

**IN THE COURT OF COMMON PLEAS  
GEAUGA COUNTY, OHIO**

STATE OF OHIO	:	CASE NO.:
	:	
Plaintiff	:	
-vs-	:	JUDGE: CAROLYN J. PASCHKE
	:	
	:	<b>PARTICIPATION AGREEMENT FOR</b>
	:	<b>DRUG COURT DOCKET</b>
Defendant	:	
	:	<input type="checkbox"/> Post-Conviction <input type="checkbox"/> Diversion (ILC)
DOB:	:	
SSN: XXX-XX-	:	

I agree to enter the Geauga County Court of Common Pleas Drug Court Program (New Leaf Program). I have reviewed the Participation Handbook and had the opportunity to ask my attorney any questions related to participation in the program. I understand and agree that I have certain obligations and responsibilities and will have to follow orders from the Judge, my supervising officer and any others involved in the Drug Court Program. I understand that my participation in this program is voluntary.

**MY RESPONSIBILITES ARE:**

1. I understand that I am on Community Control with the Geauga County Adult Probation Department, and I will abide by all conditions set forth by the Court. I agree to sign the conditions of supervision.
2. I understand that participation in this program requires that I commit to completing court ordered treatment by compliance with the treatment plan, supervision plan, and rules of the New Leaf Program.
3. I understand that the program is designed to last approximately sixteen (16) months, but my progress through the program is determined by my choices to conform my conduct to the rules of the Court. Progress through the program is not based solely on predetermined timelines, but rather on your progression through the six phases of the Court outlined in the Participation Handbook.
4. I understand that I must plead guilty to my charges or violations in order to participate in this docket. The Orientation Phase of the program starts the date I sign this agreement and/or date of sentencing.
5. I will pay fees, costs, fines and/or restitution as ordered by the Court. I will work with the team and my probation officer to pay these obligations in a structured way.
6. I will attend and fully participate in all treatment and programming assessments to which I am referred. I will follow any psychiatric, medical, case management (housing, transportation,

individualized life skills programs), education, vocational, or substance abuse treatment program assigned by the Court. I have the right and responsibility to be involved in the creation of my treatment plan.

7. I will complete all release of information forms necessary for communication between my supervising officer and treatment provider about confidential information, participation/progress in treatment, and compliance with the provisions of relevant law, including the “Health Insurance Portability and Accountability Act of 1996”.
8. I shall keep all information about other participants confidential that is shared at status review hearings or group sessions.
9. I understand that as soon as possible I will be placed in appropriate treatment services, and I shall attend as required. I agree to be on time to all required appointments including court, treatment, probation officer and case management.
10. I understand the treatment team shall provide ongoing communication, including frequent exchanges of timely and accurate information, about my overall performance.
11. I shall be required to appear regularly before the Drug Court Judge weekly during the first and second phase of the program. Thereafter, I shall meet with the Judge at a status review hearing as often as determined by the Judge and treatment team, but not less than one time per month. The program incorporates ongoing judicial interaction with each participant as an essential component of the Drug Court. I understand that as a sanction, I can be ordered to report weekly to meet with the Judge at anytime during my program participation.
12. I will not use, possess, be present around or have under my control any illegal drugs or prohibited mind altering substances. I will submit to drug testing when instructed and I will be honest with the treatment team about all relapses, use or environments where prohibited substances are being used. I understand that the following acts will be treated as a positive drug screen: failing to submit to testing, submitting an adulterated sample, submitting the sample of another individual, or diluting a sample. I understand I am responsible for having knowledge of all active ingredients in over-the-counter medications and other substances in which may cause a positive drug screen.
13. I will not share any medications too anyone that I may be prescribed.
14. I agree to volunteer at least eighty (80) hours of time toward community projects and/or services which are approved by the treatment team.
15. The Drug Court monitors participant substance abuse use by unscheduled, random, frequent and observed alcohol and drug testing protocols. The Probation Department or treatment provider will utilize a random automated system to determine if I am tested. I am required to be available for contact by the Probation Department, to submit a urine sample if deemed necessary by the end of the day either at the Probation office or the participant’s treatment agency no later than 4:00pm.
16. I will obtain permission from the probation officer and treatment team before changing my residency/address. I will inform my probation officer immediately of any changes of phone number or talk to my officer immediately if I make any changes to my employment.
17. I understand that by entering the New Leaf Program I agree to the following:

- A. Waive the right to contest the imposition of certain sanctions as determined by the Drug Court Judge. If the sanction includes electronic monitoring or jail time I can either request a formal violation hearing or waive such hearing.
- B. Participants have the right to remain silent and not to incriminate himself/herself at the review hearings regarding violations of the rules of Drug Court if they request a formal violation hearing. However, Participants agree that honesty and self-reporting of violations of the program rules is integral to treatment.

18. I shall be subject to immediate and graduated sanctions which may be imposed by the Court in furtherance of treatment. Sanctions shall be imposed by the Court for non-compliance or rule violation by the participant. Sanctions may range in severity depending on the seriousness of the non-compliance or rule violation and/or the participant's history of compliance in the program. The sanctions given by the court are separate from your treatment plan adjustments given by your treatment provider. I am aware of the possible sanctions which are listed in the participation handbook.

19. I agree to dress and act appropriately while I am in Court. In addition, I agree to be on time for Court unless an emergency occurs in which I will contact the Court.

I understand that I have the right to have a defense attorney present during status review hearings and treatment team meetings pertaining to your case. It is your responsibility to know how to contact the defense attorney before the treatment meeting to request they be present. At the revocation/community control violation hearing, I would have the right to be represented by a lawyer. If I am unable to afford a lawyer, the Court would appoint a lawyer to represent me at no cost to myself. At the hearing, I would have the right to confront and cross examine the witnesses who are testifying against me. Also, I would have the right to present witnesses and evidence favorable to my defense.

20. I agree to the following special conditions:

THE PARTICIPANT ACKNOWLEDGES THAT HE/SHE READ AND UNDERSTANDS THIS AGREEMENT, FREELY AND VOLUNTARILY RELINQUISHES THE RIGHTS DISCUSSED HEREIN AND AGREES TO ABIDE BY ALL THE RULES AND CONDITIONS OF THE NEW LEAF PROGRAM.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT PRINTED NAME

\_\_\_\_\_  
DEFENSE ATTORNEY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CAROLYN J. PASCHKE, JUDGE