. I shall associate with only law abiding persons and refrain from frequenting unlawful or disreputable places.
14. I will not knowingly supply false information to the Adult Probation/Parole Department and/or the Court.
15. I will not own, use, and/or possess any firearms, any type of lookalike firearm, lethal weapon, explosive, and/or ammunition. I will notify my officer of any firearms registered to me. Hunting is prohibited. Firearms and/or lethal weapons are prohibited in my residence and/or on my property.
16. I understand that if I am terminated or withdraw from the program I will only receive credit for jail time sanctions that I actually served during my participation in the program toward any current or future sentence of incarceration.
17. I understand that no matter what the circumstance I am not to drive any motor vehicle without a valid driver's license. I understand that if I am either witnessed by any member of the Drug Court Team or charged with Driving Under Suspension while I am participating in Drug Court I will be automatically discharged from the program.
18. I understand that anytime a sanction is to be imposed I may withdraw from the Program to avoid imposition of the sanction. However, if I do so, I will not be permitted to reapply or again participate in Drug Treatment Court. **I AGREE THAT VOLUNTARY WITHDRAWL FROM THE PROGRAM IS MY SOLE REMEDY FOR ANY SANCTION AND THAT I WILL NOT CHALLENGE THE LEGALITY OF A SANCTION IN ANY OTHER MANNER. THE ONLY EXCEPTION TO THIS CONDITION IS THE TESTING CHALLENGE PROCESS SET FORTH IN THE COLLOQUY. (RULE NOT APPLICABLE FOR R.I.P. CASES.)**
19. I understand that at any time during my program participation the Drug Treatment Court Team may recommend re-assessment for program appropriateness. I further understand that as a result of that re-assessment I could be recommended for removal from the Drug Court Program. I understand I will be given written notice of the recommendation and notice of the scheduled recorded court review session. At the review session it will be determined by the Drug Treatment Court Judge whether to follow the removal recommendation. I may have counsel with me to assist me in responding to the treatment team recommendation, but, consistent with Drug Treatment Court philosophy, I must communicate directly with the Drug Treatment Court Judge.
20. I understand that should I be removed from Drug Treatment Court I may not file a legal challenge to that removal until my charges are finally resolved in this Court.

Initials: Offender _____ A.P.O. _____

21. I understand upon successful completion of the Drug Treatment Court Program and successful completion of the 6 months Alumni Phase the following will occur. For approved Pre-Trial Diversion cases the court will dismiss my open charges in this action and will expunge that record. This means that public records of my arrest will be destroyed with the exception that the District Attorney's Office will maintain a record of my participation in this Program in order to determine future eligibility for this or other Court programs. For approved probation, parole, or intermediate punishment revocation matters or Restrictive Intermediate Punishment (RIP) cases, the docket number(s) will be closed and the record will still exist.
22. For the combined ARD – Drug Treatment Court; I understand that to earn dismissal of the charges and expungement of my record I must successfully complete both the ARD and Drug Treatment Court. Removal from either program will result in my automatic removal from the remaining program.
23. I understand that the Montgomery County Adult Probation and Parole Department has the authority to search my person, place of residence, or vehicle upon reasonable suspicion of any criminal activity or violation of the conditions of the Drug Treatment Court Program.
24. Other Special Conditions: _____

I understand that if I leave the Commonwealth of Pennsylvania at any time I may be directed to return to Pennsylvania. I know that I may have a constitutional right to insist that Pennsylvania extradite me from any state where I may be found. This is commonly called the right to extradition. I also understand and acknowledge that I agree to return to Pennsylvania when ordered to do so. Therefore, I agree that I will not resist or fight any effort by any state to return me to Pennsylvania and I AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNTRILY AND INTELLIGENTLY.

ACKNOWLEDGEMENT OF PARTICIPANT

I hereby acknowledge that I have read or had read to me the foregoing conditions of the Drug Treatment Court Program and that I fully understand them and agree to follow them. I fully understand the penalties involved should I, in any manner, violate them.

Furthermore, if I believe my rights have been violated or are about to be violated by an employee of the Montgomery County Adult Probation and Parole Department, I may file a written complaint to their immediate supervisor, who will investigate the complaint and respond in writing to the complainant. If I feel the need for further appeal, I am to proceed in a similar fashion according to the chain of command in the department.

Adult Probation Officer: _____

Signature of Offender: _____

Date: _____

Date: _____

