

STATE OF INDIANA
COUNTY OF LAKE

IN THE SUPERIOR COURT OF LAKE COUNTY
COUNTY DIVISION III
CAUSE NUMBER 45D09-_____

STATE OF INDIANA,)
)
 v.)
)
 _____)

**All participants of the Veterans Treatment Court shall be represented by the Court-appointed Public Defender unless the participant indicates that he/she wishes to retain private counsel.
The defendant agrees to enter the Veterans Treatment Court under I.C. Code 33-23-16-13.

Please initial each of the following statements, indicating you agree and understand:

1. _____ I agree to complete all program requirements as required by the program judge, program coordinator/case manager, treatment providers and/or other service providers.
2. _____ I shall not consume or possess alcohol, any non-prescribed drug, nor any illegal drug and I will report in writing to my case manager and/or the court with a list of any prescribed medications that I am taking at any time during my participation in the Veterans Treatment Court ("VTC").
3. _____ I shall participate in assessments as required including but not limited to the Indiana Risk Assessment System (IRAS). I understand the results of the IRAS will be entered into the risk assessment system database.
4. _____ I shall participate in the development and maintenance of my case plan/individual service contract and participate in case management sessions as required. I will obtain and meet with my mentor at a minimum four (4) time per month (two in person and two via phone).
5. _____ I shall attend court hearings as required and my participation is contingent upon my willingness to discuss, in open court, information relating to my case, which would otherwise be confidential. My Advancement within the program is based on my compliance and is Granted SOLELY by the program judge.
6. _____ I shall participate in all treatment services and/or self-help meetings as required by the Judge and/or my case worker and I shall attend a minimum of 18 treatment sessions/classes and will be required to obtain a written certificate of completion from the treating facility.
7. _____ I shall inform the case manager of my daily schedule and call in on a daily basis regarding drug/alcohol testing.
8. _____ I shall allow program staff to enter my place of residence or place of Employment at any time without the necessity of a warrant. I understand any search of my person or property will be conducted on a basis of reasonable suspicion.

9. _____ I understand that the duration of the program is a minimum eighteen (18) months and a maximum of twenty-four (24) months. If I fail to complete the VTC requirements within 24 months from the date of entry into the program, I will be discharged from the program by the Judge and sentenced upon my original plea agreement.
10. _____ The goal of my participation in Veterans Treatment Court is to reduce my risk to reoffend, and therefore, my successes are acknowledged and documented in my program record.
11. _____ I shall not violate any Municipal, County, State or Federal laws, and if this occurs, I shall report the violation to the program case manager immediately.
12. _____ I shall not possess any firearms, weapons or ammunition.
13. _____ I shall not associate with any felons (exception: participation in program-related activities).
14. _____ I will call on a **DAILY BASIS** the Community Corrections and shall report in person to Community Corrections immediately upon being notified to do so.
15. _____ I shall submit to drug and/or alcohol testing on a **MINIMUM WEEKLY BASIS**. Such tests may also be required at the request of my case manager, probation officer, treatment provider and/or Order of the VTC judge, and I shall be responsible for any and all costs and fees associated with such drug/alcohol testing.
16. _____ If I am accepted into the Veterans Treatment Court program while on Suboxone or Methadone therapy, I understand that I shall sign a general consent for release of information authorizing the Court to consult with the prescribing physician regarding my treatment plan.
17. _____ My failure to comply with **ALL program requirements**, including, but not limited to, the requirements outlined herein, will result in **SANCTIONS** against me, which may include incarceration, placement in work release or on electronic monitoring, community outreach, increased court appearances, increased case management or treatment sessions, and/or DISCHARGE from the VTC program and sentenced on my original plea of GUILTY.
18. _____ I understand that I may or may not receive credit for time served in the Lake County Jail and/or Community Corrections, where sentence to the Lake County Jail is a direct consequence of Veterans Treatment Court violations.
19. _____ I am responsible for paying all fees associated with my participation in the Veterans Treatment Court program including, but not limited to, program user fees, treatment fees, drug testing fees, electronic monitoring fees.
20. _____ I understand that upon my successful completion of the Veterans Treatment Court program, my case shall be disposed as agreed in my Plea Agreement.
21. _____ I understand that if I am unsuccessfully terminated/discharged from the Veterans

Treatment Court program, my case will move to final disposition and sentencing, unless otherwise ordered by the Judge.

22. _____ If applicable, I understand that I waive the right to sentencing within 30 Days, and waive the right to Criminal Rule 4C (right to trial within one (1) year).
23. _____ At all times, I will be co-operative, courteous and respectful to the Lake County Veterans Treatment Court personnel and the Lake County Community Corrections staff.
24. _____ I will abide by my curfew, if one is imposed.
25. _____ I will inform my case manager if I move, change addresses or temporarily stay at another location.
26. _____ I will only leave the State of Indiana with permission of the VTC Judge and my case manager.

Other Conditions:

Upon acceptance into the Veterans Treatment Court program, I shall reside at a place approved by the Veterans Treatment Court Team and/or ordered by the Veterans Treatment Court Judge.

If not already employed, under government disability or retired, upon entering the Veterans Treatment Court program, I shall immediately begin searching for employment. If I am not employed within two (2) weeks of entering the program, I will perform a minimum of three (3) days of community outreach weekly.

I understand that I shall be assessed an administration fee of **\$100.00 due** at the time I enroll in the program, and will be assessed a program fee of **\$50.00 per month** thereafter, beginning in my second month of participation in the program. I also understand that I am responsible for the following component specific fees, if applicable:

- \$10.00 housing fee per day for days spent in the work release center.
- \$8.00 monitoring equipment fee for each day on electric monitoring (\$10 per day for EM with alcohol monitoring).
- \$15.00 field monitoring fee per week while on house arrest without an electronic monitor.
- \$15.00 fee for any/all positive urine screens.

I understand that the fees assessed for treatment and other services that I am referred to are not included in the Veterans Court fee schedule. **I understand that I am financially responsible** for any fees assessed by my treatment and/or other service providers.

Dated this _____ day of _____, 20 _____.

Veterans Treatment Court Participant:

JUDGE, LAKE SUPERIOR COURT, DIVISION III

Defense Counsel