

**RHODE ISLAND ADULT DRUG COURT  
SUPERIOR COURT  
250 BENEFIT STREET  
PROVIDENCE, RI 02903**

**CONTRACT**

**IN THE MATTER OF:**

**NAME:** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**I DO VOLUNTARILY AGREE TO ENTER THE DRUG COURT PROGRAM AND ABIDE BY THE FOLLOWING CONDITIONS:**

1. I will not use or possess alcohol or illegal drugs.
2. I will appear in court as ordered by the magistrate or judge. Failure to appear can lead to a warrant for my arrest.
3. I will be honest, truthful and complete all my communications with the Court.
4. I will follow the treatment plan as developed by my treatment provider(s), attend all treatment sessions and follow all rules and regulations of the provider(s).
5. I will obey all laws; and I understand that if I engage in any criminal act, I will be prosecuted and may be immediately terminated from the Drug Court Program.
6. I will submit urine samples for testing upon request by the magistrate or judge, intake supervisors, treatment provider(s) or any other designated agency. I understand that a missed or refused test will be considered a positive test.
7. I understand that if I am not enrolled in school/college full-time, I will be required to seek and maintain employment and/or participate in job or vocational training.
8. If enrolled in school/college, I will attend all my classes each day.
9. If employed, I will provide verification of employment to the magistrate or judge.
10. I understand that if I fail to follow the terms of this contract and/or any court orders, the magistrate or judge may impose sanctions upon me which may include but are not limited to:
  - A. Community service work
  - B. Additional treatment sessions
  - C. Additional support group meetings
  - D. Additional drug testing and court sessions
  - E. Curfew or other restrictions
  - F. Home confinement
  - G. Residential placement
  - H. Incarceration at the Rhode Island Department of Corrections
  - I. Termination from the Drug Court Program
11. I hereby waive the requirement of the filing of a motion or other pleading and the holding of a hearing prior to the court imposing sanctions upon me. I agree to follow the sanctions imposed upon me.
12. I agree to allow the Magistrate or judge to engage in discussions with Drug Court Team members and others

involved with my Drug Court participation, regardless of the presence of counsel, for the purpose of monitoring my progress with Drug Court conditions.

- 13. I agree to waive the confidentiality, as described in 42 CFR Part 2, of Drug Court proceedings to permit other Drug Court participants, authorized visitors, and their families and their families to be present. I also understand that I must not disclose information about other program participants that may become known at Drug Court proceedings as such information is confidential.
- 14. I agree to waive the confidentiality as described in 42 CFR Part 2, or in Chapter 37.2 of Title 5 of Rhode Island General Laws to authorize the Drug Court Case Coordination Providers and the Direct Service Provider Agents or any other treatment providers to provide and exchange information with Drug Court team members for Drug Court purposes.
- 15. I understand that while in the Drug Court Program, the prosecution of the pending charge(s) and/or violation(s) will be stayed or placed on hold and, if I successfully complete the Drug Court Program, the pending charge(s) and/or violation(s) will be dismissed.
- 16. I understand that if I am terminated from the Drug Court Program, I will be sentenced on the pending charge(s) and/or violation(s) against me, in accordance with the minimum and maximum caps that I have agreed to.
- 17. I understand that information disclosed by me in the Drug Court Program regarding treatment and the current charge(s) may not be used against me by the prosecutor. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. However, Federal Law does not protect information relating to crimes committed on the premises of the program, crimes against program personnel or the abuse or neglect of a child or a crime involving a substantial risk of death or serious bodily harm.
- 18. I understand that I will not be required to provide information about other people involved in illegal drug activity as a condition of remaining in the Drug Court Program.
- 19. I agree to participate in the development of the treatment plan and attend any counseling sessions as required by the magistrate or judge or treatment provider(s). I will also attend all court hearings. I understand that if I fail to participate as required, the magistrate or judge may impose sanctions upon me.
- 20. I have discussed this document with my attorney and fully understand the terms and conditions. I freely and voluntarily agree to the terms and conditions herein.
- 21. Special conditions or agreements:

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Participant's Signature	Date	Participant's Attorney Attorney Bar No. _____	Date
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**ENTERED AS THE ORDER OF THE COURT ON THIS \_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_**

**BY ORDER:**

**ENTER:**

\_\_\_\_\_  
**HONORABLE MAGISTRATE/JUDGE**

\_\_\_\_\_  
**DEPUTY CLERK**