

# GREENE COUNTY DWI COURT



## Participant Handbook

31<sup>st</sup> Judicial Circuit

## **Overview**

Treatment courts are problem-solving courts that use a combination of accountability, treatment and other services to support and compel drug-using or drug-involved offenders to change their lives. The Judge, a prosecutor, a defense attorney, probation officers, law enforcement officers, mental health specialists, social service case managers and substance use disorder treatment communities work together as a team to help offenders find restoration in recovery and become productive citizens.

The **minimum** amount of time it will take to complete this program is **18 months**. You will attend court on a regular basis in order to discuss your case with the Adult Treatment Court Judge and team. The number of times you must appear depends on the phase that you are in as well as when otherwise required by the Judge or other team member. As a participant, you will be expected to follow the instructions given by the Judge and comply with the treatment plan that will be developed by your treatment team after consideration of your input. You will receive incentives or sanctions according to how well you have followed the rules of the program.

## **Eligibility Criteria**

To be eligible to participate in DWI Court, the applicant must meet the following criteria:

- Complete an *Application for Entry to the Treatment Court Program*;
- Be a Greene County resident. A defendant who resides in a county other than Greene may be accepted into Greene County Treatment Court if there is sufficient funding for treatment services, the court has the ability to provide adequate community supervision and the defendant is able to complete all court requirements;
- Be 17 years of age or older;
- Be charged with or convicted of a felony DWI/DUI, felony alcohol related driving offense, or a class A misdemeanor DWI/DUI and admit to having a substance abuse problem or addiction and want treatment, or:
  - The defendant tests positive at the time of arrest, or
  - The defendant's attorney, family, or friends report drug or alcohol usage;
- Understand and meet the requirements of treatment court, including but not limited to travel requirements as well as attending all treatment, probation and court dates;
- Be willing to sign the *Consent to Abide by the Conditions of the Treatment Court Program* and *Authorization for Disclosure of Confidential Information* and abide by the conditions set forth therein, see attached;
- Be willing to sign the *Waiver of Right to Use or Consume Marijuana for Treatment Court*, see attached;
- A Risk and Needs Triage (RANT-DUI®) assessment screening indicates that the defendant does have a serious addiction and the defendant receives an overall RANT-DUI® score of High Risk/High Need (Quadrant 1).

## **Court Attendance**

- Always be on time and dressed appropriately for court;
- Be prepared to discuss your progress with the Judge;
- Complete all tasks as ordered and bring proof of completion;
- Leave food and drink outside the courtroom;
- Turn off cell phones and pagers.

## Phases of the Treatment Court Program<sup>1</sup>

	Phase I	Phase II	Phase III	Phase IV	Phase V
<b>Minimum Length</b>	3 months	4 months	4 months	4 months	3 months
<b>Court Appearances</b>	Twice a month	Twice a month	One time per month	One time per month	One time per month
<b>Probation Officer Meeting</b>	Weekly	Two times per month	Two times per month	One time per month	One time per month
<b>Drug &amp; Alcohol Testing</b>	Daily call-in 1-3 tests per week	Daily call-in 1-3 tests per week	Daily call-in 1-3 tests per week	Daily call-in 1-3 tests per week	Daily call-in 1-3 tests per week
<b>Treatment (Individual &amp; Group)</b>	As prescribed	As prescribed	As prescribed	As prescribed	As prescribed
<b>Community Support Groups</b>	Not required	One time per week	Two times per week	Two times per week	Two times per week
<b>Employment</b>	Not required	Seek and Obtain	Maintain	Maintain	Maintain
<b>Days of Sobriety</b>	14 days	40 days	60 days	90 days	90 days
<b>Other</b>	Complete a budget	Sign payment plan agreement	Pay as agreed	Pay as agreed	Pay as agreed

<sup>1</sup>All program requirements are subject to change. Each participant will receive an individualized plan based on his/her own needs and progress.

## Counseling and Probation Sessions

The DWI Court counselors employ treatment practices that have been proven to be effective. They understand that work and/or school are very important to building a life after treatment court. You must look at the DWI Court treatment and services as one of the **most** important things you do; to be successful you need to attend all scheduled individual and group sessions, as well as all drug tests, probation appointments and court dates.

Your treatment counselor is a member of your Treatment Court team. Each week the Judge and other team members will meet to discuss your progress in treatment. They will discuss your attendance, participation and cooperation in the treatment program. The treatment counselor is obligated to report to the Judge and the other team members when you miss counseling sessions or behave in a way this is disruptive or harmful to other people attending treatment.

Your counselor and your probation officer will work with you to develop a plan so that you will always know what you need to be working on in order to get your life back on track. Please note the following:

- If you miss a session, you will need to make up that session. If you must miss a session, call your counselor and probation officer to let them know why you need to miss a session.
- It is very important to attend and participate in every session. A pattern of missed sessions or lack of participation will result in a response.
- You may be ordered to pay for missed appointments.
- **Rude or disrespectful behavior toward treatment staff will not be tolerated and will result in a response.**

Every Treatment Court participant is assigned a probation officer. Your probation officer will set up a schedule so you know when and how often you are supposed to report to the probation office and to court.

Your probation officer is also a member of your Treatment Court team. He or she will inform the Judge and the other team members how you are doing. The probation officer is obligated to inform the Judge and the rest of the team when you commit a violation of the rules. Please note the following:

- The probation officer is considered an “arm of the court”. You will follow the directive of your probation officer just as if the Judge had directed you to do something.
- **Rude or disrespectful behavior directed toward your probation officer will not be tolerated and will result in a response.**

### **Drug and Alcohol Testing**

The Greene County Treatment Court uses both regular and random drug/alcohol screening throughout the program. Primarily, the program uses daily random drug and alcohol testing based on a call-in system. You will be assigned a participant specific Personal Identification Number (PIN) and given a phone number to call **every day, including all weekends and holidays**, to see if you are scheduled to test that day. If your assigned PIN is selected to submit a random drug test, you will need to report to Tomo Drug Testing, located at 811 E. Division, Suite 100, Springfield, MO, for drug testing. The drug testing agency and its location is subject to change. If a change occurs, you will be notified.

Tomo Drug Testing conducts drug and EtG (alcohol) testing for the Treatment Court. When you start the Treatment Court program, your probation officer will give you written instructions on when and where to report for drug testing and what to expect. Sometimes your probation officer may decide to give you a BAC or drug test at the probation office or during court.

Failure to call, failure to report for drug testing, failure to admit to drug use prior to drug testing, and/or failure to submit to drug testing will result in a response. You have the right to witness all testing and to be made aware of the results. You have a right to request confirmation testing. If the specimen is confirmed positive, the court will assess a \$100 fee to your participant fee account. If the specimen is confirmed negative, the court will incur the costs associated with the additional confirmation laboratory testing. Please note the following:

- Drug testing is on a random schedule – you will never know when you will be asked to test.
- You will be required to follow Tomo’s testing procedures.
- You will be observed when you give a urine sample.
- A “positive” test, also called a “dirty” test, means that your urine has tested positive for drugs and/or alcohol. A “positive” urine test will result in an immediate response that may include time in jail.
- You may be sanctioned if you miss a drug test because you forgot to call-in, you arrived at Tomo after they closed, you forgot to go to Tomo, you could not provide a sufficient sample for testing, or you provide or attempt to provide a diluted sample.
- **Rude or disrespectful behavior directed toward Tomo staff will not be tolerated and will result in a response.**

## **Medications**

As part of treatment court, you will be required to notify your treatment team if you are prescribed or are taking any medications, sign releases between treatment court and your medical provider and inform your medical providers that you are in recovery. By entering treatment court, you have agreed to not possess, use, or consume marijuana, alcohol or illegal drugs or misuse prescription or over-the-counter medications. This includes:

- Over-the-counter medications that contain “D, DM, DXM” (dextromethorphan), ephedrine/pseudoephedrine (Robitussin, Sudafed, Nyquil, etc.);
- Inhalants;
- Herbal energy supplements (Mini Thins, etc.) or drinks (Kombucha);
- Synthetic versions of illegal drugs including Kratom, K2, bath salts, CBD oil, etc.;
- Caffeinated alcohol drinks/seltzers (Four Loko, Sparks, etc.);
- Any other mind-altering substances of chemicals;
- Medicinal and recreational marijuana.

\*This list may be updated as necessary and will be provided to you when that occurs.

## **Program Responses**

Responses to Behavior	
Achievements	Responses
<ul style="list-style-type: none"> <li>• Attending court appearances</li> <li>• Negative drug test results</li> <li>• Attendance and participation in treatment</li> <li>• Attendance and participation in support meetings</li> <li>• Completion of GED/HiSET</li> <li>• Compliance with treatment plan</li> </ul>	<ul style="list-style-type: none"> <li>• Recognition by the Judge</li> <li>• Courtroom recognition</li> <li>• Certificate of Achievement</li> <li>• Decreased court appearances</li> <li>• Phase advancement</li> <li>• Program graduation</li> <li>• Gift cards or activities (as funding permits)</li> </ul>
Choices	Responses
<ul style="list-style-type: none"> <li>• Missed court appearances</li> <li>• Missed appointment with treatment provider, PO, case manager, etc.</li> <li>• Missed support meetings</li> <li>• Positive drug test, missed drug test, tampered drug test</li> <li>• Inappropriate behavior at treatment facility</li> <li>• Termination from treatment for non-compliance</li> </ul>	<ul style="list-style-type: none"> <li>• Reprimand from the Judge</li> <li>• Increased court appearances</li> <li>• Increased drug testing</li> <li>• Present phase demotion or programs (MRT, etc)</li> <li>• Community service hours</li> <li>• Essay presented to the Judge</li> <li>• Jail sanction</li> <li>• Court Ordered Detention Sanction (CODS)</li> <li>• Termination from the program</li> </ul>

## **Program Fee**

All Missouri Treatment Courts are mandated to charge a fee that helps pay for substance use treatment and drug testing. Each participant must pay a program fee of \$2,500. In addition to the program fee, you will also be required to cover the cost of the SATOP screening, which includes a \$249 Department of Mental Health Earnings Fund fee and \$126 screening fee, as well as a \$150 administrative fee charged by the treatment provider you are assigned to. Each participant must pay as directed by the Court. Participants will not be held back in their phase due to

financial hardship. These cases will be discussed by the treatment court team on a case by case basis.

You will be required to prepare a financial budget and develop a payment plan to pay your Adult Treatment Court fee and other court costs. The court will work with you to develop a plan for fee payments. If you are behind on fee payments when you begin Phase V, you must schedule a hearing with the Judge to explain your failure to pay and present a plan on how the fees will be paid prior to graduation. The fees must be paid in full prior to graduation. **Keep all receipts and never give your fee payment to a team member or another participant and ask them to make the payment for you.**

If you leave or are terminated from the program, you will forfeit any money paid toward the fee. Fee payments will be reported to the judge as part of your regular progress report. In addition to the program fee, you may incur treatment-related costs.

### **Order Granting Limited Driving Privileges (LDP)**

Once you have completed Phase 3 and participated in DWI Court at least 11 months, you may apply for a court order granting limited driving privileges (LDP). You should talk with a lawyer before deciding to apply for an LDP because applying for an LDP will require you to file a case in court and may involve additional expenses. Whether or not you will be granted an LDP is a decision only the judge will make. The judge will consider how well you have done in following DWI Court rules, the length of your sobriety, your overall stability, the safety of the community, and any other factors the judge thinks are important. An LDP is not guaranteed to every DWI Court participant.

An LDP is not the same as a regular driver's license. An LDP will be limited to certain activities such as driving to/from work, medical/treatment/community service/court appointments, and driving to/from school. An LDP will not allow you to drive during a family vacation or to a restaurant. An LDP requires an ignition interlock device be installed and maintained in your vehicle the entire time you have an LDP. An LDP also requires you to purchase vehicle insurance and keep it in place the entire time you have an LDP. The conditions of an LDP stay in place even after you have graduated from DWI Court.

### **Termination from Treatment Court**

Recognizing that felony offenders in treatment court have serious alcohol/drug dependencies or addictions and/or criminal behaviors and present a serious risk to the community, the treatment court team will make every effort to engage the offender in treatment and services.

In ordering a participant's termination from the program, the Court will consider factors such as the nature of the violation, duration in the program, previous violations, criminal history, participants' desire to achieve sobriety as evidenced from their actions, among other factors. The team may recommend termination from the program when there is:

- Continued non-compliance with program expectations;
- The commission of an offense that puts participants or team members at risk or serious physical harm;

- A finding that the participant is dealing drugs, especially to other participants;
- Assaultive, threatening or abusive behavior toward any participant or team member.

A participant who is subsequently diagnosed with a physical or mental condition that renders him/her unable to comply with the program requirements may be administratively discharged from the program.

## **Graduation Requirements**

Upon your successful completion of the Treatment Court program, you will graduate. You will be moved from intensive supervision to a period of traditional probation. The duration of the probation is at the discretion of the sentencing judge or the Prosecuting Attorney, who may choose to place you on a short probation period or release you from probation supervision. Prior to graduation you **must** complete an exit interview. To graduate you must have achieved the following:

- Attend all court appearances and appointments with the treatment provider, supervising program officer and drug testing agency;
- Development of an aftercare plan;
- Minimum of 90 days of sobriety;
- Consistency in complying with the terms of the treatment plan;
- Stable housing;
- Stable employment – a participant may be exempt from this requirement based on physical or mental health conditions or other extenuating circumstances;
- Completion of community service;
- Completion of GED/HiSET – a participant may be exempt from this requirements based on physical or mental health conditions or other extenuating circumstances;
- Engagement in community support groups (AA/NA or other groups), if appropriate;
- All fees, restitution, and fines paid in full.

## **Inclement Weather**

In the event that there is inclement weather and the 31<sup>st</sup> Judicial Circuit Courthouse is closed, regular Staffing and Hearings for all phases, Non-Compliance, Sanction, and/or Termination Hearings as well as drug testing will be canceled. Verification of an official courthouse closing can be obtained by calling (417) 868-4000.

If Springfield Public Schools are closed, the Tomo Drug Testing weather policy allows for you to call the inclement weather line at (888) 379-7697, option #2, to confirm if drug testing has been cancelled. This does not replace the requirement to call the normal call-in line each day.

## **Confidentiality**

Your identity and privacy will be protected consistent with Missouri law. In response to these regulations, policies and procedures have been developed which guard your confidentiality. You will be asked to sign an *Authorization for Disclosure of Confidential Information* authorizing the

transfer of information among all participating agencies as well as *Consent to Abide by the Conditions of the Treatment Court Program*. The Consent allows team members to access medical and other records of care and services that may impact your participation in the program. Team members will never reveal information to family members, friends, or the public without written consent.

### TREATMENT COURT RULES

1. Totally abstain from the use of alcohol and illegal drugs. This includes medications, mouthwashes or other substances that may result in a positive urine or breathalyzer test.
2. Inform all treating physicians that you are a recovering addict and may not take narcotic or addictive medications or drugs.
3. Attend court sessions and treatment sessions as scheduled, submit to random alcohol and drug testing, remain clean and sober and law abiding.
4. No association with people who use or possess drugs or alcohol.
5. No possession of any weapons while in the Treatment Court program; you must disclose the presence of any weapons possessed by anyone else in the household.
6. Keep your probation officer, case manager, and treatment provider informed of your current address and phone number at all times.
7. Dress appropriately for court and treatment sessions: a shirt or blouse or clean t-shirt, pants, dress or skirt of reasonable length. Shoes must be worn at all times. Clothing bearing violent, racist, sexist, drug or alcohol-related themes or promoting or advertising alcohol or drug use is considered inappropriate; NO hats, NO shorts, NO gang attire, NO tank tops or halter tops.
8. **Remember**, when you are in Court, turn off cell phones, do not chew gum, and if your child is causing a disturbance, take the child into the Court entryway.
9. Be quiet in Court and when it is your turn to talk to the Treatment Court Judge, call him or her “**Judge**” or “**Your Honor**”.
10. Abide by all other rules and regulations imposed by the Treatment Court Team.

### Important Information

Name of Probation Officer \_\_\_\_\_

Telephone Number for Probation Officer \_\_\_\_\_

Day I Meet with PO \_\_\_\_\_

Name of Treatment Counselor \_\_\_\_\_

Telephone Number of Treatment Counselor \_\_\_\_\_

Testing call-in number and PIN \_\_\_\_\_

Drug Testing Facility Address \_\_\_\_\_

Day and Time to go to Court \_\_\_\_\_



**Greene County Treatment Court**  
**APPLICATION FOR ENTRY**

\*All questions must be answered in order to process your application\*

**Your Attorney's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NAME:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Maiden/Alias: \_\_\_\_\_ Social Security # \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Birth place: \_\_\_\_\_ Male/Female

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Message: \_\_\_\_\_

Marital Status: Single / Married / Divorced / Cohabiting / Widowed

Name of Spouse/Significant Other: \_\_\_\_\_

Living Arrangements: Rent / Own / Live with Family or Friends / Homeless

Are you a Veteran of the United States Armed Forces? Yes / No Branch: \_\_\_\_\_

*\*Please list **everyone** living in the same home as you, including children.\**

Name	Relationship	Age	Male/Female
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have children, but do not have custody of them, who does have custody and do you exercise regular visitation with them? \_\_\_\_\_

Are you making child support payments? Yes / No / Not Applicable

Did you graduate from high school? Yes / No Last Grade Completed? \_\_\_\_\_

Do you have a G.E.D.? Yes / No

Any College? Yes / No Do you have any technical or vocational training? Yes / No

Are you currently employed? Yes / No Where? \_\_\_\_\_ How long? \_\_\_\_\_

Full Time or Part Time? \_\_\_\_\_ Hourly rate of pay? \_\_\_\_\_

Current total monthly income: \_\_\_\_\_

Are you currently receiving any public assistance? Yes / No What type? \_\_\_\_\_

\*Public Assistance includes: Child Support, Food Stamps, WIC, Alimony, VA Assistance, TANF, SSI, SSD, Medicaid\*

Please list your normal work schedule:

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

**Emergency Contact / Medical Information / Substance Use Information**

Name of emergency contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Message: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Are you currently being treated by a physician? ..... Yes / No  
Reason: \_\_\_\_\_

Are you currently pregnant? ..... Yes / No

Have you ever been treated for depression or an anxiety disorder? ..... Yes / No  
When: \_\_\_\_\_

Have you ever been diagnosed as mentally ill? ..... Yes / No  
When: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Have you ever attempted suicide? ..... Yes / No

Have you ever been a victim of domestic violence? ..... Yes / No

Have you ever received substance abuse treatment? ..... Yes / No  
When: \_\_\_\_\_ Where: \_\_\_\_\_

Do you consider yourself to be handicapped or suffer from any type of disability? ..... Yes / No  
If so, what form? \_\_\_\_\_

Please list all medications, prescribed and over-the-counter, that you are currently taking: \_\_\_\_\_  
\_\_\_\_\_

What is your current drug(s) of choice? **Circle all that apply**  
*Barbiturates, Methamphetamine/Amphetamines, Hallucinogens, Opiates, Prescription Drugs, PCP, Ecstasy, THC, Cocaine, Alcohol, Other:* \_\_\_\_\_

Is there a family history of drug or alcohol abuse? ..... Yes / No

Does anyone currently living in the same home as you use drugs or alcohol? ..... Yes / No

How old were you the first time you used alcohol? \_\_\_\_\_ Drugs? \_\_\_\_\_

When was the last time you used alcohol? \_\_\_\_\_ Drugs? \_\_\_\_\_

Have you ever been on probation or parole? ..... Yes / No

Is anyone living with you currently on probation or parole? ..... Yes / No

Do you have a valid driver's license? ..... Yes / No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



**IN THE 31st JUDICIAL CIRCUIT, GREENE COUNTY, MISSOURI**

Judge or Division:	Case Number:
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State of Missouri vs.
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(Date File Stamp)

**Waiver of Right to Use or Consume Marijuana for Treatment Court**

I request that the Court allow the waiver of my right to use or consume marijuana pursuant to Article XIV of the Missouri Constitution as follows:

1. If I plead guilty or am found guilty, I want to be considered for placement in a Greene County Treatment Court program.
2. I admit that I have a substance use disorder and that I need treatment.
3. I understand that I do not have a right to probation or a right to participate in a Greene County Treatment Court program.
4. Subject to approval by the Court, I am requesting supervised probation with a special condition to successfully complete a Greene County Treatment Court program.
5. While participating in the Greene County Treatment Court program, I will be receiving treatment for my substance use disorder. This is a material factor in my decision to plead guilty.
6. The consumption of mind-altering chemicals is inconsistent with my rehabilitative needs. As such, the consumption of marijuana (either recreationally or medically) while participating in the Greene County Treatment Court program will be counterproductive to the treatment of my substance use disorder.
7. I understand that I have the right to use or consume marijuana pursuant to Article XIV of the Missouri Constitution.
8. I have been given the opportunity to consult with an attorney before signing this Waiver of Right to Use or Consume Marijuana for Treatment Court.
9. I hereby knowingly and voluntarily waive my right to use or consume marijuana while participating in the Greene County Treatment Court program.
10. I acknowledge and agree that my consumption of marijuana while in the Greene County Treatment Court program may subject me to sanction (including jail sanction) and termination from the program.

Based upon the foregoing, I request the Court accept my waiver of right to use or consume marijuana while in treatment court.

\_\_\_\_\_  
Defendant signature

On this date, the defendant personally appeared before me and voluntary and intelligently signed this written Waiver of Right to Marijuana in my presence.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

**CONSENT TO ABIDE BY THE CONDITIONS OF THE TREATMENT COURT PROGRAM**

TC1- Adult Treatment Court, TC3 - Co-Occurring Disorders Court, TC4 - DWI Court,  
TC7- Veterans Treatment Court

Name \_\_\_\_\_ Case No(s). \_\_\_\_\_

1. **Laws:** I will obey all federal and state laws and municipal and County ordinances. I will report all arrests or contacts with law enforcement officers to my Probation Officer within 48 hours.
2. **Travel:** I will obtain advance permission from my Treatment Court team before leaving the state or the county in which I am living.
3. **Residency:** I will obtain prior approval from my Treatment Court team before making any changes in my telephone number or residence or living circumstances. I will establish residency in Greene County unless otherwise granted approval by my Treatment Court team.
4. **Employment:** I will maintain employment unless engaged in a specific program approved by my Treatment Court team. I will obtain permission from my Treatment Court team before quitting my job or program. In the event I lose my job or am terminated from a program, I will notify my Probation Officer within 48 hours.
5. **Association:** I will obtain permission from my Treatment Court team before I associate with any person convicted of a felony or misdemeanor, or with anyone currently under the supervision of the Board of Probation and Parole. It is my responsibility to know with whom I am associating.
6. **Drugs:** I will not have in my possession or use any controlled substance except as prescribed for me by a licensed medical practitioner. I will comply with the program policy regarding the use of prescription and over-the-counter medication. I understand that failure to comply may result in termination from the program.
7. **Weapons:** I will not own, possess, purchase, receive, sell or transport any firearms, ammunition or explosive device or any dangerous weapons as defined by federal, state, or municipal laws or ordinances.
8. **Reporting directives:** I will report as directed by my Treatment Court team.
9. **Supervision strategy:** I will enter and successfully complete the recommended supervision strategy, participate in substance use disorder treatment or other services as determined by an assessment, and abide by all rules and program requirements as directed by the Court and my Treatment Court team.
10. **Special conditions:**
  - I will submit to random urine and breathalyzer testing at the request of any team member.
  - I will not consume alcohol, enter into or become employed at any establishment where the primary item for sale is alcohol, be within the immediate proximity of alcoholic beverages nor have alcoholic beverages in my home.
  - I will be subject to random visits by a probation officer to ascertain my compliance with the conditions of my Treatment Court program.
  - I will make regular appearances in open court to assess my progress in my Treatment Court program with the Judge.
11. **I understand:**
  - Failure to comply with the program rules may result in sanctions that may include incarceration in the Greene County jail or termination from the Treatment Court program.
  - In order to successfully complete the program all requirements must be met to the satisfaction of the my Treatment Court team. Upon successful completion of the my Treatment Court program, the charges, petition or penalty in my case may be dismissed, reduced or modified. If I am in DWI Court or in the Veterans Treatment Court – DWI Docket, I understand that my conviction will stand.
  - Any statement made by me as part of my participation in my Treatment Court program, or any report made by the staff of the program, shall not be admissible as evidence against me in any criminal, juvenile or civil proceeding. Notwithstanding the foregoing, termination from my Treatment Court program and the reasons for termination may be considered in my sentencing or the disposition of my case.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

**GREENE COUNTY TREATMENT COURT CONSENT FOR DISCLOSURE / RELEASE OF  
CONFIDENTIAL SUBSTANCE ABUSE / MENTAL HEALTH INFORMATION**

I, \_\_\_\_\_, understand that information regarding my eligibility for and participation in the Treatment Court (TC) programs may be shared among any or all of the following:

a) The TC Team which includes the TC Judge, the TC Court staff including the administrator and Clerk, representatives from the Greene County Prosecuting Attorney’s Office, the Missouri Board of Probation and Parole, Springfield Municipal Court, Burrell Behavioral Health, Preferred Family Healthcare, Heartland Center for Behavioral Change, Recovery Outreach Services, Higher Ground Recovery Center, Greene County Children’s Division, Greene County Juvenile Office, the Court case manager and the Veteran’s Administration representative; b) The DWI Court SATOP screener; c) Physicians, psychiatrists, psychologists, therapists and pharmacy technicians who provide mental health and medication assisted treatment services to TC participants; d) Law Enforcement Officers including those employed by county municipalities, Greene County Sheriff’s Department, and Springfield Police Department officers; e) Treatment Court trackers; f) Other TC participants and attendees; g) representative of the Community Alternative Sentencing Program (CASP); h) Researchers, both individual and institutional; i) OSCA Treatment Court staff; and \_\_\_\_\_. (Enter NONE if no name or agency is added)

I, \_\_\_\_\_, hereby consent to the above communication. I understand the purpose of, and need for, this disclosure is to inform the Court and all other named groups and parties of my eligibility for and willingness to participant in treatment court services; all my mental health, substance abuse, and medical diagnoses; AND my treatment attendance, prognosis, compliance and progress in accordance with the treatment courts’ monitoring criteria. I understand that the treatment court will receive written reports regarding the type of substance abuse treatment, amount of treatment and monthly cost of my treatment that is billed to the Department of Mental Health or other funding sources while I am a participant in the treatment court. I understand that I will appear regularly in open court with other TC participants. I understand that docket entries may be made in the Court’s file that may reflect by participant and performance in TC, and that those docket entries are confidential.

I also understand:

Any disclosure made is bound by the Code of Federal Regulations, 42 C.F.R. 2.11, 2.12, Section 290dd-2 governing confidentiality of alcohol and drug abuse patient records. Recipients of this information may re-disclose it only in connection with their official duties.

As stated in Code of Federal Regulations 42 C.F.R. 2.31, 2.35, this consent will remain in full force and effect until I complete or am terminated from the program.

**Notice:**

The confidentiality of alcohol and drug abuse client records maintained by the treatment provider is protected by federal law and regulations. Generally the treatment provider and members of the TC team may not say to any person outside the program that the client attends the program or disclose any information identifying the client as an alcohol or drug abuser unless:

a) The client consents in writing; b) the disclosure is allowed by a court order; c) the disclosure is made to medical personnel for research, audit or program evaluation; d) in the case of a medical emergency; e) if a client commits a crime, or threatens to commit a crime, while enrolled in the treatment program; or f) the client expresses suicidal or homicidal intent.

Violation of the federal law and regulations by the treatment provider is a crime. Suspected violations may be reported to the appropriate authorities in accordance with federal regulations.

Federal laws and regulations do not protect any information about the suspected child abuse or neglect from being reported under state laws to the appropriate state or local authorities.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**DWI Court**  
**Additional Limited Driving Privilege Requirements**  
**Exhibit "A"**

\_\_\_\_\_ I understand that I will be required to meet the following requirements until the end of the period of suspension or revocation of my license to drive. I also understand that if I am on probation at the time I am granted a Limited Driving Privilege I will continue to be under supervision of the Missouri Probation/ Parole Office until my term of probation is over; then the Limited Driving Privilege will continue to be reviewed by the Court.

COMPLIANCE WITH SECTION 302.309, RSMo:

1. Ignition Interlock Device (IID) – must be a functioning, certified unit with a camera (and GPS if ordered) installed in the vehicle operated by me. I understand the following conditions:

\_\_\_\_\_ I must have filed proof of the install with the Missouri Department of Revenue (DOR) by \_\_\_\_\_.

\_\_\_\_\_ I will authorize, in writing, the installer of the IID to notify DOR and the Court of all incidents of lockout status, abort locks, missed tests and alcohol detections.

2. Proof of Financial Responsibility:

\_\_\_\_\_ I must have filed proof of financial responsibility with the Department of Revenue (DOR) by \_\_\_\_\_.

\_\_\_\_\_ I will provide to the Court, upon request, proof that financial responsibility has been continuous since the issuance of the LDP.

ADDITIONAL REQUIREMENTS:

\_\_\_\_\_ **Any written document that I must file in the Greene County Circuit Clerk's Office must be hand-delivered to that office by me or my attorney or electronically filed by my lawyer by the deadline stated.**

\_\_\_\_\_ I will file a written document in the Greene County Circuit Clerk's Office within 24 hours advising of any incidents (either initial start or retest) that result in the car not starting. The written document must include a description of the incident and the date and time of any incident.

\_\_\_\_\_ I will not use any alcohol based products either immediately before or while driving. This includes mouth wash, medications, and cologne.

\_\_\_\_\_ I will file a written document in the Greene County Circuit Clerk's Office and with the DOR within 24 hours if my circumstances change and I have the Ignition Interlock device taken off my car. The written document must include what circumstances changed that caused me to have the Ignition Interlock device taken off my car.

\_\_\_\_\_ I will not change to a different Ignition Interlock provider without first receiving permission from the Court.

\_\_\_\_\_ I will file a written document in the Greene County Circuit Clerk's Office and with the DOR within 24 hours if my circumstances change and my SR-22 insurance is cancelled or terminated. The document must include what circumstances changed that caused my SR-22 insurance to be cancelled or terminated.

\_\_\_\_\_ I will file a written document in the Greene County Circuit Clerk's Office and with the DOR within 24 hours if I am arrested and/or convicted of any offense related to alcohol, controlled substances or drugs. The written document must include the date of, location of, and charge of the arrest/conviction.

\_\_\_\_\_ I will file a written document with the Greene County Circuit Clerk within 24 hours if I receive any traffic tickets or warnings. The written document must include what the traffic ticket or warning was for and the date, time and location I was given the traffic ticket or warning.

\_\_\_\_\_ I will submit to random alcohol or drug tests at my expense when directed to do so by the Court or Probation Officer and will do so at a facility and within the time frame as prescribed by the Court or the Probation Officer.

\_\_\_\_\_ I will file a written document in the Greene County Circuit Clerk's Office and with the DOR within 24 hours if I move or get a new contact number.

\_\_\_\_\_ I will sign Releases of Information as required by the Court or Probation Officer in order to verify my residence and employment circumstances.

\_\_\_\_\_ I will follow all directives of the Court and the Probation Officer.

TERMINATION OF LIMITED DRIVING PRIVILEGE

\_\_\_\_\_ I understand that the following may be grounds for terminating my limited driving privilege:

- failure to comply with Section 302.309, RSMo; or
- termination from the DWI Court program for reasons other than successful completion of the program; or
- failure to notify the Probation Officer or the Circuit Clerk of any changes in residence or contact information; or
- failure to respond to the directives of the Probation Officer or the Court; or
- failure to file a written document as and when directed with the Circuit Clerk that this Exhibit "A" requires me to file; or
- submission of a positive drug or alcohol test, or an altered or diluted sample; or
- failure to appear for an alcohol or drug test as directed; or
- incurring an alcohol or drug related law enforcement contact; or
- otherwise presenting a public safety risk; or
- good cause otherwise is shown for termination of the Limited Driving Privilege.

\_\_\_\_\_ I understand the Court will notify the Missouri Department of Revenue immediately upon termination of the Limited Driving Privilege.

\_\_\_\_\_ I understand that failure to appear at any Court ordered hearing regarding the status of the Limited Driving Privilege may result in termination of my Limited Driving Privilege.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Date

Print Name \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Address \_\_\_\_\_

EXHIBIT "B"

Place of employment: \_\_\_\_\_

HCBC: 840 S. Glenstone, Springfield, Missouri

PFH: 2411 W. Catalpa, Springfield, Missouri

Probation and Parole: 2530 S. Campbell, Suite A, Springfield, Missouri

Court: 1010 Boonville, Springfield, Missouri

TOMO: 811 E. Division, Springfield, Missouri

IGNITION INTERLOCK DEVICE INSTALLATION LOCATION:

\_\_\_\_\_

Community service: \_\_\_\_\_

Grocery store (1): \_\_\_\_\_

Gas station (1): \_\_\_\_\_

Medical care: \_\_\_\_\_

Bank (1): \_\_\_\_\_

Support Groups: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_