

Problem Solving Court Model Document

Document: Agreement to Participate
Program Type: Veterans Treatment Court

This model document is provided by SCAO as a resource and for informational purposes only to facilitate the operation of problem-solving courts by local units of government and courts in compliance with statutory requirements. SCAO's sharing this model document is not intended (and cannot be construed) as legal advice.

Please customize all sections that are in bold and are highlighted in yellow. Once these are customized remove the brackets, bold, and highlighting.

Aside from these sections please review the entire document. This is a model document, which means the conditions listed are fairly general. Some conditions may need to be modified to fit your program.

Please note that the following conditions of the document are based on statute, and are therefore required

1. Condition 3 under the "I agree to" section is required under MCL 600.1208(1)(f)
2. Condition 14 under the "I agree to" section is required under MCL 600.1208(1) and (3).
3. Conditions 1, 2, and 3 under the "I waive the following rights" section are required under MCL 600.1205(1)(c).
4. Condition 2 under the "I understand that" section is required under MCL 600.1208(2).
5. Per MCL 600.1205(1)(d) the individual must sign a written agreement to participate in the veterans treatment court.

AGREEMENT TO PARTICIPATE
[Name of veterans treatment court program]

I, **[name of participant]**, agree to participate in the **[name of veterans treatment court]** Program. I agree to follow all terms and conditions of the veterans treatment court program as established by the court and the veterans treatment court team.

I agree to:

1. Complete any evaluations or assessments as directed by the veterans treatment court, and follow the recommendations thereof. The treatment recommendations will be shared with the veterans treatment court team.
2. Work with treatment staff to develop a treatment plan and follow the plan accordingly, including aftercare and continuing care recommendations.
3. Meet with a member of a veteran service organization or a county veteran counselor, as directed by the veterans treatment court, to discuss available veterans benefit programs for which I may qualify. MCL 600.1208(1)(f).
4. Not use, possess, or consume alcohol and/or other illegal or controlled substances, nor be in the presence of any person using, possessing, or consuming said substances; nor enter premises where alcohol is the primary source of revenue. I understand if I am found to be under the influence of drugs, alcohol, or medication not prescribed to me that I may be sanctioned and/or terminated from the program.
5. Submit to PBT's, electronic alcohol monitoring, and/or drug and alcohol screenings as directed.
6. Be employed or enrolled in an educational program, or participate in another positive activity as directed.
7. Notify the veterans treatment court of any changes in phone number within 24 hours.
8. Not change my place of residence without first notifying the veterans treatment court.
9. Notify the veterans treatment court of any police contact, arrest or criminal charge within 24 hours of event or of release from jail.
10. Make full and truthful reports to the veterans treatment court as directed by any team member.
11. Not engage in any antisocial, assaultive, threatening, or aggressive behavior.
12. Not leave the state without the prior consent of the veterans treatment court.
13. Maintain the confidentiality of other veterans treatment court participants.
14. Pay all court ordered fines and costs, including minimum state costs, the veterans treatment court fee, crime victims rights assessments, and restitution resulting from my conviction, in order to successfully complete the program. I will also pay all, or make substantial contributions toward payment of, the costs of the treatment and the veterans treatment court program services provided to me, including, but not limited to, the costs of urinalysis and such testing or any counseling provided. However, if the court determines that the payment of fines, the fee, or costs of treatment would be a substantial hardship for me or would interfere with my treatment, the court may waive all or part of those fines, the fee, or costs of treatment. MCL 600.1208(1) and (3).
15. Appear in court on all scheduled court dates and to attend all appointments with my probation officer, case manager, mentor, and/or treatment provider.
16. Comply with the program's policies and conditions discussed within the **[name of veterans treatment court program]** Participant Handbook.

I waive the following rights:

1. The right to a speedy trial.
2. The right to representation by an attorney at the review hearings. I still maintain the right to an attorney for any program violation or probation violation where the facts are contested and a liberty interest is at stake, or if I may be terminated from the veterans treatment court program.
3. With the agreement of the prosecutor, the right to a preliminary hearing.
4. To be present at the team staffing meetings.

I understand that:

1. The veterans treatment court program has a duration of **[minimum to maximum]** months.
2. If I am convicted of a felony for an offense that occurred after I am admitted to veterans treatment court, the judge must terminate my participation in the program per MCL 600.1208.
3. I understand I am required to attend all appointments for court, treatment, ancillary services, and all drug and alcohol testing as scheduled.
4. I understand that veterans treatment court staff may make unscheduled home visits, and I will allow veterans treatment court team members, together with law enforcement officials if accompanied, into my home at any time for supervision or compliance reasons.
5. Review hearings are held in open and public courtrooms, and although the court attempts to minimize confidential information in court, it is possible that an observer could connect a participant's identity with the fact that he or she is in treatment as a condition of participation in the veterans treatment court or that confidential information may be revealed.
6. Staffing meetings, which are held before review hearings, are typically closed to the public. Confidential information may be discussed by the veterans treatment court team members at a staffing meeting. I understand that if a nonteam member is invited to participate in a staffing meeting, they must sign a confidentiality agreement and receive my consent prior to observation. I understand that participants will not be present at staffing meetings.
7. The data in my public and confidential file may be used for research, data analysis and program evaluation by the veterans treatment court, court staff, or individuals or others independent of the veterans treatment court. Any data used in this way will be de-identified prior to distribution.
8. Failure to fully comply with all the terms and conditions of the program listed above may result in the following:
 1. Notification to the judge that I am in violation of the program.
 2. If I admit guilt to or am found guilty of a program violation; then sanctions, up to and including jail, may be imposed or additional conditions may be added as determined by the judge with input from the veterans treatment court team.
 3. Termination from the program.
9. I understand that the veterans treatment court may amend these conditions and/or add new conditions, notice of which will be provided to me in writing. I understand that I must comply with the amended or added conditions.

The veterans treatment court coordinator agrees to:

1. Meet with the program participant as needed to help assure successful completion in the program.
2. Report the participant's progress and test results to the court.
3. Refer the participant to any community agency at the veterans treatment court's disposal which may assist in the participant's recovery.

I have discussed the above listed conditions with my attorney or the veterans treatment court coordinator and received a copy of this form and a copy of the **[name of veterans treatment court program]** Participant Handbook.

Participant Signature

Date

I have discussed the above listed conditions with the participant and have provided a copy of the agreement and the **[name of veterans treatment court program]** Participant Handbook to the participant.

Attorney/Coordinator Signature

Date

Printed Name of Attorney/Coordinator