

**IN THE COURT OF COMMON PLEAS  
-GENERAL DIVISION-  
TRUMBULL COUNTY, OHIO**

**CASE NUMBER:**

**STATE OF OHIO  
PLAINTIFF**

**vs.**

**JUDGE ANDREW D LOGAN**

**DEFENDANT**

**DRUG COURT (TCDC)  
PARTICIPATION AGREEMENT**

---

I hereby request to be sentenced to participate in the Trumbull County Court of Common Pleas Specialized Docket Court (hereinafter referred to as “Trumbull County Drug Court” or “TCDC” or “treatment court” or “drug court”) as part of a Post Conviction Plea Court Ordered Treatment Plan. I understand that TCDC is a twelve to eighteen month long program that consists of the following:

**ORIENTATION PHASE**

1. Meet as instructed with a Community Solutions licensed drug and alcohol evaluator to undergo a complete substance abuse assessment.
2. Sign any necessary releases of information
3. Become familiar with the location of the service providers and address any issues of transportation and/or employment.
4. Review participant handbook and the participation agreement with your defense counsel.

**PHASE ONE 16 WEEK MINIMUM**

1. Participants will be expected to complete and verify a minimum of three sober support group meetings each week to include one on the weekend. Participants will be expected to have a sponsor after one month.
2. Monday through Friday participants will attend Intensive Outpatient Treatment as scheduled by the group therapist.
3. Each participant will also have a weekly individual counseling session.
4. Phase one participants will be drug screened a minimum of three times each week as directed by Probation, treatment staff, Court staff and will be subject to electronic monitoring if deemed necessary and ordered by Judge.
5. Weekly attendance at Drug Court Hearings with Judge Logan to indicate progress.
6. Employment and/or Community Service weekly of 20 hours.

## **PHASE TWO 16 WEEK MINIMUM**

1. Participants will continue to attend and verify a minimum of three sober support group meetings each week plus one on the weekend and have a sponsor.
2. Participants will be drug screened at least once each week, or more frequently if ordered by Court staff.
3. Weekly individual counseling session with primary treatment provider.
4. Bi-Weekly attendance at Drug Court with Judge Logan to report progress.
5. Employment and/or Community Service weekly of 30 hours.

## **PHASE THREE MINIMUM 16 WEEKS**

1. Participants will continue to attend and verify a minimum of three sober support group meetings each week plus one on the weekend and have a sponsor.
2. Weekly Meetings with primary Court case manager.
3. Tri-Weekly attendance at Drug Court Hearings with Judge Logan.
4. Following Treatment Court Hearings, attendance at Court Aftercare Program.
5. Random drug screens.
6. Employment, and/or Community Service 40 hours weekly.

I agree to report as scheduled for treatment and to participate in all of the above activities. I further agree as follows:

1. I agree to participate in alcohol and/or other drug treatment as directed by the court, including self help meetings (such as AA) as set forth in my treatment plan, and that I will provide verification of attendance. I understand that compliance with treatment recommendations is mandatory. Any noncompliance will be governed by immediate and graduated sanctions.
2. I agree to cooperate with the Drug Court Program, probation staff and treatment providers.
3. I agree to attend all treatment meetings, court dates and other scheduled appointments, and I will be on time. I understand that a failure to appear for a court date or any other breach of this agreement will result in the issuance of a bench warrant, I am responsible for my own transportation in order to fulfill the terms of the Drug Court Program. I understand I have a right to request the attendance of defense counsel during a portion of the specialized docket treatment team meeting.
4. I agree to sign any and all consent forms waiving confidentiality of any medical, mental health treatment or social service records. I further agree to sign any and all releases which will allow the Drug Court team to review diagnostic and treatment information. If I withdraw my consent, I understand that I will be terminated from the Drug Court program.
5. I agree that in order to achieve and maintain sobriety, I need to have a permanent and stable residence that supports a sober lifestyle. I shall notify the Drug Court Probation Officer within 48 hours of changing my residence.

6. I agree to remain in my residence during the hours specified in my case plan. In the event of an emergency, I will notify my Probation Officer immediately, or as soon as possible.
7. I understand that I shall not use, possess, or associate with any person(s) who use or possess any controlled substance or illegal drugs. I will not eat foods containing poppy seeds.
8. I understand that I shall not purchase, possess, own, use or have under my control any firearms nor enter an establishment or home where they would be available to me.
9. I agree that I will not use or possess alcoholic beverages, nor enter establishments that derive their principal income from the sale of alcoholic beverages. I will not use non-alcoholic beer and/or wine.
10. I understand that I shall inform my Drug Court Probation Officer of any over-the-counter medications that I am using, or may be using, and the medications must be non-addictive and not contain alcohol (i.e. mouthwash, cough syrup, etc.). I am responsible for verifying with a pharmacy or medical professional that these medications are non-addictive and do not contain alcohol. I understand that using mood-altering medications prescribed or not, could exclude me from participation in the Drug Court Program.
11. I understand I am responsible for informing and providing documentation of all prescription medications I am taking, or may take. I am also responsible for notifying my Drug Court Probation Officer if there are any changes to any and all prescriptions.
12. I understand that I will be subject to random chemical testing (usually a urine test) to assist the courts and treatment providers in evaluating my progress. I understand that a positive test for alcohol or any illegal substance will be sanctioned by the Court. I understand I may be terminated from the Drug Court Program based on my failure to be candid with the court about my drug use.
13. I understand that the drug court will monitor my substance use by random, frequent, and observed alcohol and other drug testing protocols. I agree to abide by the Trumbull County Drug Testing Policy.
  - a. I will submit to random and scheduled urine screens. The following acts are to be treated as positive tests and immediately sanctioned: failure to drop a urine specimen, tampering with the urine specimen, diluting a urine sample, submitting the sample of another individual, or if I fail to produce a sufficient quantity of urine needed for analysis. If I deny any use when confronted regarding a positive urine screen, the sample will be sent to an outside laboratory for testing. I agree to pay for any test that is positive and I understand that I may be subject to a probation violation hearing if the results are positive. I will also submit to testing of my breath, saliva or blood as may be required by the Court, probation or treatment staff.

- b. I acknowledge and agree that I may be ordered to submit to Electronically Monitored House Arrest (EMHA) at my cost of up to \$7.00 per day and that if so ordered that I must have a land line phone installed at my residence, and at my cost.

14. I agree to participate in the Drug Court Program until successfully discharged from all phases of the program including in-patient and out-patient treatment.

15. I agree to participate in any educational, treatment, or rehabilitation program ordered by the Drug Court to help maintain my sobriety and maintain a law-abiding lifestyle.

16. I agree to perform forty (40) hours of structured activity per week, such as: actively seeking or maintaining employment, attending school/job training, performing unpaid alternative community work assignments, or any other activity approved by my Drug Court Probation Officer. I agree to provide verification of 40 hours of activity per week.

17. I agree to abide by the rules and regulations of probation supervision, and any special conditions ordered by the court including community work service.

18. I agree to pay a supervision fee of \$20 per month each month that I am in TCDC, payable through the Trumbull County Probation Department.

19. I agree not to leave the State of Ohio without written permission of the Trumbull County Court of Common Pleas or the Trumbull County Adult Probation.

20. I agree to be subject to a curfew each day beginning at 10:00 p.m. through 6:00 a.m. the following morning, unless waived in writing for employment or other good cause, or extended by the Court.

21. I agree to adhere to an official dress code consisting of the following:

- No short shorts or mini skirts
- No spaghetti straps or tank tops
- No tops or dresses with cleavage exposing any portion of the breast
- No halter tops or strapless tops/dresses
- No skin tight pants, skirts, or shorts
- No see through clothing
- No clothing that makes reference to drugs or alcohol
- No sexually suggestive clothing

22. I agree not to possess, use, purchase, or have under my control any narcotic drug or other controlled substance or illegal drugs, including any instrument, device or other object used to administer drugs or to prepare them for administration, unless it is lawfully prescribed by a licensed physician.

23. I agree to promptly report any arrest, citation of a violation of the law, conviction or any other contact with a law enforcement officer to my supervising officer no later than the next business day. I further agree not to enter into any agreement or other arrangement with any law enforcement agency which might place me in the position of violating any law or condition of my supervision, unless I have obtained permission in writing from the Trumbull County Adult Probation.

24. I agree to a search without warrant of my person, motor vehicle, or place of residence by a supervising officer of the Trumbull County Court of Common Pleas or authorized representative of the Trumbull County Adult Probation.

25. I agree and understand that if I am arrested in any other state or territory of the United States or in any foreign country, my signature as witnessed at the end of this document will be deemed to be a waiver of extradition and that no other formalities will be required for authorized agents of the State of Ohio to bring about my return to this state.

26. I agree that I am subject to sanctions which may be imposed by the Court, in the Court's sole discretion, as a result of my failure to comply with any of the within rules or any other breach of this Participation Agreement. I understand that the Court will be alerted to all such infractions. I understand that sanctions may range in severity depending on the seriousness of my non-compliance or rule violation and that they may include, but are not limited to:

- a. More frequent appearances before the Judge;
- b. More frequent appearances before the probation department;
- c. Increased testing of breath, blood or urine for drugs or alcohol;
- d. Increased group and/or meeting attendance;
- e. Verbal admonishment from the Judge;
- f. Written reports;
- g. Increased community service work;
- h. One or multiple days seated in courtroom;
- i. Electronically Monitored House Arrest, (EMHA);
- j. Jail time;
- k. CBCF time;
- l. Termination from the TCDC program.

I understand and agree that the Court can apply any or all of these sanctions based solely upon the Court's judgment of my progress, participation and performance in TCDC.

27. I understand and agree that my failure to attend a scheduled court appearance, report to treatment, TCDC, or probation may result in the issuance of a warrant for my arrest.

28. I understand that by entering into the Drug Court Program that I am waiving certain constitutionally-guaranteed rights to which I might otherwise be entitled. The rights that I am expressly waiving include, but are not limited to:

- a. Waiver of the right to consult with and be represented by an attorney at review hearings;
- b. Waiver of any objection to the Judge receiving communication regarding my treatment, progress and rules violations without me or my attorney being present;
- c. Waiver of the right to contest the results of drug and alcohol testing results at review hearings;
- d. Waiver of the right to remain silent and not to incriminate myself at the review hearings regarding violations of the rules of the Drug Court Program; and
- e. Waiver of the right to freely associate with other persons, including my spouse, who, in the sole discretion of the Court, interfere with or impede my recovery.

**I EXPRESSLY ACKNOWLEDGE THAT THE EXECUTION OF THIS AGREEMENT DOES NOT OBLIGATE THE COURT TO SENTENCE ME TO COMMUNITY CONTROL. I UNDERSTAND THAT WHILE I AM IN TCDC, ANY FURTHER COURT PROCEEDINGS WILL BE HEARD BY THE TCDC JUDGE. I AGREE TO RESPOND TO AND COMPLY WITH THE SUPERVISION OF THE ASSIGNED TCDC PROBATION OFFICER AND ALL COURT PERSONNEL AS SCHEDULED. I FURTHER ACKNOWLEDGE THAT I HAVE CONSULTED WITH MY ATTORNEY REGARDING THE LEGAL RAMIFICATIONS OF EXECUTING THIS PARTICIPATION AGREEMENT AND ENTERING INTO THE TCDC PROGRAM AND THAT I HAVE REVIEWED THIS DOCUMENT WITH MY ATTORNEY AND AM EXECUTING THE SAME OF MY OWN FREE WILL AND THAT I AM DOING SO KNOWINGLY, INTELLIGENTLY AND VOLUNTARILY. I FREELY AND VOLUNTARY RELINQUISH THE RIGHTS SET FORTH HEREIN AND AGREE TO ABIDE BY ALL OF THE RULES AND CONDITIONS OF THE TCDC PROGRAM AND THE COURT SET FORTH HEREIN.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Defendant/Participant's Attorney

\_\_\_\_\_  
Date