

**IN THE DISTRICT COURT OF CLARK COUNTY,
IN AND FOR THE STATE OF WASHINGTON**

State of Washington)
 City of Vancouver)
 City of Camas)
 City of Washougal)
 Plaintiff)
 v.)
 _____)
 Defendant.)

CASE NO. _____

<p>CLARK COUNTY DISTRICT COURT THERAPEUTIC SPECIALTY COURT (TSC) CONTRACT</p> <p> <input type="checkbox"/> SUBSTANCE ABUSE COURT (SAC) <input type="checkbox"/> DUI COURT (DUI) <input type="checkbox"/> VETERANS COURT (VETCO) <input type="checkbox"/> MENTAL HEALTH COURT (MHC) Post-Plea </p>

In consideration for being accepted into one of Clark County’s Therapeutic Specialty Court (TSC) I agree to be bound by the conditions of this contract. I understand that violation of this contract or any other TSC rule may result in sanctions, which may include jail and/or termination from any TSC program. I further understand that I must meet all the program requirements prior to graduation from TSC. If I am in TSC on a Deferred Prosecution case all of the conditions of the order for Deferred Prosecution are incorporated by reference. **I voluntarily and knowingly consent to the conditions listed below and understand that these conditions are not all inclusive.**

(initials)

_____ **1. OBEY LAWS:** I will obey all laws and **report any police contact** and/or new arrest or criminal proceedings to the court, TSC coordinator, probation officer and/or attorney within 24 hours.

NOTICE – If a defendant has charges pending or is under investigation for criminal activity in any jurisdiction, this may be a basis for termination and/or sanctions.

_____ **2. COURT ORDERS:** I agree to abide by all court orders including but not limited to Sanction Orders, Orders to Enter and Complete Treatment and/or No Contact Orders.

_____ **3. HEARINGS/APPOINTMENTS:** I will appear at all hearings, appointments and other TSC obligations as ordered by the Judge and/or TSC team. I understand that if I miss a court appearance a warrant may be issued for my arrest.

_____ **4. TSC PROGRAM:** I understand that the TSC program may be completed in a minimum of _____ months but may be modified by individualized performance. I agree to participate in the program until I successfully graduate or until I am discharged, terminated, or voluntarily opt out.

(initials)

_____ **5. DRUGS/ALCOHOL:** I will not possess or use alcohol, marijuana or non-prescribed drugs. I will not possess, buy, sell or consume any substances that are non-prescribed. I will not abuse any over-the-counter medications or mind/mood altering substances for the purpose of avoiding detection through UA, BA, or other alcohol/drug testing means. **I understand I am responsible for anything I consume and any environmental factors that may produce a positive UA, BA, or other alcohol/drug testing mean.** Doing so may be a basis for termination and/or sanction.

_____ **6. PRESCRIPTION MEDICATION USE:** I will request that any prescribed medication be non-narcotic and non-addictive. I will present a copy of the signed medication letter to my prescriber explaining my **request for non-narcotic, non-addictive alternatives** and provide a copy of the legal prescription along with the medication letter to my case manager/probation officer **within 24 hours or next scheduled TSC hearing.** I agree to take the medication as prescribed and am aware that any use of prescription drugs may impact my clean time and movement through the TSC phases.

_____ **7. RESIDENCE:** I must reside in a **court approved Clark County residence that cannot contain illegal drugs or alcohol.** I must ask permission from the court prior to a change in residence and will inform the court of any changes in my address and phone number at the next scheduled TSC hearing or within 24 hours. I will not spend the night at any address other than the address approved by the Court. Upon request, I will provide my probation officer with the full names of all people with whom I live.

_____ **8. RELEASES:** I will **sign all Releases of Information** as deemed necessary by TSC; I also waive confidentiality of my medical records and authorize all agencies to discuss my case with the TSC team and the court. I understand that the failure to sign a release of information may result in my termination from the TSC program. Further, if at any time I revoke or withdraw a release, this too may be a basis for termination.

_____ **9. VICTIMS:** I understand that any victims in this case may be contacted and informed of my participation in this program. I agree to pay restitution and understand a payment plan may be established while I am in the TSC program.

_____ **10. HONESTY: I must be truthful in all my dealings with TSC.**

_____ **11. TREATMENT:** I will **enter and successfully complete all treatment evaluations** deemed necessary by the TSC team and **follow all treatment recommendations.** I will abide by the rules of the treatment agencies. Within 24 hours of discharge from treatment, I will report to my case manager/probation officer and abide by all conditions and requirements of TSC. I will report to the TSC the first time it holds court following my release from treatment. Further, I understand if I fail to return to court as directed, a warrant may be issued and/or new criminal charges may be filed against me.

(initials)

_____ **12. DRUG TESTING:** I will submit to observed urine, breath or other drug and alcohol screening/test whenever requested to do so by the treatment program staff, TSC coordinator, probation officer or the judge. **I will call the UA testing color line daily.** Upon notice of any positive drug test, regardless of my schedule, I will appear at the next TSC court hearing. I have the right to contest any UA drug test and have it sent to the laboratory for confirmation. I must pay up front before the UA sample will be sent for confirmation. This money will be refunded to me if the additional testing on the UA sample is not confirmed. I understand that any UA sample that produces a creatinine level of 20 mg/dl or less will be considered dilute and will be addressed by the court. **Dilute UA samples are not valid samples and will result in a sanction.**

_____ **13. ASSOCIATIONS:** I will not associate with any people who are under the influence of, possessing, or using alcohol, marijuana or any illegal drugs. I will not associate with anyone participating in any criminal activity.

_____ **14. TSC TEAM:** I understand and agree that there will be discussions about my case, my treatment program, and my condition which may take place out of my presence or the presence of my attorney.

_____ **15. HOME VISITS:** Upon request, I must **submit to a search of my person, residence, vehicle or other personal property** when asked by my probation officer or any law enforcement officer with TSC Court **without notice, and without probable cause or warrant.**

_____ **16. EMPLOYMENT:** I must tell my probation officer within 48 hours if I become employed, unemployed, or change employment. I understand employment where alcohol, marijuana, and/or drugs is consumed or sold needs to be approved by the TSC team prior to accepting the position. TSC obligations take priority over employment obligations.

_____ **17. TRAVEL:** **My travel is restricted** to Clark County, WA; Cowlitz County, WA; Skamania County, WA; Multnomah County, OR; Clackamas County, OR; and Washington County, OR unless I get prior permission from TSC team to travel outside these areas. If I am arrested in another jurisdiction I agree to waive any challenges to my extradition.

_____ **18. TERMINATION BECAUSE OF ABSCONDING:** I understand that if four (4) months elapse after any warrants have issued because of my non-appearance in TSC that I will be terminated from the program and that I hereby waive my right to have any hearings on the issue of termination from TSC.

_____ **19. TSC FEE/COURT COSTS:** I agree to pay a \$ _____ non-refundable TSC fee in addition to the ordered fees, costs, restitution and assessments below.

Total Amount Due: \$ _____, on or before _____, 20_____

I agree that by entering the Clark County District Court's TSC and understand that I am bound by the conditions outlines above.

 X
Defendant

Date

I have read and discussed this TSC Contract with the defendant and believe the defendant is competent and fully understand the TSC requirements and the contract terms.

Defense Attorney WSBA # _____ Date _____

Agreed to by:

Assistant City Attorney/Deputy Prosecuting Attorney Date _____
WSBA # _____

So Ordered this ____ day of _____, 20____.

Judge of the District Court, Dept No _____/Commissioner