The mission of the Chester County Drug Court Program is to support clients with substance use disorders in breaking the cycle of addiction and, the crimes that accompany it, by combining prompt and effective treatment with intensive judicial supervision. The Chester County Drug Court program was started in October 1997. It was the second drug court to be implemented in Pennsylvania.

The Chester County Drug Court Program is a pretrial disposition program that provides eligible offenders the opportunity to receive drug treatment and upon successful completion of the program, dismissal of the charges. Eligible offenders can elect to participate in the program or proceed with traditional Court processing. This program has been effective in rehabilitating the participants and decreasing the need for incarceration. The program is a collaborative effort among the Court, District Attorney's Office, Public Defender's Office, Department of Drug and Alcohol Services, and Adult Probation/Parole & Pretrial Services.

Participation in the Chester County Drug Court Program is both a privilege and an opportunity. You are being provided access to treatment, resources, and experts. All of these people and tools will help you along your journey to recovery.
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Welcome to the Chester County Drug Court Program! This *Handbook* is designed to:

- Inform you about Drug Court
- Answer your questions

As a participant, you are expected to be open, honest and truthful. You must follow all directions given in Court by the Drug Court Judge, follow all terms and conditions of your Probation, and comply with the treatment plan developed for you. While in Drug Court, your Probation Officer and treatment provider will be working closely with you and with each other. They will also promptly report all of your progress and any problems to the Drug Court Judge.

This *Handbook* details what is expected of you as a Drug Court participant and it reviews general program information. If you are reading this *Handbook*, it means that you have been accepted into Drug Court based on a look at your history of drug or alcohol use and other contact with law enforcement. It also means that we are confident that Drug Court will help you to learn how to make successful choices free of the influence of drugs and alcohol.
OVERVIEW

What is Drug Court?

Drug Court is a special part of the Chester County Court of Common Pleas. It is a court-supervised treatment program for non-violent offenders who have a substance use disorders. Drug Court is a voluntary program that includes regular court appearances before the Drug Court Judge. If a participant successfully completes the Drug Court Program, they are eligible to have all their current charges dismissed and expunged.

Drug Court involves frequent court appearances, random drug testing as well as drug and alcohol treatment. The Court awards incentives for compliant behavior and imposes sanctions for negative behavior. Participants who do not comply with the rules may be placed in short-term custody, moved back to the previous phase of Drug Court or be subject to a variety of other sanctions. They may also be terminated from Drug Court. All of the staff working with Drug Court will assist you to be sure you understand what is expected of you.

What is a Treatment Plan?

To be accepted into Drug Court, you are required to follow a Treatment Plan. This begins with an evaluation and will require all or some of the following:

✓ Outpatient Treatment
✓ Intensive Outpatient Treatment
✓ Partial Hospitalization Treatment
✓ Inpatient/Residential Treatment
✓ Halfway House or Transitional Housing Placement
✓ Self Help/Sober Support Activities (12 step Meetings)
✓ Pro Social Activities

How long will I be in the program?

You will be in the program for a minimum of 12 months, but you may be in the program for up to 2 years, depending upon how well you progress. The program has 4 phases; you must be in compliance with the requirements of Drug Court and must remain clean for 90 days in order to move to each new phase.
What’s in it for me?

Dismissal of your charges
If you successfully complete all of the conditions of the Drug Court Program, you will be eligible to have all the current charges dismissed and expunged from your record.

A Second Chance
This program offers you the chance to move forward in your life with a new outlook and new skills.

A Healthy Lifestyle
This program will help you take control of your life in many ways and is designed to break the cycle of substance use by offering you tools to stay clean. In addition to learning how to be clean and sober, you will learn how to:

✓ Be Honest
✓ Reduce Stress
✓ Rebuild Family Relationships
✓ Become Fully Employed
✓ Be a Productive Member of the Community

Your probation officer will also help you with other areas of your life according to your individual needs. This may include referrals for these and other needs:

✓ Skills Testing & Educational Assessment
✓ Job Training & Job-readiness Training
✓ Educational/Vocational Programs
✓ Job Placement Services
✓ Family Counseling
✓ Life Skills Classes
✓ Public Assistance/Medicaid
✓ Cognitive Behavioral Therapy
✓ Treatment for Traumatic Life Experiences
All of the people on the Drug Court Team want to see you succeed.

The Drug Court Team consists of the following members:

- The Judge
- District Attorney
- Public Defender
- Treatment Court Coordinator
- Pretrial Officers
- Department of Drug & Alcohol Services
- Treatment Providers
- Law Enforcement Officers

Prior to the Drug Court sessions, the Drug Court Team members familiarize themselves with your progress so that they may discuss that progress with you during the Drug Court session. They work together to provide a variety of programs and consistent supervision geared toward supporting and helping you maintain a substance-free lifestyle.

On the following pages you will find the steps involved in the program and information about some of the resources that you will need to use in order to succeed. If you take advantage of the assistance the Drug Court Team offers, you will discover how to make a better life for yourself.

Our Drug Court Team stresses accountability and responsibility combined with compassion and understanding.
To successfully complete Drug Court, you are required to be involved in several activities which will benefit and sustain your recovery. As a participant in Drug Court, you will be required to:

- Engage in substance use treatment
- Attend frequent court sessions
- Meet with your Probation Officer
- Submit to random urinalysis screenings
- Have home visits by your Probation Officer
- Participate in self-help/sober support and/or pro-social activities (if recommended by treatment)
- Obtain employment and/or attend school
- Obtain your high school diploma or GED
- Pay court fines and restitution (if applicable)
- Submit your self, residence, and car to search
- Pay treatment costs

Prior to your admission into Drug Court, you were assessed for your drug and alcohol treatment needs. As a Drug Court participant you are required to comply with all treatment recommendations. A treatment plan will be developed by you and your treatment provider(s). This plan will act as a guide for your treatment while in Drug Court.

If you are able to pay for treatment services and/or have insurance that covers treatment, then you will be required to pay for your treatment. There may be times when the Chester County Department of Drug & Alcohol Services may pay for your treatment. Any fees you may have associated with treatment services (i.e. co-pays) are based on a sliding scale. Requests for assistance may be made to your treatment provider if you have difficulty with the cost of the co-pay/client fee (Abatement). If Chester County Department of Drug & Alcohol Services funding is used for the payment of treatment services, and you have no medical insurance, you must apply for medical assistance. Your treatment provider can assist you with this process.
You will be required to appear in front of the Drug Court Judge on a regular basis. The Drug Court Judge will be given progress reports regarding your drug test results, attendance, participation and cooperation in the treatment program, employment or other requirements that may have been imposed. These reports will come from your Probation Officer, treatment and/or mental health counselor, and the members of the team support programs with whom you are working (such as vocational specialists, family advocates, etc.).

The Drug Court Judge will ask you about your progress and discuss any problems you may be having. If you are doing well you may be rewarded with reduced program requirements or, at times, other incentives like gift cards. If your progress shows that you are not doing well, the Drug Court Judge will discuss this with you and determine future action, which could include a sanction in order to help you remember your goals in the program. Sanctions can be anything from increased program requirements to jail custody.

The frequency of your Drug Court reviews depends upon the phase of Drug Court you are currently in and your compliance with requirements. Failure to appear will result in a warrant being issued for your arrest and detention in jail until you can appear before the court. If you have questions about your court appearances speak with your Probation Officer.
When you speak to the Judge, say “Your Honor.” Program participants will be assisted with obtaining education and skills assessment and will be provided referrals for vocational training, educational, and/or job placement services. The Drug Court’s program for preparation for the workplace includes dressing appropriately for court. The participants will dress for court as follows:

- **Men must wear a collared shirt. Women must dress modestly and are not permitted to wear low-cut tops or mini-skirts.**

- **No gum.**

- **No tank tops, muscle shirts, crop-tops, or shirts with obscene words or pictures.**

- **No clothes with language or pictures advocating tobacco, alcohol or drug use.**

- **No sagging (i.e., pants that hang below the waist).**

- **No unbuttoned shirts.**

- **No shorts, even in the summertime.**

- **No hats, caps or bandanas, no sunglasses unless approved by a doctor.**

- **No gang attire or colors of any kind.**

- **No phones or electronic devices may be used in the courtroom.**

If the participant wears any of the above to the courtroom, they may be sent home and it will be counted as a court absence and appropriate sanctions imposed.

**All cellphones and electronic devices must be completely turned off and put away (in a purse or back pocket). Failure to comply with this rule may result in the phone/device being confiscated.**
Dear Drug Court Participant,

Some good news: Drug Court is going to the dogs!

There is a national movement to bring “facility” or “comfort dogs” into courthouses to lessen the stress for those who are involved in court cases. There are more and more dogs working in courthouses across Pennsylvania. In Lancaster County, there is a dog handled by an Adult Probation Officer that is used primarily for Drug Court participants. I have been a big proponent of bringing a comfort dog to Chester County and have seen how awesome it can be for people who are stressed or nervous to pet the dogs or even just have them around.

Here in Chester County we have “Melody”. Originally trained as a Seeing Eye dog, when she was released from that program because she was eating her recipient’s food, she was brought to Chester County by our Sheriff, Carolyn Welsh. She is part of the Sheriff’s Office, but her job is strictly public relations. She is available for meetings with victims of crimes or for children involved in court cases. I have asked that Melody be around when we are having Drug Court so that she can meet our participants who would appreciate a puppy smile and tail wag.

At times Melody will be unavailable and “Luke” another of the Sheriff’s Office black labs, will fill in. Luke was being trained to be a service dog by Canine Partners for Life, but was just too smart; the kennel workers would often find that Luke had set all of the dogs free during the night! He has now been trained in the detection of narcotics but is also just a super sweet puppy who loves people.

Here’s the part where you need to use your common sense. While it would never be smart to bring drugs to the courthouse, if you come to court having recently possessed and or used narcotics, Luke may “alert” to the presence of drugs. You will never be searched or arrested based on Luke’s reaction to you, however, it would probably be embarrassing for you and we may have a discussion about honesty.

The Sheriff’s deputies who handle both dogs are doing so because they are supporters of Drug Court and your success. They are also very sensitive to those who may have a fear of dogs or allergies. Please just let the deputy who is present know if you’d like to have the pups keep their distance and they will absolutely respect your request.

I hope that all participants will find our new additions fun just because a happy dog tends to make everyone smile.

Ann Marie Wheatcraft, Judge
ATTENDANCE

You are required to arrive on time for all Court sessions

As a participant, you are required to attend all of your scheduled treatment sessions, probation appointments, all of your other appointments, and all of your scheduled court dates.

You are required to be on time for all appointments. If you have an emergency, you should call to inform your Probation Officer, counselor, etc. of your situation. If you are late, you may not be allowed to attend and may be considered absent and face sanctions.

Your treatment schedule will vary according to your needs and progress. It is your responsibility to both schedule all needed appointments and to arrive on time for them.

PHASES OF DRUG COURT

The Drug Court is a four-phase program that lasts a minimum of one year. Total program length is based upon individual progress. Each phase consists of specific treatment goals, activities and requirements that you must meet before moving to the next phase. The Phases are explained in detail on the following pages.

Remember, while there are certain things you must complete, your ability to move along in the program and graduate will depend mostly on your own actions. If you are not honest and truthful, if you miss appointments, ignore other requirements, or fail to remain drug and/or alcohol free, your time in the program could be longer, or you could be terminated from Drug Court. If you are terminated from the Drug Court you will face prosecution on your original charges.

The Drug Court program is a minimum of 12-months divided into four phases. A participant must successfully complete each phase before transitioning to the next phase. Each phase has a key concept or focus.

<table>
<thead>
<tr>
<th>PHASE ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Concept:</strong></td>
</tr>
<tr>
<td>Length of phase:</td>
</tr>
<tr>
<td>Requirements:</td>
</tr>
</tbody>
</table>
### PHASE TWO

<table>
<thead>
<tr>
<th>Key Concept:</th>
<th>Maintenance of Recovery and Responsibility to Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of phase:</td>
<td>A minimum of 90 days (12 weeks)</td>
</tr>
<tr>
<td>Requirements:</td>
<td>Report to PO every other week; Drug Court attendance every 4 weeks; random urine tests; D&amp;A Treatment; regular attendance at self-help sobriety group meetings (if recommended by treatment); obtain employment, vocational training, or be enrolled as fulltime student; actively paying restitution, court fees or treatment costs.</td>
</tr>
</tbody>
</table>

### PHASE THREE

<table>
<thead>
<tr>
<th>Key Concept:</th>
<th>Reinforce a Clean, Sober and Legal Lifestyle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of phase:</td>
<td>A minimum of 90 days (12 weeks)</td>
</tr>
<tr>
<td>Requirements:</td>
<td>Report to PO monthly; Drug Court attendance every 4 to 6 weeks; random drug tests; follow treatment plan; regular attendance at self-help sobriety group meetings (if recommended by treatment); maintain fulltime employment, fulltime student status, or other approved use of time; actively paying restitution, court fees or treatment costs; complete Phase 3 Project</td>
</tr>
</tbody>
</table>

### PHASE FOUR

<table>
<thead>
<tr>
<th>Key Concept:</th>
<th>Relapse Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of phase:</td>
<td>A minimum of 90 days (12 weeks)</td>
</tr>
<tr>
<td>Requirements:</td>
<td>Report to PO as directed; Drug Court attendance only if required by the Judge; random drug tests; regular attendance at self-help sobriety group meetings (if recommended by treatment); maintain fulltime employment, fulltime student status, or other approved use of time</td>
</tr>
</tbody>
</table>

To advance Phases you must have at least 90 days of clean drug & alcohol tests.
THE RULES

As a participant you will be required to abide by the rules outlined in the Drug Court Rules & Regulations, including, but not limited to the following:

1. Totally abstain from the use of drugs and alcohol.

2. Inform your treating physicians that you are a recovering addict and may not take narcotic or addictive medications or drugs.

3. I will IMMEDIATELY report all arrests or contact with any law enforcement officer to my probation/parole officer (PO) the same day as the contact. If it is after hours, I will leave a message.

4. Attend court sessions and treatment sessions as scheduled, submit to random drug testing, remain clean and sober and law abiding.

5. Do not associate with people who use or possess drugs or be in areas known to have drug activity.

6. Do not possess any weapons, or live where weapons are kept, while in Drug Court.

7. Keep the Drug Court Team, Drug Court staff, and treatment providers informed of your current address and phone number at all times.

8. As a condition of participation in Drug Court, your person, property, place of residence, car or personal effects may be searched upon reasonable suspicion that you have or are violating Drug Court. Failure to comply will result in further Court proceedings.

9. Dress appropriately for court and treatment sessions.

10. Abide by all other rules and regulations imposed by the Drug Court Team and listed in the Chester County Drug Court Rules and Regulations.

RELEASE OF INFORMATION & CONFIDENTIALITY

All members of the Drug Court Team must be able to communicate about your eligibility and progress in the program. Upon entry into the program, you must sign Releases so that the Drug Court Team has access to information relevant to your treatment. You must also sign additional Releases as needed to arrange further treatment, counseling or support service referrals. The disclosure of information is for the sole purpose of hearings and reports concerning your specific Drug Court case.

State and Federal laws require that your privacy be protected. In response to these regulations, Drug Court, Drug Court staff and treatment providers have developed policies and procedures that guard your privacy.
TESTING

You will be drug & alcohol tested randomly throughout the entire Drug Court Program. Participants in Drug Court will be assigned a pin number.

- You will call the testing hotline telephone number 979-459-7257 OR login to my.averhealth.com every day between the hours of 6:00 a.m. and 5:00 p.m. On Saturdays, Sundays and holidays, you must call between the hours of 6:00 a.m. and 12:00 p.m.

- When you call the testing hotline, you will be told whether your designated pin number has been selected for testing.

- Upon finding that your pin number has been selected for testing you must report the same day to Averhealth, located at 27 South Church Street, West Chester, PA 19382 and submit to a test.

- Monday – Friday you must report for testing between the hours of 10:30 a.m. and 6:30 p.m.

- **On Saturdays, Sundays, holidays, and non-business days, you must report between the hours of 10:30 a.m. and 1:30 p.m.**

- When you report, you must be prepared to provide a urine sample while being observed.

- You may be required to give other samples in addition to those required by the Random Drug Testing System.

- Your sanction for missing a random test is as follows:

First overall missed random: **Warning and not included in the matrix below and no phase extension.** All subsequent randoms will be addressed according to the sanction matrix below.

<table>
<thead>
<tr>
<th>Missed Offense Number</th>
<th>Jail Sanction</th>
<th>Phase Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>24 hours</td>
<td>90 days</td>
</tr>
<tr>
<td>2</td>
<td>72 hours</td>
<td>90 days</td>
</tr>
<tr>
<td>3</td>
<td>1 week</td>
<td>90 days</td>
</tr>
<tr>
<td>4</td>
<td>1 week or list for removal</td>
<td>90 days (if not removed)</td>
</tr>
</tbody>
</table>
Lapsing missed randoms: After each 4 month period wherein a participant does not miss a random drug test, a previous missed random will “lapse” and be forgiven. (For example, a participant who is sanctioned for their 3rd missed random in November 2019 and does not miss a random for the next 4 months and then misses a random urine screen in April 2020 will again be facing a sanction for the 3rd missed random.)

- If you fail to appear for your required random test, you **MUST** report the next business day to your Probation Officer.

- Diluting or attempting to adulterate a urine sample is counted as a positive.

- Positive Creatinine Tests: You will receive one warning about providing a positive creatinine sample. Any subsequent diluted, adulterated, or positive creatinine test will be considered as a positive test for Treatment Court purposes and will be subject to sanction plus a 90 day phase extension.

An insufficient urine amount given or unable to provide at a drug test should be considered a missed test.

If you attempt to submit a fake urine sample you may be sanctioned, removed from Drug Court, and/or prosecuted for a misdemeanor of the third degree under subsection 7509 of the Crimes Code “Furnishing a Drug-Free Urine.”

I voluntarily and knowingly consent to and agree to participate in the testing and same-gender observed collection process to be conducted by Averhealth and its employees.
The following medications are not allowed in the program:

- Barbiturates such as Phenobarbital, Seconal, Nembutal, etc.
- Narcotic pain medication such as Percocet, Darvocet, Oxycontin, Vicodin, Tylenol III, etc.
- Benzodiazepines such as Ativan, Valium, Xanax, Klonopin, etc.
- Muscle Relaxers such as Flexeril
- Sleep Aids such as Ambien, Lunesta, or Soma
- Stimulants such as Adderall, Ritalin, or Vyvanse
- Synthetic pain medication such as Tramadol, Ultram, or Ultracet

I will obtain permission by a treatment court probation officer before taking any prescribed medications, including over the counter medications and or dietary supplements.

Weight loss aids are prohibited.

NO POPPY SEEDS!

Salvia, K2, synthetic marijuana, Bath Salts, morning glory seeds, Kratom, DMX, kombucha, CBD products, Hemp products, or any other mood altering or hallucinogenic substance is strictly prohibited.

When visiting a doctor or the emergency room, you must notify any and all doctors that you have a substance use disorder. Your probation officer will give you a Treatment Court prescription card to show to Doctors. You will inform any treating physician of your involvement in the Treatment Court Program and will request that prescription medication be non-narcotic. You will notify your PO when you seek medical treatment.
NO ALCOHOL!

You will be tested for alcohol. The use of certain alcohol-containing products is prohibited.

It is YOUR responsibility to limit your exposure to the products and substances listed below that contain ethyl alcohol.

It is YOUR responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products BEFORE you use them.

*Use of the products detailed below in violation of this contract will NOT be allowed as an excuse for a positive test result. When in doubt, don’t use, consume or apply.*

- Cough syrups and other liquid medications
- Non-Alcoholic Beer and Wine
- Food and Other Ingestible Products that contain ethyl alcohol
- Mouthwash and Breath Strips
- Hand sanitizers
- Hygiene Products that contain ethyl alcohol
- Solvents and Lacquers
- Oils/topical cream
- Gummies
- Terpenes
- E-Cigarettes that contain alcohol
INCENTIVES OR REWARDS

Participants may be given rewards or incentives for compliant behavior while participating in Drug Court. Common rewards are:

- In court praise, encouragement, applause
- Certificates of achievement
- Reduce frequency of Judicial Reviews
- Decreased reporting to probation officer
- Promotion to next phase
- Travel Permission
- 100% Club
- Gift cards
- Bus passes
- A seat in the jury box during Judicial Reviews
- Being addressed by the Judge earlier during Judicial Reviews
- Recovery related inspirational books

Participants are reminded that it is not the monetary value of the reward that matters but rather what the reward symbolizes, which is a period of success in their on-going battle with substance abuse.
SANCTIONS

You may wonder how you will be held accountable. If you do not do what is required by Drug Court, this is what may happen:

- Warning from the Judge
- Reading/Writing assignments
- Letter of apology to the Court
- Increase in drug testing or reporting to probation officer
- Fee for missed Treatment Session
- Community Service
- Electronic Home Monitoring
- Demotion to previous phase, or delay in eligibility for moving to the next phase
- Jail for afternoon, day, weekend, week, etc.
- Termination from Drug Court

The sanctions for non-compliant behavior are imposed to instill a sense of responsibility for one’s actions.

Remember...
Your actions speak louder than words!
An important step in recovery from substance addiction is developing self-sufficiency and becoming a productive and responsible member of your community.

During Phase 1 of the program, your PO will discuss opportunities for educational and vocational programs with you. Participants in Drug Court have different needs and interests. Your plan will be developed to meet your own needs and interests; the purpose is to build a plan that will develop your education, employment and life skills.

Your plan may include any of these areas:

**Life Skills**: perhaps you need help creating a budget to manage your living expenses or pay back loans, or maybe you need to learn how to problem-solve or make better decisions or how to be a better parent. We can provide help or make referrals to other agencies in these and other areas where you feel you could use more information.

**GED**: work toward your high school equivalency diploma

**Vocational**: to help you find job training in many fields

**Educational**: resolve issues to help you return to school or begin higher education

**Employment**: finding and keeping a meaningful/sustaining full-time job

**CBT**: Thinking for a Change (T4C) or Moving-On
TERMINATION FROM DRUG COURT

Violations of any aspect of Drug Court may result in your being terminated from the program.

Violations which MAY result in sanctions or termination are:
- Dishonesty
- Positive or adulterated urine sample
- Failure to submit urine sample
- Unexcused absence from treatment
- Failure to follow Drug Court rules
- Willful failure to pay fees, as ordered
- Failure to attend Judicial Reviews without just cause
- Failure to report to PO
- Failure to comply with treatment plan
- Driving with a suspended license
- Traffic violations
- Failure to report any contact with police
- Disrespectful behavior towards anyone associated with Drug Court
- Unsuccessful discharge from treatment
- Missing a 4th random drug test

Violations which WILL result in termination are:
- Possession or delivery of drugs at Justice Center or treatment site
- Violent or abusive behavior at treatment site, program site, Justice Center, or other place of contact or participation
- New criminal charges that are held at a preliminary hearing
- Failure to comply with directives given by the Court
- Absconding from supervision

You must be respectful in all of your interactions with the members of the Drug Court Team. Any disrespectful behavior will immediately be reported to the Court and will result in a severe sanction or your termination from the program.

You will not be asked to be an informant in this program. You will not be expected or be encouraged to discuss any information concerning anyone’s behavior or progress except your own.

Drug Court is a voluntary program. You are free to withdraw from the Program at any time; however, your case will then be relisted for trial and criminal prosecution.
GRADUATION

Graduation is a time to celebrate your accomplishments which required commitment, perseverance and hard work.

You will be able to invite your family, friends, sober supports, treatment providers, and law enforcement officers to join you at your Graduation Ceremony.

The requirements for Graduation are:

- **Drug tests** - for the last 3 months of the drug court program, the participant must have all negative drug tests.

- **Treatment** - the participant will have successfully completed all treatment goals, and will have established an approved relapse prevention plan.

- **Employment** - the participant will be employed or be involved in an approved productive daily activity for at least the last 3 months of the drug court program.

- **Housing** - for the last 3 months of the drug court program, the participant will reside at an approved residence that is not likely to promote relapse.

- **Financial obligation** - the participant will have all costs, supervision fees, restitution and treatment costs up to date with their payment plan.

- **Special conditions** - the participant will have completed all special conditions of the drug court program.

- **New arrests** - the participant will not be arrested for any new criminal charges that result in a conviction.

At your Graduation Ceremony, the Judge will sign orders to dismiss and expunge your current charges.
DRUG COURT PHONE NUMBERS

Adult Probation & Parole
610-344-6290
1-800-692-1100 x6290

Treatment Court Coordinator:
Rebecca L. Showers
610-344-6313
rshowers@chesco.org

Drug Court Probation & Parole Officer Specialists:
Bradford S. Griffith
610-344-4356
bgriffith@chesco.org

Andrew J. Guarino
610-344-6213
aguarino@chesco.org

Lisa A. Viola
610-344-4336
lviola@chesco.org

Edwin Soler
610-344-5425
(esoler@chesco.org)

(Spanish Speaking Clients)

Public Defender
610-344-6940

Treatment Providers
Drug and Alcohol Case Management
610-344-5630
Mirmont Outpatient Services
484-565-1133
Holcomb Behavioral Health System
610-388-9225
Gaudenzia West Chester
610-429-1414
Gaudenzia Coatesville
610-383-9600
Creative Health Services
610-933-1223

Random Testing Hotline 979-459-7257 OR
login to my.averhealth.com

My pin number: _________________

During severe weather conditions, the County and treatment providers may have modified operating hours.

- To determine if the County is closed, opening on a delay, or closing early, visit www.chesco.org or call 610-344-6000 or 1-800-692-1100. The County updates the phone numbers and website by 6:30 a.m.
- To determine if your specific treatment provider’s schedule, contact them directly. The treatment providers do not always have the same modifications as the County.
You have been accepted as a participant in the Chester County Drug Court Program by the Chester County Court of Common Pleas. You agree to participate in the Chester County Drug Court Program for a period of time specified by the court. You are therefore, placed under the supervision of this office and must comply with the following rules and conditions. Failure to comply will result in further Court proceedings.

I will abide by the following rules and conditions and my specific case plan, unless otherwise ordered:

1. As a participant of Treatment Court, I agree to engage in any education, treatment, or rehabilitation program ordered by the court. I will abide by any additional terms as indicated by the court, and will complete any treatment program to the satisfaction of the court.

2. I will comply with all Municipal, County, State and Federal Laws, Ordinances, Court Orders and conduct myself as a good citizen. I will IMMEDIATELY report all arrests or contact with any law enforcement officer to my probation/parole officer (PO) the same day as the contact. If it is after hours, I will leave a message.

3. I will report as directed to my PO. I will abide by any directives given to me by my PO. The responsibility to report falls upon me. I will make all court appearances as ordered by the court. I will make all treatment appointments as required by my treatment provider(s) and/or any other program provider(s). I understand that I am not permitted to cancel treatment sessions and/or reschedule treatment sessions unless in the case a documented and verifiable emergency. If I have an emergency, I will call to inform my PO, counselor, etc. and advise them of the situation. The right to be excused from treatment can only be given by my PO after consulting with my therapist. If I am late to treatment appointment, I may not be allowed to attend and may be considered absent and face sanction(s).

4. I acknowledge that in consideration of being accepted into the Drug Court Program I am subject to the warrantless search of my person, property, vehicle or residence and the seizure and appropriate disposal of any contraband found, if it is reasonably suspected that I am in violation of the terms and/or conditions of the Drug Court Program.

5. I will sign all releases necessary to further my treatment and supervision goals, including, but not limited to, permission to review diagnostic and treatment information. I will pay all costs associated with evaluations and treatment.

6. I will obtain advance written permission from my PO before leaving the Commonwealth of Pennsylvania. I understand that I am not permitted to travel outside Pennsylvania while in Phase One of the treatment court program. I understand that I am not permitted to travel while I owe restitution. Permission to travel will only be granted once all restitution owed is paid in full and I am in compliance with my payment plan. I may never travel out of the state without the permission of my PO.

7. I will obtain permission from my PO prior to making any change in my residence and/or employment. I will permit my PO to visit my residence, on a scheduled or unscheduled basis. I will maintain employment unless engaged in a specific program approved by the court. I will obtain permission from my PO prior to quitting my job or program. In the event that I lose my job or am terminated from a program, I will immediately notify my PO. I understand the court
may also order attendance for employment counseling, G.E.D. classes/testing, and/or further education as part of the program.

8. I will not use or have in my possession any illegal drugs and/or controlled substances. I will inform any treating physician of my involvement in the Treatment Court Program and will request that prescription medication be non-narcotic. I will notify my PO when I seek medical treatment. I will not consume poppy seeds or any food products containing poppy seeds. I will not consume diet pills or any weight loss medications. **I will obtain permission by a treatment court probation officer before taking any medications, including over the counter medications and/or supplements.**

9. I understand I cannot consume or, have in my possession, any alcoholic beverages. I agree to avoid all alcohol containing products including but not limited to alcohol in foods, hygiene products, over the counter medications or other products (e.g. communion wine, vanilla extract, mouthwash containing alcohol, Nyquil, cough syrups, hand sanitizer). I understand that use of any of these products will not excuse a positive urine alcohol test and will be considered a violation of this contract. (Please refer to the Urine Abstinence Testing Contract for further detail). Use of SCRAM (Secure Continuous Remote Alcohol Monitor) may also be ordered as a treatment tool in treatment court. The cost of this will be $15.00/day.

10. I understand I am required to submit to random urinalysis, chemical or other type of testing as a program requirement. I understand all testing shall be witnessed. My PO has informed me that I am required to call the Random Drug Testing Line seven days a week to learn if I must report for testing. If the results of a urinalysis test are disputed, I have the option of sending that test to Averhealth Laboratory for independent analysis. I have been informed this laboratory test will cost me $50.00; payable at the time of the request is made. If the test is confirmed positive, I may face additional sanctions by the Court. If the test result is negative, I may choose to have the fee reimbursed or applied to my fines and costs.

11. I understand I will be sanctioned for providing diluted, adulterated, or substituted test specimens. If I attempt to submit a fake or adulterated urine sample, I may be prosecuted for a misdemeanor of the third degree (18 Pa. C.S.§ 7509).

12. I will not possess, purchase, receive, sell or transport any firearms (handguns, shotguns, or rifles), ammunition, imitation (look-alike) firearms, explosive devices or any other deadly weapons. I am not permitted to live at any residence where firearms and/or deadly weapons are present.

13. I understand that I cannot drive a motor vehicle without a valid driver’s license if I do, I may face sanctions and removal from the program.

14. I understand that I must support my dependents, if any, and assume toward them all my moral and legal obligations related to them. I will associate only with law-abiding persons and will refrain from frequenting unlawful or disreputable places.

15. I will always be forthcoming, truthful, and accurate in any written or verbal statement that I make to any member of the Adult Probation & Parole Department, treatment court team, and the Treatment Court Judge.

16. I will refrain from behavior which threatens or presents a danger to myself or others. I will not annoy or harass any victim of my crime or any witnesses and will not procure anyone else to do so.

17. I will make monthly payments toward fines, costs, and/or restitution, including administrative fees and supervision fees, as directed by the Court and according to my payment plan. I understand that if, for a valid reason, I am unable to make a full scheduled payment, I can stay in compliance by making a partial payment. I am advised that a civil judgment has been placed against me until such time as I have paid in full.
18. I understand that I may be eligible to have supervision fees waived, reduced or deferred if I meet certain eligibility requirements and that I must submit a written request (Form available from probation officer or on website).

19. I have been advised that I may enter into a Wage Agreement in order to have money automatically deducted from my paycheck and applied towards my fines, costs and restitution.

20. I understand that if I should fail to comply or complete any terms or conditions of the Drug Court Program or I am removed from the program, the charges will not be dismissed and the case will be re-listed for trial after I receive all applicable procedural due process rights.

21. I understand that if I comply with the terms of this contract and complete the Drug Court Program to the satisfaction of the Court, the criminal charges listed under this case number(s) may be dismissed.

22. I agree that if I test positive for illegal drugs or alcohol or program prohibited drugs or banned products, fail to appear in court as directed, fail to abide by this contract or violate any condition imposed during the program, the court can impose sanctions within the Drug Court Program rather than terminate my involvement. These sanctions include but are not limited to the following:
   • verbal reprimands
   • attend additional court sessions
   • community service
   • incarceration
   • issuance of a bench warrant
   • termination from the program

23. Special Conditions: ____________________________________________________________

   ____________________________________________________________

   Initials: Client ____ PO ____

I understand that I will be under the legal supervision of the Court until completion, removal or withdrawal from the Drug Court Program. I understand that if I violate any of the term and/or condition of my supervision that the Chester County Adult Probation & Parole Department has the authority to arrest and detain me and to make recommendations to the Court which may result in the revocation of my bail and commitment to prison.

Grievance Procedure: All offender grievances must be submitted in writing to:
Director of Adult Probation and Parole, 201 W. Market Street Suite 2100, PO Box 2746, West Chester, PA 19380-0989. A staff person not directly involved with your case will review the grievance and will provide a written response within ten business days of receipt.
ACKNOWLEDGEMENT OF PROBATIONER/PAROLEE

I have read, or have had read to me the terms and conditions of my probation/parole. I fully understand them and agree to abide by and strictly follow them, and I fully understand the penalties involved should I violate them in any manner.

Signature of Officer: PO#: Signature of Defendant: Date:

________________________________________  __________________________

Assigned Probation Officer: PO#: Term Number(s):

________________________________________  __________________________

Initials: Client ____ PO ____
The Treatment Court Program utilizes a **Random Drug Testing System**. The system operates as follows:

1. Participants in Treatment Court will be assigned a pin number.
2. You will call the testing hotline telephone number **979-459-7257 OR login to my.averhelath.com** every day, between the hours of 6:00 a.m. and 5:00 p.m. On Saturdays, Sundays, holidays or other non-business days, you must call between the hours of 6:00 a.m. and 12:00 p.m.
3. When you call the testing hotline, you will be told whether your designated pin number has been selected for testing.
4. Upon finding that your pin number has been selected for testing, you must report the same day to Averhealth, located at 27 South Church Street West Chester, PA 19382 and submit to a test.
5. **Monday – Friday you must report for testing between the hours of 10:30 a.m. - 6:30 p.m.**
6. **On Saturdays, Sundays, holidays, and other non-business days you must report between the hours of 10:30 a.m. - 1:30 p.m.**
7. Failure to appear for testing or failure to submit a sample will be considered as a positive test for Treatment Court purposes.
8. You may be required to give other samples in addition to those required by the Random Drug Testing System.
9. Your sanction for missing a random test is as follows:

    First overall missed random: **Warning and not included in the matrix below, no phase extension.** All subsequent missed random tests will be addressed according to the sanction matrix below.

<table>
<thead>
<tr>
<th>Missed Offense Number</th>
<th>Jail Sanction</th>
<th>Phase Extension</th>
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<tbody>
<tr>
<td>1</td>
<td>24 hours</td>
<td>90 days</td>
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<td>2</td>
<td>72 hours</td>
<td>90 days</td>
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<td>3</td>
<td>1 week</td>
<td>90 days</td>
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<td>4</td>
<td>1 week or list for removal</td>
<td>90 days (if not removed)</td>
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**Lapsing Missed Random Tests**

After each 4 month period wherein a participant does not miss a random drug test, a previous missed random will “lapse” and be forgiven. (For example, a participant who is sanctioned for their 3rd missed random in November 2019 and does not miss a random for the next 4 months and then misses a random urine screen in April 2020 will again be facing a sanction for the 3rd missed random.)
Positive Creatinine Tests:
You will receive one warning about providing a positive creatinine sample. Any subsequent diluted, adulterated, or positive creatinine test will be considered as a positive test for Treatment Court purposes and will be subject to sanction plus a 90 day phase extension.

10. Your pin number: ________________________.

I understand that Treatment Court is a voluntary program and that I may withdraw my participation at any time. I have read the above notice and understand that I must comply with the testing requirements described herein to remain in the Treatment Court Program. I understand that I will be subject to sanctions for failing to comply with random testing requirements. After a full review of this document, I wish to enter or continue participation in the Drug Court program.

_________________________________________  __________________________
Signature                                     Date
Recent advances in the science of alcohol detection in urine have greatly increased the ability to detect even trace amounts of alcohol consumption. In addition, these tests are capable of detecting alcohol ingestion for significantly longer periods of time after a drinking episode. Because these tests are sensitive, in rare circumstances, exposure to non-beverage alcohol sources can result in detectible levels of alcohol (or its breakdown products). In order to preserve the integrity of the Treatment Court testing program, it has become necessary for us to restrict and advise Treatment Court participants regarding the use of certain alcohol-containing products.

It is YOUR responsibility to limit your exposure to the products and substances detailed below that contain ethyl alcohol.

It is YOUR responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products BEFORE you use them.

**Use of the products detailed below in violation of this contract will NOT be allowed as an excuse for a positive test result. When in doubt, don’t use, consume or apply.**

**Cough syrups and other liquid medications:** Treatment Court participants have always been prohibited from using alcohol containing cough/cold syrups, such as Nyquil®. Other cough syrup brands and numerous other liquid medications, rely upon ethyl alcohol as a solvent. Treatment Court participants are required to read product labels carefully to determine if they contain ethyl alcohol (ethanol). All prescription and over-the-counter medications should be reviewed with your Probation Officer before use. Information on the composition of prescription medications should be available upon request from your pharmacist. Non-alcohol containing cough and cold remedies are readily available at most pharmacies and major retail stores.

**Non-Alcoholic Beer and Wine:** Although legally considered non-alcoholic, NA beers (e.g. O’Douls®, Sharps®) do contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed. Treatment Court participants are not permitted to ingest NA beer or NA wine.

**Food and Other Ingestible Products:** There are numerous other consumable products that contain ethyl alcohol that could result in a positive test for alcohol. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts (such as Ginko Biloba), could result in a positive screen for alcohol or its breakdown products. Communion wine, food cooked with wine, and flambé dishes (alcohol poured over a food and ignited such as cherries jubilee, baked Alaska) must be avoided. Read labels carefully on any liquid herbal or homeopathic remedy and do not ingest without approval from your PO.

**Mouthwash and Breath Strips:** Most mouthwashes (Listermint®, Cepacol®, etc.) and other breath cleansing products contain ethyl alcohol. The use of mouthwashes containing ethyl alcohol can produce a positive test result. Treatment Court participants are required to read product labels and educate themselves as to whether a mouthwash product contains ethyl alcohol. Use of ethyl alcohol-containing mouthwashes and breath strips by Treatment Court participants is not permitted. Non-alcohol mouthwashes are readily available and are an acceptable alternative. If you have questions about a particular product, bring it in to discuss with your PO.
**Hand sanitizers:** Hand sanitizers (e.g. Purell®, Germex®, etc.) and other antiseptic gels and foams used to disinfect hands contain up to 70% ethyl alcohol. Excessive, unnecessary or repeated use of these products could result in a positive urine test. Hand washing with soap and water are just as effective for killing germs.

**Hygiene Products:** Aftershaves and colognes, hair sprays and mousse, astringents, insecticides (bug sprays such as Off®) and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol (or its breakdown products) excessive, unnecessary or repeated use of these products could affect test results. Participants must use such products sparingly to avoid reaching detection levels. Just as the court requires Treatment Court participants to regulate their fluid intake to avoid dilute urine samples, it is likewise incumbent upon each participant to limit their use of topically applied (on the skin) products containing ethyl alcohol.

**Solvents and Lacquers:** Many solvents, lacquers and surface preparation products used in industry, construction, and the home, contain ethyl alcohol. Both excessive inhalation of vapors, and topical exposure to such products, can potentially cause a positive test result for alcohol. As with the products noted above, Treatment Court participants must educate themselves as to the ingredients in the products they are using. There are alternatives to nearly any item containing ethyl alcohol. Frequency of use and duration of exposure to such products should be kept to a minimum. A positive test result will not be excused by reference to use of an alcohol-based solvent. If you are in employment where contact with such products cannot be avoided, you need to discuss this with your PO. Do not wait for a positive test result to do so.

*Remember! When in doubt, don’t use, consume or apply.*

**I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES:**

________________________________________  ________________________________
Participant Signature                      Date

_______________________
PO Initials
TREATMENT COURT PRESCRIPTION CARD

The bearer of this card is a current participant in Chester County Drug Court. As you know, a Substance Use Disorder is a chronic, progressive disorder characterized by a tendency toward relapse. For this reason we are very concerned about the prescribed use of any controlled substance. While these medications certainly have legitimate indications, we are dealing with individuals in treatment court who have demonstrated a pathologic pattern of usage, loss of control, & have experienced adverse social and/or legal consequences as the result of the use of addictive drugs. We ask, therefore, that you kindly consider alternative medications wherever possible. If in your best clinical judgment the use of a controlled substance is necessary, please order the smallest quantity for the shortest duration of time with no refills & kindly complete the information below. Please be advised that participants are required to promptly notify the Court of any medications that they have been prescribed. If you have any questions, please contact ______________________, Probation Officer.

__________________________________________
Doctor

__________________________________________
Telephone Number

__________________________________________
Prescription(s)

Chester County Treatment Court
201 West Market Street
Suite 2100
West Chester, PA 19380-0991
(610) 644-6290
COMMUNITY SERVICE REFERRAL

CLIENT'S NAME ________________________________________________

ADDRESS _____________________________________________________________________________________________
___________________________________________________________________________________________

SPECIAL SKILLS ________________________________________________________________________________________

OFFENSE ___________________ SENTENCE ________________________________

TOTAL HOURS TO COMPLETE _______________ BY ________________________________

JUDGE ________________________________

P.O. __________________ TEL. # (610) 344-

COMMUNITY SERVICE CENTER/FACILITY: ______________________________________________________________

ADDRESS ________________________________________________
___________________________________________________________________________________________

TEL.# __________________ CONTACT PERSON __________________________

TIME LOG: TO BE COMPLETED BY CENTER/FACILITY AUTHORIZED PERSONNEL

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Please return when completed to:

Chester County Adult Probation/Parole & Pretrial Services  
201 West Market Street Suite 2100  
West Chester, PA 19380-0989

Contact the Probation Officer at (610) 344-6290 if you have any questions or problems.
A.A./N.A. VERIFICATION SHEET

CLIENT'S NAME ____________________________________________

TELEPHONE # ____________________________________________

P.O. ______________________________________ TELEPHONE # 610-344-6290

SPONSOR ______________________________________ TELEPHONE #

__________________________

TO BE COMPLETED BY SPONSOR OR MEETING LEADER

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Please return when completed to:

Chester County Adult Probation/Parole & Pretrial Services  
201 West Market Street, Suite 2100  
West Chester, PA 19380-0898

Contact the Probation Officer at (610) 344-6290 if you have any questions or problems.
AA/NA Observations

Name:

AA/NA attendance is an integral part of this program and is mandatory for all participants with a history of substance abuse or addiction. Immediately following the meeting fill out each section completely (not just one or two words). Return to your Probation Officer when it is completed. Remember to get the chairperson to sign your AA/NA Log at the end of each meeting.

Date: ___________ Speaker(s): ________________________________

Topic: ________________________________

What I learned from this meeting:

What I dislike at this meeting:

What I contributed to this meeting:

Date: ___________ Speaker(s): ________________________________

Topic: ________________________________

What I learned from this meeting:

What I dislike at this meeting:

What I contributed to this meeting:

Date: ___________ Speaker(s): ________________________________

Topic: ________________________________

What I learned from this meeting:

What I dislike at this meeting:

What I contributed to this meeting:
Date: __________   Speaker(s): ____________________________________________

Topic: ________________________________________________________________

What I learned from this meeting:

What I dislike at this meeting:

What I contributed to this meeting:

Date: __________   Speaker(s): ____________________________________________

Topic: ________________________________________________________________

What I learned from this meeting:

What I dislike at this meeting:

What I contributed to this meeting:

Date: __________   Speaker(s): ____________________________________________

Topic: ________________________________________________________________

What I learned from this meeting:

What I dislike at this meeting:

What I contributed to this meeting:
# Employment Search Verification Sheet

Client Name: ________________________________________________________________

Home Address: __________________________________________________________________

Phone Number: __________________________________________________________________

Probation Officer: ______________________________________________________________

Phone Number: __________________________________________________________________

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>City Location</th>
<th>Phone Number</th>
<th>Date Application Submitted</th>
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<tbody>
<tr>
<td>1)</td>
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Client Signature ___________________________________ Date ______________________


DRUG COURT PETITION
PHASE I TO PHASE II

I, ______________________________, hereby petition the Chester County Drug Court Program to move from Phase I to Phase 2 for the following reasons:

1. My sobriety date is ________________, I have maintained _____ days of sobriety.

2. I have complied with my treatment at ______________________________ (agency).

3. I am participating in 12 step meetings ____ times per week which has been verified by Chester County Treatment Court staff and recommended by my treatment provider.

4. I have completed a relapse prevention plan, which is attached to this document. I have reviewed this plan with my treatment provider ________________, and Chester County Drug Court staff.

5. If appropriate, I am involved in employment, or enrollment in school or other vocational training described below:

6. If appropriate, I am involved in a prosocial activity that is suitable to my treatment plan as described below:

7. Attach a sheet that tells about the most important thing you have learned during Phase I.

Signed by Participant ________________________________

Drug Court Officer ________________________________

Date signed ________________________________________

ATTACH: Relapse Prevention Plan
DRUG COURT PETITION
PHASE II TO PHASE III

I, ______________________________, hereby petition the Chester County Drug Court Program to move from Phase 2 to Phase 3 for the following reasons:

1. My sobriety date is ____________, I have maintained ____ days of sobriety.

2. I have complied with my treatment at ______________________________ (agency) or I have completed all formal treatment at ___________________________ and have made a successful transition into aftercare at __________________________.

3. I am participating in 12 step meetings _____ times per week which has been verified by Chester County Treatment Court staff and recommended by my treatment provider.

4. I have obtained a sponsor.

5. I have revised my relapse prevention plan, which is attached to this document. I have reviewed this plan with my treatment provider _____________, and Chester County Treatment Court staff.

6. If appropriate, I am involved in employment, or enrollment in school or other vocational training described below:

7. I am involved in a prosocial activity that is suitable to my treatment plan as described below:

8. I have begun and am current in my payments towards court costs and restitution (if applicable) of $ _____ per month and will have all of my financial obligations paid in full on ________________ (date).

9. Attach a sheet that tells about the most important thing you have learned during Phase 2.

Signed by Participant ______________________________________________________

Drug Court Officer ______________________________________________________

Date signed ___________________________________________________________

ATTACH: Relapse Prevention Plan
DRUG COURT PETITION
PHASE III TO PHASE IV

I, ______________________________, hereby petition the Chester County Drug Court Program to move from Phase 3 to Phase 4 for the following reasons:

1. My sobriety date is _______________; I have maintained ___ days of sobriety.

2. I have completed all formal treatment at _____________________________ and have made a successful transition into aftercare at ___________________________. I have paid all treatment costs in full.

3. I am participating in 12 step meetings ____ times per week which has been verified by Chester County Treatment Court staff and recommended by my treatment provider.

4. I have a sponsor

5. I have revised my relapse prevention plan, which is attached to this document. I have reviewed this plan with my treatment provider ________________, and Chester County Treatment Court staff.

6. I am involved in employment, or enrollment in school or other vocational training described below:

7. I am involved in a prosocial activity that is suitable to my treatment plan as described below:

8. I am in a stable residence that has been approved Drug Court Staff.

8. All fines, costs and restitution were paid in full on ________________ (date).

9. Attach a sheet that tells about the most important thing you have learned during Phase 3.

10. I have completed my Phase 3 Project described below:

Signed by Participant ________________________________________________

Drug Court Officer ________________________________________________

Date signed _____________________________

ATTACH: Relapse Prevention Plan
DRUG COURT PETITION
PHASE IV TO COMMENCEMENT

I, ______________________________, hereby petition the Chester County Drug Court Program to move from Phase IV to COMMENCEMENT for the following reasons:

1. My sobriety date is _______________; I have maintained ____ days of sobriety.

2. I have completed all formal treatment at _____________________________.

3. I continue to attend 12 step meetings and maintain contact with my sponsor.

4. I have revised my relapse prevention plan, which is attached to this document. I have reviewed this plan with Chester County Treatment Court staff.

5. I am involved in employment, or enrollment in school or other vocational training described below:

6. I am involved in a prosocial activity that is suitable with my Recovery.

7. I am in a stable residence that has been approved by Treatment Court Staff.

8. All fines, costs and restitution were paid in full on ________________ (date).

9. I completed the Drug Court Exit Survey ☐ Yes

10. I have had not been arrested or cited by police.

Signed by Participant ___________________________________________________

Drug Court Officer _______________________________________________________

Date signed _______________________________________________________________

ATTACH: Relapse Prevention Plan and Financial Obligations Sheet
**My Relapse Prevention Plan**

**Date:**

| 1. Name three people you can talk to if you have the craving to use drugs/alcohol. |
|---|---|
| Name: | Phone: |
| Name: | Phone: |
| Name: | Phone: |

Now, talk to these people ahead of time – as soon as possible – and make sure you can call them when you need to! Your healthy future may depend on it.

| 2. What three things can you do instead of using? |
|---|---|
| First Choice: |  |
| Second Choice: |  |
| Third Choice: |  |

| 3. Name three ways you can reward yourself for not using. |
|---|---|
| First Choice: |  |
| Second Choice: |  |
| Third Choice: |  |
4. Write down three things that trigger your wanting to use; and write down what you can do to take your mind off each of the triggers, or what you can do to keep yourself busy so that you do not go out and use.

<table>
<thead>
<tr>
<th>Worst Trigger:</th>
<th>Preventative Action:</th>
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<th>Other Trigger:</th>
<th>Preventative Action:</th>
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5. What is your worst fear about getting out and using?

6. What is your best reason to live a clean and sober life?

__________________________
Therapist Approval