



MISSOULA, MONTANA'S CO-OCCURRING COURT
THERESA CONLEY, R.N., COORDINATOR
200 WEST BROADWAY
MISSOULA, MT 59802
(406) 258-4641
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CLIENT CONTRACT

I _____, agree to enter the Missoula County Co-Occurring Treatment Court. I understand and agree that I have obligations and responsibilities to the Co-Occurring Treatment Court, the Co-Occurring Treatment Court Team and others involved in the Co-Occurring Treatment Court program. I also understand that I will have to follow orders from the Judge.

My obligations and responsibilities are:

- ___ 1. I will report as directed. I will keep appointments for:
 - Court
 - Case Management
 - Classes
 - Any appointments ordered by the Court
 - Treatments
 - Probation/Pretrial Supervision
 - Support Groups
- ___ 2. I will respect the Co-Occurring Treatment Court, the coordinator, the team and my fellow participants by:
 - Being on time for Court.
 - Being respectful during Court.
 - Not leaving Court before dismissed by the Judge.
- ___ 3. I will follow the recommendations of any psychiatric, chemical dependency, medical, rehabilitation, and educational or vocational treatment program assigned by the Court. I understand I have the right to request a second opinion or independent evaluation at my own expense.
- ___ 4. I will sign all releases of information needed by the Co-Occurring Treatment Court, treatment providers and other resource programs. I understand that I will not be able to participate in the program if I refuse to sign authorizations for release.
- ___ 5. I will take my medication(s) as prescribed.
- ___ 6. I will not use alcohol, marijuana or other illegal drugs, unless I am legally entitled to its use.

7. I will submit to random and routine drug testing when instructed. I understand the test results are to assist in my treatment. I understand that under Montana statute MCA § 46-1-1111(4), "anyone in receipt of drug test results shall maintain the information in confidentiality." I also understand that while it is not the intent of the Co-Occurring Treatment Court, the Coordinator, the Team or the Judge to make the test results available to law enforcement or anyone else outside of the Co-Occurring Treatment Court, there is no way to guarantee this will not happen. Because of this, I understand that I may refuse to consent to this testing, but I understand that if I do refuse to consent to testing when instructed, I may face sanctions for these actions as outlined in the attached sanction grid.

I also understand that if I am on probation or pretrial supervision, the conditions of my supervision may require me to submit to random and routine drug testing, and that refusal to submit to testing may result in a report of violation and possible revocation of probation or supervision.

8. I will obey all city, state and federal laws. If I take part in **ANY** criminal act, I understand that I may be terminated from the Co-Occurring Treatment Court.

9. I will not own or carry weapons of any kind. I will not commit or threaten to commit any acts of violence.

10. I will pay all fines, fees and restitution as ordered by the Court, or make appropriate and timely arrangements for payment.

11. I will talk to my Co-Occurring Treatment Court Case Manager, supervising officer and Judge before making any changes to my address, phone number or employment.

12. I will allow and cooperate with home visits from any member of the treatment team.

I also understand that if I am on probation, my conditions of probation may require me to consent to a search of my residence based upon reasonable suspicion. I understand that refusal to consent to a search based upon reasonable suspicion may result in a report of violation and possible revocation of probation.

13. I will follow all conditions of probation, pre-trial supervision or any other supervision program.

____ 14. I understand that I may be hearing confidential treatment information regarding other participants during Co-Occurring Treatment Court hearings and that this information is not to be disclosed or discussed with any other individual outside the court team or participants. I further understand that disclosing confidential treatment information is subject to civil and criminal penalties under state and federal law, and is grounds for termination from the Co-Occurring Treatment Court program.

____ 15. I agree to the following additional special conditions:

____ 16. I understand that immediate action may be taken and I may be sanctioned as outlined in the attached sanction grid for violations of my obligations and responsibilities under this agreement.

____ 17. I agree to be supervised by the Co-Occurring Treatment Court until _____, or until FURTHER ADVISED BY THE COURT.

I hereby acknowledge that I have read and understand my obligations and responsibilities as set forth in this document, and I agree to abide by my obligations and responsibilities as evidenced by my initials, and my signature below.

Dated this _____ Day of _____, 20__.

Participant

Judge

Defense Attorney

Prosecuting Attorney

Coordinator

Case Manager

Supervising Officer

SANCTION GRID

All sanctions are in accordance with the infraction, the individual and the circumstances surrounding the infraction.

Category 1

Admonishment from the Judge and/or the Team
Open Apology to the Group (verbal and/or written)
Keep and/or Write a Calendar that is returned to the Court
Writing Assignment or Essay
Journaling

Category 2

Day at Law and Motion and/or Observe Other Court Proceedings
Increase or More Frequent Testing (UAs and/or BACs)
Curfew or Check-In Time
Loss of Driving Privileges
Community Service
Increased Court Appearances
Increased Supervision
Peer Review
Round Table with Team
Geographic Restrictions

Category 3

Increased Time in the Program/Court
Electronic Surveillance/Monitoring (home arrest)
G.P.S. Monitoring
SCRAM Monitoring or Visual Breath Testing
Home Visit from the Team (or team members)
Jail

Category 4

Termination from the Program/Court