

FIRST JUDICIAL CIRCUIT OF ILLINOIS
WILLIAMSON COUNTY

DRUG/VETERANS COURT REFERRAL FORM

Date: _____

Defendant's full name: _____

DOB: _____ Sex: Male Female Race: _____

Address: _____

Cell Phone # _____ Home/Other Contact # _____

Is the defendant in custody? Yes No PTR: Yes No
Present Offense(s) Felony: Yes No Non-Violent: Yes No

Offense(s) /Case Numbers(s) _____

Age 17 or above: Yes No Admits to drug use: Yes No

Prior Drug/Veterans Court: Yes No Lives in Williamson County: Yes No

History of violent convictions in the past 10 years: Yes No

Prior Military Service Veteran: Yes No

Discharge Type: Honorable Less than Honorable

Willing to participate in behavioral health services: Yes No

Comments: _____

States Attorney: _____

_____ Date

Public Defender: _____

_____ Date

FIRST JUDICIAL CIRCUIT OF ILLINOIS
WILLIAMSON COUNTY
DRUG/VETERANS COURT

Declination of Participation

The Williamson County Drug/Veterans Court has been fully explained to me and I willingly and voluntarily **DECLINE** to participate in the program.

I hereby elect **NOT** to participate in the Williamson County Drug/Veterans Court.

Signature: _____

Date: _____

Public Defender/
Private Attorney: _____

**STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT
WILLIAMSON COUNTY**

THE PEOPLE OF THE STATE OF ILLINOIS

vs.

CASE NO. _____

DEFENDANT

**CONSENT TO PARTICIPATE
DRUG/VETERANS COURT PROGRAM**

1. I understand that I have no legal right to participate in the Drug/Veterans Court Program. I have reviewed this Consent to Participate with my Attorney and I hereby knowingly and voluntarily execute this Consent to Participate which allows me to participate in the Drug/Veterans Court Program.
2. I agree to participate in and cooperate with any and all treatment recommendations, including but not exclusively, any mental health or substance abuse assessments and/or treatment recommended by the Drug/Veterans Court Team, which consists of the Judge, Local PSC Coordinator, Prosecutor(s), Public Defender or Defense Counsel, Probation, Treatment Provider(s) Case Manager(s), and any other personnel designated by the Drug/Veterans Court Team or identified by my treatment providers in my treatment plan.
3. I understand that is essential that all members of the Drug/Veterans Court Team, including the Judge, communicate as a team and share information regarding my participation in the Drug/Veterans Court, including compliance with treatment, and I agree to them doing so. Upon my entry into the Drug/Veterans Court, I consent to the Drug/Veterans Court Public Defender representing me at Drug/Veterans Court staffings and at court status review hearings unless I have privately retained counsel. I understand that my privately retained counsel will be required to represent me at all staffings, and court status review hearings. In the event that my privately retained counsel is unable to attend staffings and/court, I understand that my attorney will arrange for other counsel to appear on my behalf.
4. I agree to adhere to all components of my treatment, including attending all counseling sessions, treatment programs, taking my medication as prescribed, engaging in activities as recommended by the Drug/Veterans Court Team, including sobriety based self-help meetings and cooperation with home visits by Drug/Veteran Court Team members.

5. I agree to remain drug and alcohol free (except for approved prescribed medications) and to submit to random drug testing at the discretion of the Drug/Veterans Court Team or any other treatment provider and agree to disclosure of the results to the Drug/Veterans Court Team.
6. I agree to appear in court as required. I understand that my court hearings will be open to the public and an observer could connect my identity with the fact that I am in treatment. I consent to this type of disclosure to a third person.
7. I agree to reside in Williamson County and to keep the Drug/Veterans Court Team advised of my current address and telephone number, employment status, and any new arrests at all times while in the program.
8. I agree to sign any and all releases of information consenting to the disclosure of information to the Drug/Veterans Court Team. I understand that if I refuse to comply with signing a release when requested, it may be ground for termination from Drug/Veterans Court.
9. I agree to be truthful, cooperative and respectful with the Drug/Veterans Court Team.
10. I understand that based upon any report (written or oral) of my violation of any rules of my Drug/Veterans Court Probation, contract, or of this Consent to Participate, the Drug court Judge may: authorize a warrant for my arrest; impose any sanction, including jail time if ordered by the Judge; adjust my treatment plan, or modify or revoke any conditions of my probation or bond. My violation(s) may result in proceedings being initiated seeking my termination from the Drug/Veterans Court and these proceedings could either be resolved in Drug/Veterans Court or be referred back to traditional court.
11. I understand that my alcohol, drug and/or mental health treatment records are protected by Part 2 of the Title 42 of the Code of Federal Regulations (C.F.R.), and HIPAA; Illinois Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110 et seq.; 45 C.F.R. Parts 160 & 164. I understand that I may revoke this Consent to Participate at any time except to the extent that action has been taken in reliance on it. In any event, this Consent to Participate expires upon the termination of the probation I am serving in this case or the termination of all proceedings with regard to this cause of action as named above.
12. I understand that I may voluntarily withdraw from the Drug/Veterans Court Program in accordance with Drug Court procedures. I understand that there may be consequences, actual or potential, which will result from my withdrawal.
13. I understand that at the discretion of the presiding Drug/Veterans Court Judge, for purposes of research and/or education, other persons may be permitted to attend the Drug/Veterans Court Team meetings where communication as to my case will occur.

14. I understand that language help is available and if I need assistance, it is my responsibility to inform the court I need help.

I UNDERSTAND THAT THE DRUG/VETERANS COURT PROGRAM MAY BE AN OPPORTUNITY FOR ME TO AVOID CONVICTION, JAIL, AND/OR PRISON AND TO HELP ME OBTAIN TREATMENT AND MOVE FORWARD WITH MY LIFE. I ALSO UNDERSTAND THAT ALL MEMBERS OF THE DRUG/VETERANS COURT TEAM WANT TO SEE ME SUCCEED AND ARE HERE TO HELP ME.

Date

Name (Print or Type)

Signature

Signature of Interpreter
(where applicable)

Signature of Parent of Guardian
(where applicable)

I HAVE REVIEWED THIS CONSENT WITH THE DEFENDANT. THE DEFENDANT UNDERSTANDS IT AND VOLUNTARILY AGREES TO PARTICIPATE. I FURTHER UNDERSTAND THAT THE DRUG/VETERANS COURT TEAM WILL BE DISCUSSING THE DEFENDANT'S COMPLIANCE AND COOPERATION WITH HIS/HER TREATMENT PLAN AND TERMS OF SUPERVISION AT DRUG/VETERANS COURT STAFFINGS AND AT DRUG/VETERANS COURT STATUS REVIEW HEARINGS. I ACKNOWLEDGE THAT IF I REMAIN COUNSEL OF RECORD FOR THE DEFENDANT, I WILL APPEAR OR ARRANGE FOR OTHER COUNSEL TO APPEAR AT TEAM STAFFINGS WHEN THE DEFENDANT IS SCHEDULED TO BE STAFFED BY THE DRUG/VETERANS COURT TEAM AND ALSO APPEAR OR ARRANGE FOR OTHER COUNSEL TO APPEAR WITH THE DEFENDANT AT ALL COURT HEARINGS.

Date

Signature of Defense Counsel/Public Defender

_____ This Consent to Participate is accepted by: _____
Date Judge

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT

Williamson County, Illinois

PEOPLE OF THE STATE OF ILLINOIS)
vs)

No. _____

On this day the Defendant has been found guilty/pled guilty to the charge(s) of _____ and is HEREBY SENTENCED TO A TERM OF _____

() COURT SUPERVISION () PROBATION () CONDITIONAL DISCHARGE () JUDGEMENT

for a period of _____ months beginning this date, with conditions thereof as follows:

- 1. Not violate any criminal statute of any jurisdiction.
2. Immediately report in person to the probation department, and report thereafter as directed by the Probation Officer.
3. Conform to all reasonable rules and regulations of the Probation Department.
4. Not leave the State of Illinois without consent of the Court or Probation Officer.
5. Notify the Circuit Clerk and the Probation Office of any change of address and/or phone number within 24 hours of such change.
6. Not possess a firearm or other dangerous weapon.
() Physically surrender at a time and place designated by the court, his or her Firearm Owner's Identification Card and any and all firearms in his or her possession.

FINANCIAL CONDITIONS (Check all that apply)

- 7. Pay the Following:
() Pay \$_____ for the services of the Public Defender
() Pay \$_____ as fine plus costs and surcharges
() Pay \$_____ a month probation/supervision fee
() Pay \$_____ as an offense classification assessment
() Pay \$_____ as restitution through the Clerk of the Circuit Court.
() Pay \$_____ as _____

8. All monies are to be paid monthly as directed by Probation. However, all amounts are to be paid in full by: _____

If they are not paid by that time, the defendant shall return to court on the above date at _____ a.m./p.m.

INCARCERATION CONDITIONS (Check all that apply)

- () 9. Serve a period of incarceration as follows: _____ consecutive days in the County Jail commencing _____ at _____ a.m./p.m.
() 10. Periodic Imprisonment in the County Jail:
(a) _____ consecutive weekends, commencing at _____ am/pm on _____ to _____ am/pm on _____, and a like term thereafter until the sentence is served.
(b) a sentence of Work Release allowing the Defendant's release from custody between the hours of _____ am/pm and _____ am/pm on the following days of the week: _____
(c) A sentence of Home Confinement Electronic Monitoring with the following conditions: _____

OTHER CONDITIONS (Check all that apply)

- () 11. Complete _____ hours of Public Service Work as arranged through the Probation Office by _____. If community service work is not completed by that time The defendant shall return to court on the above date at _____ a.m./p.m.
() 12. Complete an Alcohol/Substance Abuse Evaluation as directed and as approved by the Probation Officer and complete the indicated and approved Alcohol/Substance Abuse Treatment program, as follow:
____ Minimum Risk to be completed within 90 days
____ Moderate Risk to be completed within 180 days
____ Significant Risk to be completed within 270 days
____ Outpatient (High Risk) to be completed within 270 days
____ Inpatient (High Risk) to be completed within 270 days.
If treatment is not completed within the time mandated, the defendant shall return to court on _____ at _____ a.m./p.m.
() 13. Have no contact, either directly or indirectly, in person, by phone or otherwise, with _____
() 14. Consume no alcoholic beverages & enter no establishment that sells alcoholic beverages as its principal business. Undergo breath analysis for the presence of alcohol at the request of the Probation Officer.
() 15. Refrain from having in his/her body the presence of any illicit drug, unless prescribed by a physician, and submit samples of his/her blood or urine or both for tests to determine the presence of any illicit drug.
() 16. All sex offenders register with the proper authority as directed by the Probation Officer.
() 17. Provide DNA specimens per 730 ILCS 5/5-4-3 when directed by probation and pay \$250.00 fee.
() 18. _____
() 19. _____

IF ALL conditions are not completed within the time mandated, the defendant shall return to court on _____

at _____ a.m./p.m.

ENTERED THIS _____ DAY OF _____ 20 _____

JUDGE

I hereby acknowledge receipt of a copy of this Order, and further certify that I have read the document and understand all the provisions and agree to abide by them.

I further certify that I understand that my failure to comply with any of the terms of this Order may result in a warrant being issued for my arrest.

DEFENDANT

**IN THE CIRCUIT COURT OF FIRST JUDICIAL CIRCUIT
WILLIAMSON COUNTY**

PEOPLE OF THE STATE OF ILLINOIS

No. _____

VS

DRUG/VETERANS COURT PROBATION ORDER
ADDENDUM

1. Attend all court dates and Drug/Veterans Court review hearings as directed. ____
2. Attend all scheduled appointments as directed by the Court, Drug/Veterans Court Team, Probation and Court Services, Veterans Administration, or treatment provider. ____
3. Sign consent and release of information forms as requested. ____
4. Do not consume or possess any alcohol or illegal drugs. Do not use or possess any other drug without a prescription. ____
5. Do not associate with persons who use or possess any controlled substance or illegal drugs. ____
6. Undergo a substance abuse assessment as directed by the Court. ____
7. Participate in an alcohol and/or drug treatment program as directed by the Court, Drug/Veterans Court Team, Veterans or treatment provider as set forth in an individualized treatment plan. ____
8. Attend community support groups and provide verification of attendance as directed by the Drug/Veterans Court Team and the treatment providers. ____
9. Obey all rules of the treatment program and pay all treatment program fees. ____
10. Submit breath and urine samples for analysis for the presence of prohibited substances immediately upon request or in a manner directed by the Court or the Drug/Veterans Court Probation Officer. ____
11. The Court may rely on presumptive chemical tests results. A confirmation test may be requested; however, if the confirmation test is positive, the program participant will bear the cost of such test. ____

12. Inform the Drug/Veterans Court Probation Officer and treatment provider of all prescription medications and promptly notify same as to any/all changes to prescriptions. ____
13. Inform the Drug/Veterans Court Probation Officer, and treatment provider of any over-the-counter medications that the participant is taking. ____
14. If appropriate obtain and maintain employment and/or attend school full-time (with no un-excused absences) as directed by the Drug/Veterans Court Probation Officer. Obtain a G.E.D. as directed. ____
15. Undergo any medical, substance abuse or mental health assessment and/or treatment as directed by the Court and/or the Drug/Veterans Court Probation Officer and comply with all recommendations. ____
16. Attend any cognitive behavioral groups as directed by the Drug/Veterans Court Probation Officer. ____
17. Comply with all service plans set by the Court, Drug/Veterans Court Team, and treatment provider. ____
18. Comply with any curfew as set by the Court and/or the Drug/Veterans Court Team. ____
19. Understand that failure to fully participate in an individualized treatment plan, failure to appear, positive urine test and other program failures will result in immediate sanctions being imposed, including, but not limited to incarceration. ____
20. Other: _____

ENTERED THIS _____ DAY OF _____ 20_____

JUDGE

I hereby acknowledge receipt of a copy of this Order, and further certify that I have read the document and understand all the provisions and agree to abide by them.

I further certify that I understand that my failure to comply with any of the terms of this Order may result in a warrant being issued for my arrest.

Defendant