

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

People of the State of Illinois

v.

Case No. _____

Defendant

CONSENT TO PARTICIPATE DRUG COURT PROGRAM

1. I understand that I have no legal right to participate in the Drug 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 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 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 Court Team or identified by my treatment providers in my treatment plan.
3. I understand that it is essential that all members of the Drug Court Team, including the Judge, communicate as a team and share information regarding my participation in the Drug Court, including compliance with treatment, and I agree to them doing so. Upon my entry into the Drug Court, I consent to the Drug Court public defender representing me at Drug 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/or 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 Court Team, including sobriety based self-help meetings and cooperation with home visits by Drug 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 Court Team or any treatment provider and agree to the disclosure of the results to the Drug Court Team. I understand that I may be sanctioned for providing diluted, adulterated or substituted test specimens.
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 Cook County and to keep the Drug 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 Court Team. I understand that if I refuse to comply with signing a release when requested, it may be grounds for termination from Drug Court.
9. I agree to be truthful, cooperative and respectful with the Drug Court Team.
10. I understand that based upon any report (written or oral) of my violation of any rules of my Drug Court probation, contract or of this Consent to Participate, the Drug Court Judge may: authorize

Mariyana T. Spyropoulos, Clerk of the Circuit Court of Cook County, Illinois

cookcountyclerkofcourt.org

