

**The Owner of this Handbook is: \_\_\_\_\_**



**Blue Ridge Judicial Circuit  
Drug Accountability Court  
Participant Handbook**

**Cherokee County Justice Center  
90 North Street, Suite 230  
Canton, GA 30114  
678-493-6355**

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**SECTION I**  
**IMPORTANT CONTACT INFORMATION**

**Drug Accountability Court  
Blue Ridge Judicial Circuit  
Cherokee County Justice Center  
90 North Street, Suite 230  
Canton, GA 30114  
678-493-6355  
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[dacoffice@cherokeega.com](mailto:dacoffice@cherokeega.com)  
[www.brjcdac.org](http://www.brjcdac.org)**

**Jennifer Williams, DAC Coordinator  
678-493-6359 (office)  
770-547-7698 (cell)**

**Cheryl Ballow, Clinical Case Manager  
678-493-6357 (office)**

**Katie Meade, Case Manager  
678-493-6356 (office)**

**Ruby Ramirez, Case Manager  
678-493-6586 (office)**

**Georgia Department of Community Supervision  
Canton Department of Community Supervision Office  
100 Medical Lane  
Canton, GA 30114  
770-479-2602 (office)  
CSO Christie 404-274-9652 (cell)**

**Drug Testing Hotline Number  
678-261-5870**

**After hours Drug Court Emergency Line  
404-353-5346**

## **SECTION II**

### **INTRODUCTION**

Welcome to the Blue Ridge Judicial Circuit Drug Accountability Court (DAC). DAC is designed to help you in reaching your goal of living a clean, sober, productive life.

This handbook explains what is expected of you in the program. You will be required to follow any instructions given in this handbook or given by the DAC Team. You are responsible for reading this handbook carefully and following all program rules. If the content of this handbook is modified, you will be notified of any changes to your program responsibilities.

Program components include chemical dependency and mental health screening, outpatient drug and alcohol treatment, intensive supervision by your probation and compliance officers, random drug and alcohol testing, regular court appearances, and immediate sanctions and incentives.

**The two most important things you can do to be successful in DAC are to be present and be honest!**

## SECTION III

### **DRUG COURT TEAM**

The Drug Accountability Court Team is a group of professionals working together to provide supervision and services to guide you through the program. The team consists of the following members:

- Presiding Judge: David Cannon, Cherokee Superior Court
- District Attorney: Shannon Wallace
- DAC Coordinator: Jennifer Williams
- Case Manager(s): Katie Meade, Ruby Ramirez
- Clinical Case Manager: Cheryl Ballow
- Assistant District Attorney: William Hunter
- Defense Attorney(s): Abbey Moore, Jonathan Kesler
- Law Enforcement: Capt. Chris Sims, Cherokee County Sheriff's Office
- Compliance Officer: Deputy O. C. Jackson, Cherokee County Sheriff's Office
- Department of Community Supervision (Probation): Officer Nicole Christie
- DAC Operations Manager: Gwendolyn Green

You must follow the instruction of each team member, or any member of an agency they represent. You must also follow the instructions of any agency to which a team member refers you, such as a counselor or educator.

## **SECTION IV**

### **THE FOUNDATIONS OF DAC**

#### **Treatment and Counseling**

The clinical case manager will assess the level and intensity of treatment based on your needs, history, and social situation. A treatment plan will be created to set forth specific goals and schedules for your progress. You will be reevaluated periodically to ensure that you are receiving proper and helpful treatment, and your treatment plan may be changed or adjusted to help you in make progress. If appropriate, a recommendation may be made to the team indicating the need to increase treatment or seek additional counseling from another agency. If residential treatment is recommended and satisfactorily completed, you may rejoin the DAC program.

Most treatment sessions will be group sessions, but some counseling may be individual sessions as recommended by your treatment team. Attendance, punctuality, level of respect, level of participation, and progress will be reported to the team.

#### **Court Sessions**

You are required to attend court regularly based on your phase and as instructed by the team. Failure to attend may result in a bench warrant for your arrest. At each court appearance, you will have the opportunity to talk to the judge in open court. You may be required to answer questions, be given homework assignments, or asked to share your experiences in treatment and recovery.

Before each court session, the team meets for staffing to review your progress on your treatment plan and overall compliance with DAC requirements. Good efforts are rewarded with incentives. Based on your performance, the team may recommend sanctions as appropriate. You will have the opportunity to meet with a DAC defense attorney before the judge gives you any sanction that involves time in custody or specific court orders.

#### **Supervision**

You have been assigned a community supervision (probation) officer and a case manager with whom you will be required to maintain contact as instructed. You will be required to visit his or her office regularly based on your phase and as instructed. The team compliance officer, community supervision officer, or other law enforcement officer may conduct random home visits day or night without prior notice. He or she may search you and in

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*Effective April 30, 2019*

and around your residence. If a drug or breathalyzer test is requested by the visiting officer, you must comply with the request.

Any person who is in a residence or vehicle with you may be asked to submit to a drug screen or allow a search. While DAC will not require them to waive any rights, **your** compliance with the DAC program will be negatively affected by their failure to do so. Consequences could include sanctions to you, or restrictions in your ability to be at certain locations or to have contact with that person.

## **Fees**

All participants are required to contribute to the treatment and other services of DAC by paying a participant fees. The fees are accepted for DAC by the Clerk of Superior Court; the office is located on the ground floor of the Cherokee County Justice Center. An initial materials fee of \$ 48 and a \$ 50 Indigent Defense fee is due during your first phase of DAC. The materials fee covers the cost of the handbooks and workbooks you will use during treatment. When you make your payment to the clerk, you will receive a receipt. It is your responsibility to bring the receipt to the DAC office as directed by the case manager. If you do not provide a receipt to DAC, you may not receive credit for the payment. Each participant is expected to maintain a zero balance. Failure to pay fees, as required, will result in sanctions or not moving up phases. You must have all fees paid to graduate from the program. More information on program fees can be found on page 15-1 of this handbook.

## **Drug Testing**

You are subject to drug testing 365 days a year—this includes weekends and holidays. Drug testing will be conducted regularly at the Cherokee County Drug lab, but you may also be instructed to submit to a drug test at your home, at court, during treatment or groups, or at any other time. Regular drug testing will be random, frequent, observed urine drug screens. The team may also require you submit to a breathalyzer test, saliva test, hair follicle test, or blood test.

You must call the drug screen hotline number between 5:00 a.m. and 9:00 a.m. each morning to find out if you are to be drug tested that day. More details on drug testing can be found on page 14-1 of this handbook.

## **Community Based Self Help Meetings and Having a Sponsor**

Community Based Self Help meetings are an important part of recovery because they create social bonds with others in recovery, allowing you to build a network of sober friends to support you after your graduation from DAC. Attendance at Community Based Self Help meetings, such as Narcotics Anonymous and Alcoholics Anonymous is required. The number of meetings required varies by phase. Only one meeting per day will count toward your required attendance, but you may attend as many as you like.

<b>Phase</b>	<b>Minimum Number Weekly Community Based Self Help Meetings</b>
<b>One</b>	Participants may choose to attend, unless required by the Team
<b>Two</b>	1 meeting
<b>Three</b>	2 meetings
<b>Four</b>	3 meetings
<b>Five</b>	3 meetings

You may consult with your case manager for information on times and locations of meetings. You must provide weekly proof of attendance on the DAC form to your Case Manager or to the Coordinator.

Each participant must obtain a self-help sponsor. A sponsor is a Community Based Self Help group member of the same gender with significant sobriety (at least one year) who assists the participant on a personal level with sobriety, personal problems, working the steps, etc. Ask at a meeting for a temporary sponsor until a permanent one can be obtained.

Remember that most Community Based Self Help are anonymous organizations – you do not reveal the name of the people at your meetings and you do not use their last name at a meeting even if you know them. It is never appropriate to tell a friend or family member who you saw at a meeting.

The following is a list of local Community Based Self Help meetings. A more comprehensive list may be found at [www.aageorgia.org](http://www.aageorgia.org) or [www.na.org](http://www.na.org).

**AA**

H.O.W. Place	770-926-3940
St. Clements Episcopal	770-345-6722
Hillside United Methodist	770-924-4777
Little River Methodist	770-926-2495

**NA**

If you have objections to attending a faith-based or “spiritual” Community Based Self Help meeting, you must notify the Case Manager during Phase 1 of your participation in DAC, so that secular (nonreligious) alternatives may be explained to you prior to Phase 2 of the program.

### **Employment and Education**

Education and employment are essential to the recovery process. As a participant you are required to seek employment, be employed, be in school, and/or be working on your GED, unless otherwise approved by the DAC team. As proof of active employment, you must provide a copy of all pay stubs to your case manager or other DAC staff as directed. If you are seeking employment, you are required to provide a job search form weekly to your case manager. **You are not permitted to terminate or change your employment without first receiving permission from the case manager.** You may be required to do community service if you are not employed or in school.

You will be assessed in phase one to determine your educational goal which will be a requirement for graduation.

### **Support of Dependents**

A general condition of your sentence is to support your lawful dependents. If you are the parent of a child who does not live with you, and do not have an order in place for child support, you will be required to open a case with the Office of Child Support Services or have a court order in place. In the event a court order is in place, you will be required to provide the order to the case manager and also proof of compliance with it.

## SECTION V

### PROGRAM RULES

**By entering DAC, you have set a goal for yourself to become and remain sober. All DAC rules and requirements are designed to help you achieve your goal.**

#### **Be Honest**

Honesty is the highest priority, because it is the foundation for the changes you want to make in your life. Always tell the truth, and at the first chance you get. Even when you have made a mistake, your honesty will help you to move forward in recovery. It is also a way to show the team that you are committed to change.

#### **Be Present (Show Up)**

Another important way to make progress in recovery is simply to show up and try to gain the most from every DAC activity. Attend, be on time for, and participate in all required obligations, including court, drug testing, probation meetings, treatment sessions, and 12-Step meetings. Turn in all proof of attendance of meetings as directed. If for some reason you believe you will be late or absent, communicate with the case manager or other team member as soon as possible. Your absence or lateness will not usually be excused, but the team will consider your communication about it in determining a sanction.

Failing to contact and communicate with the Team or failure to attend any required obligations for 30 days will result in *termination* from the program.

#### **Be Respectful**

All DAC activities and locations are viewed as an extension of the Superior Court. Your behavior should be respectful and cooperative not only at court, but in treatment groups and meetings with team members, at drug testing, at community service sites, and during all other DAC activities.

Your fellow participants deserve to be treated as you would like to be.

#### **No Drugs and Alcohol**

You are not to possess or consume any mind or mood-altering chemicals or illegal substances. This includes alcohol, any substances containing alcohol, prescription drugs for which you do not have a legal prescription, and some substances that are legal. Do not associate with people who use or possess drugs.

If you have medical or dental treatment, inform your provider that you are in recovery and may not take narcotic or addictive medications or drugs. Prior approval is required for the use of all medication, whether over-the-counter or prescribed. More information on the use of medication is on page 13-1 of this handbook.

### **No Weapons, Violence or Threats**

No guns, knives or any other weapons may be brought to any DAC activity or location. Extreme profanity is not acceptable. Do not act violently or make threats of violence toward the team, their staff, or other participants. Acts of violence and threats of violence against the Team, their staff or other participants will not be tolerated. Any such act or threat shall result in *termination* from the program.

### **Special Requests and Emergencies**

Special requests should be submitted on the Participant Request Form, which is available in the Drug Accountability Court office. Participant requests must be submitted at least a week in advance in order to be considered. All requests must be supported by verified documentation. This means anything from doctors, schools, or work should be on official letterhead and signed by a person in authority with that person's contact information.

If you have a serious emergency, such as illness that requires emergency medical treatment, or the death of an immediate family member, you will need to contact the case manager as well as the person with whom you are meeting as soon as possible. You must call, if you can, prior to the missing any event and explain the details of your emergency. You will be expected to supply verification of the emergency to the case manager as soon as possible. If you experience a personal medical emergency, it will be your responsibility to obtain your own medical records and provide them to the case manager, in order to avoid sanctions.

Only legitimate excuses will be considered. Any request for missing DAC activities or for a special participant request is considered on a case-by-case basis by the team. However, a Participant Request Form will not be considered by the judge to overturn or modify a sanction.

### **Weather/Emergency Closings**

DAC activities will be cancelled or postponed if the Cherokee County Justice Center is closed due to because of weather or other emergency. **The Justice Center emergency closing plan is not the same as the closing plan for the Cherokee County School District.** If the Justice Center is closed, participants are excused from attending court, treatment, and probation meetings, on the day of the closing. Participants **are not excused** from reporting for drug testing. To find out if you are required to report to drug testing on

a date the Justice Center is closed, you must contact the drug testing hotline number. If there is a delayed opening for the Justice Center, the drug testing lab in will open at the same time as the Justice Center. Any missed session/appointment shall be made up as soon as possible. Any missed drug screen, due to closings, shall be made up the next date the Justice Center is open.

**Participants are responsible for determining whether the Justice Center will be closed. You should check [www.cherokeega.com](http://www.cherokeega.com) or [www.brjcdac.org](http://www.brjcdac.org) for accurate information as to closings.**

### **Housing and Location Restrictions**

It is your responsibility to establish and maintain a place to live that supports a sober, law-abiding lifestyle. You are not to live with other people on probation, parole, or with prior felony convictions. While the team may make exceptions to this rule, based on extreme hardship, you should not allow anyone to reside with you without prior approval of the team. **Report any changes in the people you live with to the case manager before you pay a deposit, sign a lease, or move out of current housing.**

You must report a change in your residence prior to the move. You must also report changes in employment and schooling, including location and hours, immediately. **You are not permitted to terminate or change your employment without first receiving permission from the case manager.**

You are not to be present in any house or vehicle where firearms, alcohol, or illegal controlled substances are located.

Do not leave Cherokee County without permission from the case manager or coordinator. You should complete the Participant Request Form in a timely manner prior to when you would like to leave the county. Attach any verification of information, and submit the form to the DAC Coordinator. Requests will be reviewed on a case by case basis.

Do not enter establishments whose primary function is the sale of alcohol or gambling. This includes grocery and convenience store liquor sections, bars, and package stores. You may not purchase alcohol for any reason.

You are not to enter smoke shops, “head shops,” e-cigarette or vaping shops, or anywhere pipes, paraphernalia, smokeable incense, and related products are sold.

## **Court**

Follow the court rules contained in this handbook on page 7-1. Dress in appropriate court attire, as described in this handbook.

## **Contact with Law Enforcement and Department of Family and Children Services**

You must allow team members or their designees to visit your home randomly. They are able to search you and your home and possessions without probable cause or a warrant. Any contact with law enforcement and/or Department of Family and Children Services unrelated to DAC, regardless of whether an arrest resulted, must be reported to your case manager and probation officer within 24 hours or as soon as possible thereafter.

## **Confidentiality**

Federal and State laws require that your privacy be protected. This program, the team, and their offices have developed policies, procedures, and forms for you to sign to guard your privacy. You will be required to sign **Consent for Release of Information** for disclosure of information to better serve you in this program.

There may be times that you wish for the team to share information about your progress in drug court with agencies not directly involved with DAC. You will be required to sign a release in order for any information to be shared.

Additional authorizations for release of information may be required to verify your employment, housing, health, and other relevant information.

## **Other Rules**

- No sexual harassment
- Pairing up with another participant for an intimate relationship is not permitted
- Smoking is only permitted outside in designated areas, and cigarettes must be extinguished in the proper location; e-cigarettes or “vaping” are not permitted
- No littering or destruction of property at any DAC location

**You are required to follow the rules outlined in this Handbook, those agreed to in the Participant Contract, all conditions of probation, and any team requirements.**

## **SECTION VI**

### **PHASE REQUIREMENTS**

The basic phase requirements are outlined below. You may be required by the Team to complete additional requirements. The length of each phase is the *minimum* time to complete that phase.

#### **Phase One (2 months)**

- Attend treatment as directed and complete assignments as required
- Attend Court as directed, minimum of 2 times/month
- Submit to random drug testing
- Remain drug free
- Report to probation weekly or as directed
- Attend meetings with Case Manager weekly
- Curfew of 8:00 p.m. – 5:00 a.m.
- Follow all laws and have no negative contact with law enforcement
- Pay all fees
- Seek employment, unless enrolled in school full-time
- Show proof of GED or High School Diploma. If no GED or High School Diploma obtain education assessment

*To move to Phase Two you must complete an application for phase movement, must have fulfilled the above requirements, and must have been drug free for 7 consecutive days prior to phase movement.*

#### **Phase Two (4 months)**

- Attend treatment as directed and complete assignments as required
- Attend Court as directed, minimum of 2 times/month
- Submit to random drug testing
- Remain drug free
- Report to probation weekly or as directed
- Attend meetings with Case Manager weekly
- Curfew of 9:00 p.m. – 5:00 a.m.
- Follow all laws and have no negative contact with law enforcement
- Pay all fees
- Attend 1 12-Step Support meeting weekly
- Find a 12-Step sponsor and discuss DAC
- Remain employed, in school, and/or working on your GED

*To move to Phase Three you must complete an application for phase movement, must have fulfilled the above requirements, and must have been drug free for 30 days and sanction free for 30 consecutive days prior to phase movement.*

**Phase Three (4 months)**

- Attend treatment as directed and complete assignments as required
- Attend Court as directed, minimum of 2 times/month
- Submit to random drug testing
- Remain drug free
- Report to probation as directed
- Attend meetings with Case Manager weekly (meetings may be reduced to bi-weekly as your progress warrants)
- Curfew of 10:00 p.m. – 5:00 a.m.
- Follow all laws and have no negative contact with law enforcement
- Pay all participant fees, probation fines and required restitution
- Attend 2 12-StepSupport meetings weekly (meetings must be on separate days), requirement may be reduced to 1 12-Step Support meetings per week if enrolled in GED classes or other educational equivalency as approved by the Court
- Maintain a 12-Step sponsor and discuss DAC
- Remain employed, in school, working on your GED, and/or doing community service as required

*To move to Phase Four you must complete an application for phase movement, must have fulfilled the above requirements, must have been drug free for 60 consecutive days prior to phase movement, and must have been sanction free for 30 consecutive days prior to phase movement.*

**Phase Four (4 months)**

- Attend treatment as directed and complete assignments as required
- Attend Court as directed, minimum of 1 time/month
- Submit to random drug testing
- Remain drug free
- Report to probation as directed
- Attend bi-monthly meetings with Case Manager (meetings may be reduced to monthly as your progress warrants)
- No in county restriction
- Curfew of 11:00 p.m. – 5:00 a.m.
- Follow all laws and have no negative contact with law enforcement
- Pay all participant fees, probation fines and required restitution
- Attend 3 12-StepSupport meetings weekly (meetings must be on separate days), requirement may be reduced to 2 12-Step Support meetings per week if enrolled in GED classes or other educational equivalency as approved by the Court
- Maintain a 12-Step sponsor and discuss DAC
- Remain employed, in school, and/or working on your GED

*To move to Phase Five you must complete an application for phase movement, must have fulfilled the above requirements, must have been drug free for 60 days prior to phase movement, must have been sanction free for 30 consecutive days prior to phase movement, and must be in compliance with probation fee and restitution payments.*

**Phase Five (4 months)**

- Attend treatment as directed and complete assignments as required
- Attend Court as directed, minimum of 1 time/month
- Submit to random drug testing
- Remain drug free
- Report to probation as directed
- Attend monthly meetings with Case Manager
- No in county restriction
- Follow all laws and have no negative contact with law enforcement
- Pay all participant fees, probation fines and required restitution
- Attend 3 12-Step Support meetings weekly (meetings must be on separate days), requirement may be reduced to 2 12-Step Support meetings per week if enrolled in GED classes or other educational equivalency as approved by the Court
- Maintain a 12-Step sponsor and discuss DAC
- Remain employed and/or in school
- Complete GED or educational goal
- Complete court ordered community service
- Complete an approved community outreach project and/or serve as a mentor
- Present outreach project to the court
- Complete continuing care plan

*To move to Aftercare, you must complete an “Application for Phase Movement – Aftercare”, must have fulfilled the above requirements, must have paid all DAC fees and restitution or have a probation approved payment plan in place and be in compliance with said plan, must have been drug free and have had no positive drug tests for 90 consecutive days prior to phase movement, and must have been sanction free for 60 consecutive days prior to phase movement.*

**Aftercare (6 months)**

- Comply with continuing care plan
- Attend compliance court as directed
- Submit to random drug testing
- Remain drug free
- Report to Probation as directed
- Pay monthly probation supervision fee
- Be in compliance with restitution payment plan (if applicable)
- Complete exit interview

*Participants are eligible for graduation during aftercare. To be eligible for graduation, participants must have fulfilled the above requirements, must have been drug free and had no positive drug test for 150 days prior to graduation and must have been sanction free for 60 days prior to graduation. During aftercare, the DAC fee will be \$ 300.*

### **Re-Entry after RSAT or Residential**

Participants who have been sentenced by the Court to attend Residential or Residential Substance Abuse Treatment (RSAT) with the Department of Corrections will report to probation and the Drug Accountability Court Case Manager within 48 hours of their release. Upon release from these programs participants will be assessed by treatment for placement in the program.

### **Community Service**

A condition of your sentence may include community service. This obligation must be completed in order to graduate from DAC.

In order to meet this obligation, community service will be a component of your treatment plan beginning in Phase Three. In Phase Three, you must complete a minimum of 16 hours of community service per month at a site that is approved by your probation officer. Failure to meet your monthly community service requirement will result in sanctions. Community service that is required as part of a sanction at any time in the program does not count towards community service ordered in your original sentence.

If you have been in Phase Two greater than 120 days, completion of community service may be included in your weekly case plan.

During Phase Five, the monthly community service requirement will be suspended for 60 days to allow for completion of the Community Outreach Project.

Participants enrolled in GED classes, or other educational equivalency as approved by the Court, may have the requirement for community service reduced to 8 hours per month while attending GED classes.

## SECTION VII

### **RULES FOR PARTICIPANT COURT SESSIONS**

Your regular court appearances are an important part of your treatment plan. The DAC team, court staff, your fellow participants, and the courtroom environment deserve respect. The rules for court appearances are meant to make sure you and all other DAC members get as much as possible out of these session.

**Be on time.** You must be in the courtroom and in your seat before the judge enters the courtroom.

**Pay attention to all participants and their conversations with the judge.** Court sessions are for gaining knowledge and offering support. You are not allowed to do anything that might distract you or others. This means:

- **NO side conversations; personal conversations should take place elsewhere**
- **NO food, chewing gum, or drinks, except water in a container that can be completely closed**
- **NO cell phones or other electronic equipment (tablets, laptops, readers)**
- **NO smoke breaks**

Participants are expected to remain in the courtroom during DAC proceedings. If it is absolutely necessary that you have a restroom break, you must ask permission from a DAC team member.

**If you use a cell phone or other electronic device during a participant session, it will be taken from you and you will have to complete a sanction before it is returned to you.** Leave your cell phone in your vehicle. You may also choose to bring it into the courtroom and give it to a team member for safekeeping during the session.

While they are legally allowed to be present, it is not recommended that infants or small children attend court, because they are not old enough to understand proper courtroom behavior and can be a distraction to you or others. **Do not bring children to court with an expectation you will get to leave court early and/or leave the courtroom.**

**You should follow these rules in the courtroom whether team members are present or not.**

## SECTION VIII

### **COURTROOM ATTIRE/COURTHOUSE ATTIRE**

Participants must wear appropriate clothing in the courtroom or when visiting the courthouse. You may be asked to change your clothes if a DAC Team member or court staff member notices that you are wearing inappropriate clothing.

Appropriate clothing is clean and neat, and it does not have tears or holes. You should avoid athletic wear.

If coming from work, you may change in the bathroom to appropriate clothes. If, due to time or transportation constraints, you must attend court directly from work that results in dirty clothing, please contact the DAC Coordinator to request an exception.

You may consult with the DAC Team if you have questions concerning what clothing is appropriate to wear while participating in the program or if you need help finding proper clothing.

What not to wear:

- Clothes bearing, promoting, or advertising drug, alcohol, or gun related themes
- Clothes containing profanity
- Gang colors or gang clothing
- Sunglasses
- Hats, caps, or bandanas
- Unbuttoned shirts
- Pants sagging below the waist
- Clothing that reveals undergarments
- Shirts or blouses without sleeves
- Dresses or skirts that do not reach mid-thigh
- Shorts
- See through clothing
- Low cut dresses, shirts, or blouses that show excessive cleavage
- Bathing suits, crop or tube tops, or other clothes not fully covering the stomach
- Flip-flops

## SECTION IX

### RESPONSES TO BEHAVIOR

When a participant **consistently cooperates and participates** in DAC, the Judge may, at her discretion, reward a participant with one or more of the following:

- Praise or applause from the Judge, Team, and/or other participants
- Movement to the top of the docket and leaving court early
- Entry into Court drawing
- An award certificate, a gift certificate, or a book
- A decrease in court appearances
- A decrease in fees
- Or other incentives as agreed upon by the DAC team

For incentives, the court utilizes incentive tickets. Participants may earn incentive tickets for exhibiting behavior that supports their recovery. Tickets are awarded for:

- Honesty
- Negative Drug Screens
- Arriving on time to appointments
- Meeting Treatment and Case Management Goals
- Obtaining or advancing in employment and education
- Drug Free Days

Tickets may be awarded by any member of the DAC team. Tickets will be entered into a drawing at Court for a special incentive.

If a participant **fails to comply** with DAC rules, the DAC contract, or other obligations imposed by the DAC Team, the Judge, at her discretion, may sanction a participant with one or more of the following:

- Admonishment
- Reading/writing assignments
- Presentation to the court
- Additional community service
- Movement to the end of the DAC docket
- Observation of other court dockets
- Curfew, house arrest, electronic monitoring

- Geographical restrictions
- Incarceration
- Termination from DAC
- Or other sanction as agreed upon by the DAC team

Honesty is an important part of DAC, and being honest will lead to less severe sanctions.

## **SECTION X**

### **FAILURE TO PROGRESS**

Participants may be placed on a “Phase Progression” plan for repeated failure to achieve programmatic expectations. “Phase Progression” is a 30-60 day period in which the participant must meet weekly treatment and case management goals/objectives. Participants will be provided with a plan that details the specific goals/objectives and areas for improvement. Failure to meet the goals may result in termination from the drug court program. In addition to “Phase Progression” plan the participant must maintain compliance with all established rules and regulations found in the DAC handbook and contract.

## **SECTION XI**

### **TERMINATION**

DAC will employ incentives and sanctions to make successful completion achievable and expulsion from the program difficult. Nevertheless, certain circumstances may warrant termination.

Upon application to the DAC, a participant will be advised by defense counsel of the basis for termination, the DAC procedures for termination, and of the participant's rights at such a hearing.

The criteria will be as follows:

- Commission of a new offense; felonies are presumed to be a basis for termination, subject to hearing, misdemeanors on a case-by-case basis
- Substituting or otherwise tampering with a drug screen
- Chronic non-compliance evidenced by continued use, multiple missed groups, failure to follow program requirements, poor attitude, disruptive behavior, etc.
- Failure to contact and communicate with the DAC team or failure to attend any required DAC activities/obligations for 30 days
- Acts of violence or threats of violence against any DAC staff or team member
- Acts of violence or threats of violence against any DAC participant
- Disruptive, Disrespectful, or Belligerent Behavior
- Termination/discharge/or otherwise leaving a residential treatment program without prior permission from the Court
- Dishonesty
- Use of Synthetics

Upon a decision that termination shall be sought, the District Attorney shall notify the participant in writing as to the grounds upon which termination is sought and that the termination hearing shall take place at a later court date. The participant will be advised of his/her right to be represented by an attorney at the termination hearing, and shall have the right to hire an attorney or have one appointed in order to be prepared for said hearing the following week in Court.

Defense counsel shall, in representation of a participant in a termination proceeding, discuss with the participant the possibility of circumstances warranting recusal of the

presiding DAC judge and counsel shall assist the participant by filing a motion to recuse if deemed appropriate.

The State must show by a preponderance of the evidence that termination is appropriate. All termination hearings will be on the record and conducted in open court. The participant shall have the right to be heard and the opportunity to present evidence refuting any basis for termination, or to explain any mitigating circumstances.

## **SECTION XII**

### **MEDICAL/MATERNITY LEAVE**

DAC participants who are unable to comply with program policies and procedures due to a serious medical illness, birth of child or injury may apply for medical leave from the program while undergoing treatment. Before a request for medical leave is considered, the participant must provide the following information: Letter from the physician as to the nature of the illness/injury, necessity of the treatment, medication involved, recuperation period, prognosis, and expected date of release from care. Participants who are granted medical leave will be evaluated upon their return for placement in the program.

For participants expecting a child, any positive drug test will be reported to the treating physician. Full disclosure of status in DAC to the treating physician shall be required.

## SECTION XIII

### **MEDICATIONS, DRUGS, AND OTHER PROHIBITED SUBSTANCES**

DAC participants cannot use illegal drugs or alcohol. **All medication, whether over-the-counter or prescribed, must be authorized by the Team prior to it being taken.** Any prescription medications must be required by a doctor and you should not have any prescription filled before receiving approval from the Team. This prohibition includes dietary supplements and vitamins. Taking prohibited substances will make your recovery harder. Use of prohibited substances can also cause a positive drug test.

Unless otherwise approved by the Team, use or possession of the following substances is **NOT** allowed in the program:

- Narcotic painkillers such as Percocet (Oxycodone), Darvocet, Tylenol 3, Vicodin
- Barbiturates
- Benzodiazepines such as Ativan, Valium (diazepam), Xanax
- ADHD Medicine with Amphetamines such as Adderall, Dexedrine, Procentra
- Non-Narcotic Pain Medications: Tramadol and Ultram
- Tranquilizers
- Muscle Relaxers
- Methadone and Suboxone
- Stimulants or Caffeine Pills such as Vivarin or NoDoze
- Diet or weight loss aids
- Sleep Aids or hypnotics such as Ambien, Soma, Lunesta, or melatonin
- Sleepwalkers
- K2, Spice, salvia, morning glory, and any type of synthetic cannabinoid
- MDPV, Mephedrone, bath salts, and all designer drugs even if legal
- Herbal smoking mixtures
- Inhalants
- Poppy seeds or food containing poppy seeds
- Dietary Supplements and vitamins
- Allergy, cough, or sinus medication containing alcohol, codeine, dextromethorphan (DM), pseudoephedrine, phenylpropanolamine, diphenhydramine, doxylamine
- Any product sold with the warning that it is not for human consumption
- Alcohol and any product with alcohol such as hand sanitizer, mouthwash, Dayquil, cooking extracts, aftershave
- Other people's medications
- Vaping paraphernalia including e-cigarettes
- Psychoactive Botanicals (psychoactive plants and herbs) including Kratom

Below is a small list of approved medications:

- Pain and Fever Relief: Ibuprofen (Advil, Motrin), Naproxen (Aleve), Aspirin, Acetaminophen (Tylenol), Midol
- Skin: Benadryl Itch Stopping Cream, Cortaid, Preparation H, Monistat
- Stomach: Alka Seltzer, Beano, Maalox Tablets, Pepto-Bismol, Tums, Roloids, Pepcid AC, Prilosec, Mylanta, Ipecac
- Birth Control

Only take the basic form of an approved medicine. Do not take drugs made specifically for day or night use, such as Tylenol PM. Do not take allergy medications that have a decongestant or that you have to sign for to get. Medication should only be taken as directed by a doctor and package instructions.

**You must inform all medical professionals that treat you that you are in recovery as well as subject to drug and alcohol testing and that your medication must be approved. Explain that you cannot take any mood/mind altering substances as it will endanger your recovery and may result in a positive drug test.**

All prescriptions must be verified. It is **always your** responsibility to provide medical records to the Team to show that you need to take medication. If you are on medications for a medical condition, you must provide proof from your doctor that the medicine is medically necessary. It is your responsibility to ensure that taking the medicine will not create a false positive. Taking any unapproved medication is not an excuse for a false positive. You are required to gather written information from a pharmacist or doctor regarding whether a medicine you request to take has alcohol, ingredients that will cause a positive drug test, or addictive properties. You must also state all ingredients in the medicine.

When in doubt, don't take a medicine that has not been prescribed by a doctor who was informed that you are in recovery.

## SECTION XIV

### **DRUG TESTING**

Every participant is required to submit to random, frequent, and observed drug screens. Regular testing requires you to provide a urine sample while being observed by a medical professional, probation officer or another member of the DAC team or their representative. All participants are subject to urine, breathalyzer, and hair follicle as well as any other testing required at the discretion of the Team.

You must call the drug testing hotline between the hours of **5:00 a.m. to 9:00 a.m.** every morning to find out if you are required to drug test that day. The hotline number is **678-261-5870**. In the event that, for any reason, you cannot access the information by phone, it is your responsibility to report to the testing facility during scheduled drug testing hours.

Lab hours for collection of specimens are:

6:00 a.m. – 10:00 a.m. daily

You must be punctual and prepared to submit a specimen during the specified hours. Late arrivals will not be allowed to test and failure to submit a specimen will be considered a positive screen.

Upon reporting for a drug screen:

1. A staff member must accompany you at all times during drug testing
2. You must make sure that your name and the date is on your specimen bottle
3. You must disclose any drug use on the chain of custody form you complete upon sign in at the lab. Honesty prior to drug testing **will** be considered. Honesty is a crucial component for recovery and participation in the DAC program.
4. You will not be allowed to leave the testing area or to drink excessive fluids until a specimen is rendered.
5. A staff member must always witness the sample being given.
6. You may not carry purses, coats, bags, etc. into the testing area.
7. Shirt sleeves should be rolled up to the elbow and you may be requested to remove additional clothing to ensure the validity of a specimen.
8. The testing cup must contain a minimum of 20 mL of fluid to be adequate for testing.

You are responsible for limiting your exposure to products and substances that may cause a positive drug screen. This includes, but is not limited to, non-alcoholic beer and wine, flavoring extracts, herbal extracts, poppy seeds, communion wine, food cooked in wine, herbal remedies, mouthwash, breath strips, hand sanitizers, bug sprays, hair sprays, face washes, perfumes, and solvents.

Honesty is the foundation of this program. Flushed, adulterated, tampered, tainted, fake, or substitute urine is not acceptable. Sanctions will be imposed if a proper urine sample is not provided when requested. Avoid drinking large amounts of water or other beverages prior to providing the sample so the urine drug screen does not result in a dilute screen. Dilute urine samples are sanctioned as a positive or missed test, because a dilute sample cannot be accurately tested.

Sanctions will be imposed for positive tests. Sanctions will also be imposed for missed, dilute, and altered tests. If a participant disputes test results, he must do so upon receipt of the test results and by completion of the Positive Drug Screen Statement. If a disputed test is confirmed as positive, altered, or dilute, the cost of the confirmation test will be assessed to the participant. The cost of the confirmation test is \$ 65 per test.

Your test results are monitored by the team. If your sample approaches dilute or adulterated levels you will be required to maintain an intake log for a minimum of 30 days. You may also be required to report for 6 a.m. testing at the lab and remain until you provide a sample that is acceptable.

If you believe you have a medical condition that will cause a dilute screen it is your responsibility to obtain medical treatment and provide a physician's diagnosis to the team.

## SECTION XV

### PARTICIPANT FEES

All participants are required to make a financial investment in their treatment and in the DAC program. Phase One requires a participant fee of \$100, an Indigent Defense fee of \$50, and an initial materials fee of \$48. Phase One is designed to give you time to become familiar with the requirements of DAC, so the fee rate is reduced during this time. On the first Monday after your 60<sup>th</sup> day in the program, your participant fee increases to \$50 per week until your graduation. Fees begin at \$50 per week after 60 days, whether you have completed Phase One or not.

You will make your payments to the Cherokee County Superior Court Clerk's Office. You will receive a receipt from the clerk, and it is your responsibility to bring it to the DAC coordinator or case manager as they instruct you.

Fees accrue on Monday. Your fee must be paid by close of business day on Monday. If it is beneficial to you, you may pay in advance of your fee accrual. **If your payments are not current, sanctions will be imposed.**

A minimum fee payment is required before you can move to the next phase. Phase One is a minimum payment of \$198, so that amount must be paid before advancing to Phase Two; Phase Two is a minimum 4 month phase, so you must pay \$870 (4 months x 4.35 wks/mo x \$50/wk) before moving to Phase Three.

Phase	Minimum Fee before Phase Up
Phase One (2 months)	\$ 198
Phase Two (4 months)	\$ 870
Phase Three (4 months)	\$ 870
Phase Four (4 months)	\$ 870

If you remain in a phase longer than the minimum time required, you may be allowed to advance upon payment of the minimum fee for that phase, if you are otherwise eligible to phase up. However, your account will still be billed for every week you are a DAC participant. Therefore, not moving forward in program phases for non-compliance will result in additional fees being charged to you. **You will be charged a fee for every week you participate in DAC, and all fees must be paid in full before you are allowed to graduate.**

**Re-entry.** Participants are responsible for any balances that accrued prior to the order requiring their attendance at RSAT or Residential. Upon return to the program, fees accrue at \$ 50/week.

**Repeated failure to meet your financial obligations will hinder your ability to move through DAC successfully. Nonpayment will result in progressive sanctions and could eventually result in termination from the program.**

## SECTION XVI

### COMMUNITY OUTREACH PROJECT

You are required to complete a community outreach project and/or volunteer service prior to graduation. You choose the organization. You should focus on organizations that contribute to or benefit your community or a person or group in need. A person or agency should not benefit monetarily from your work. For example, you cannot work for free at a retail store or do home repairs for a person who has the physical or financial ability to complete those repairs. **Your outreach must equal 40 hours or 10 hours/month.**

## SECTION XVII

### CONTACT INFORMATION

<b>Drug Testing Phone</b>	678-261-5870
<b>DAC Coordinator</b>	678-493-6355
<b>Probation Officer</b>	770-479-2602
<b>Focus Counseling</b>	770-516-1050
<b>Indigent Defense Office</b>	678-493-6190
<b>Clerk of Court</b>	678-493-6511
<b>Cherokee Family Violence Center</b>	770-479-1804
<b>Anna Crawford Children's Center</b>	770-345-8100
<b>Georgia Legal Services</b>	404-206-5175
<b>CATS (Transportation)</b>	770-345-6238
<b>Chattahoochee Technical College</b>	770-528-4545
<b>Chattahoochee Tech Adult Education Program (GED)</b>	770-720-1685
<b>Cherokee County Health Department</b>	770-345-7371
<b>Poison Control</b>	1- 800-222-1222

If you are experiencing an emergency, call 911

### **HOSPITALS**

Northside Hospital - Cherokee  
705 Transit Avenue  
Canton, Georgia 30114  
770-345-6800

Piedmont Mountainside Hospital  
1266 Highway 515 South  
Jasper, Georgia 30143  
706-692-2441

Ridgeview Institute - Substance Abuse  
3995 South Cobb Drive  
Smyrna, Georgia  
770-434-4567

### **BASIC NEEDS**

Food Stamps (DFCS)	770-720-3610
Hope Center (baby supplies)	770-924-0864
Must Ministries	770-479-5397

North Georgia Community Action 770-345-6531  
Salvation Army 770-720-4316  
Society of St. Vincent de Paul 770-720-4316

### **CRISIS LINES**

Domestic Violence Hotline 770-479-1703  
Georgia Crisis & Access Line 1-800-715-4225  
Poison Control 1-800-222-1222  
Rape/Sexual Assault Hotline 770-427-3390  
CARES Warm Line 1-844-326-5400

### **EMPLOYMENT/EDUCATION**

Chatt Tech Adult Education (GED) 770-720-1685  
Georgia Department of Labor 770-528-6100  
Goodwill Industries (job search) 404-420-9900  
Must Ministries (GED, job search) 770-479-5397  
Vocational Rehabilitation 770-720-3570

### **HEALTHCARE**

Bethesda Community Health Clinic 678-880-9654  
Canton Health Department 770-345-7371  
Good Samaritan Health & Wellness 706-253-4673  
Highland Rivers (mental health) 770-704-1600  
Woodstock Health Department 770-928-0133  
Southside Medical Center (dental) 404-564-6801

### **HOUSING RESOURCES**

Canton Housing Authority 770-479-4969  
Cherokee Family Violence Center 770-479-5397  
Must Ministries 770-479-5397

### **SUBSTANCE ABUSE**

Alcoholics Anonymous Georgia 404-525-3178  
Alcohol & Drug Helpline 1-800-905-8666  
CMANS/Drug Tip Line 770-345-7920  
Georgia Highland Rivers Center 770-704-1603

## **SECTION XVIII**

### **APPENDIX**

**Participant Contract**

**Waiver of Recusal Issues**

**Waiver of Rights**

**Consent for Release of Information**

**Support Group Attendance Slip**

**Participant Request Form**

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**Blue Ridge Judicial Circuit Drug Accountability Court**

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**PARTICIPANT CONTRACT**

*Carefully read the contract terms. Initial each term and then date and sign the contract.*

I agree to the following conditions of participation in the Blue Ridge Judicial Circuit Drug Accountability Court (DAC):

*General Terms and Obligations*

\_\_\_\_\_ I will attend, be on time to, and fully participate in all court sessions, office appointments, probation appointments, and treatment sessions as directed.

\_\_\_\_\_ I will obey all rules of the DAC program, including the rules and regulations outlined in the Participant Handbook and any rules imposed by the Team. I have been provided a participant handbook.

\_\_\_\_\_ I will allow random home visits by Team members or their designees and comply with drug or breathalyzer tests as directed. I will submit to a search of my person, residence, vehicle, papers and/or personal items, without requiring probable cause to conduct the search, and without there being a warrant, any time of the day or night whenever required to do so by a probation officer, law enforcement officer or drug treatment staff, and I specifically consent to the use of anything seized as evidence in any court proceeding.

\_\_\_\_\_ I agree to be supervised by the DAC Probation Officer, DAC Law Enforcement Representative and any other person designated by the Team. I will maintain contact with my probation officer as directed.

\_\_\_\_\_ I will comply with all DAC obligations and treatment recommendations, attend support meetings as directed and provide verification, and obtain a sponsor.

\_\_\_\_\_ I will pay all fees in a timely manner. I understand that I am obligated to pay fees for the time that I am enrolled in the DAC program, including time incarcerated due to a sanction.

\_\_\_\_\_ I will pay restitution as ordered.

\_\_\_\_\_ I will sign all necessary releases of information and consents waiving confidentiality of any medical, treatment, or social service records. If I withdraw my consent, I understand that I will be terminated from the DAC program.

\_\_\_\_\_ I will inform all medical providers that I am in a drug court program and am required to seek court approval before I use any medication.

\_\_\_\_\_ I will maintain a stable, drug and alcohol free residence. There will be no illegal drugs, alcohol, or program prohibited substances inside of my residence, on my property, or within my possession.

\_\_\_\_\_ I will seek employment, be employed, be in school, or be working on my GED, unless the Team approves otherwise. I understand that I may be required to prove my efforts to find work and may be required to do community service if I am unemployed.

\_\_\_\_\_ I will not change jobs or terminate my employment without first receiving approval from the Case Manager.

\_\_\_\_\_ I will support my legal dependents to the best of my ability. If I am a non-custodial parent, I will be required to open a child support recovery case or have a court order as part of my case management plan if I do not have a court order in place. In the event a court order is in place, I understand I must provide the order to the Case Manager and be in compliance with said order.

\_\_\_\_\_ I will comply with any treatment plan imposed by DAC. I understand that the DAC plan does not change any other court order I am required to follow.

\_\_\_\_\_ I understand that I am responsible for my own transportation and that lack of transportation is not an excuse to miss or be late for any DAC activity.

\_\_\_\_\_ I understand that the program will last at least 18 months, or longer if the program requirements have not been met.

*Limitations*

\_\_\_\_\_ I will remain law-abiding, obeying state, federal, and local ordinances. I must report to my Probation Officer about any contact with law enforcement, whether or not I receive a ticket or am arrested. This also applies if I am with other people who are stopped. When in doubt, I will communicate with my Probation Officer.

\_\_\_\_\_ I will obtain documented permission from the Coordinator or Case Manager prior to traveling outside Cherokee County.

\_\_\_\_\_ I will not possess a firearm or a knife exceeding six inches in blade length while in the drug court program. I will not bring any weapons of any kind to any court or treatment meeting or activity.

\_\_\_\_\_ I will not cohabitate with any other DAC participant. I will not have an intimate relationship with any other DAC participant.

\_\_\_\_\_ I will not sell, purchase, or barter goods and/or services to/from other participants or their family members nor will I receive or lend money to other program participants.

\_\_\_\_\_ I will avoid contact with people currently on probation or parole and people with felony convictions, drug users and drug dealers. I understand I may not be allowed to live with people on probation, parole, or people with felony convictions unless approved in advance by DAC.

\_\_\_\_\_ I understand that I will come into contact with other participants of Drug Accountability Court. Contact with other DAC participants outside of court and treatment is only permitted if it is supportive of recovery. During Phase I, I am not permitted to share rides or have contact with other participants in the program.

\_\_\_\_\_ I will comply with a Curfew as designated in the participant handbook while in DAC.

\_\_\_\_\_ I agree that I will establish a residence and provide the DAC Coordinator and Probation Officer with that address. I further understand that said residence is the place where I will be living including spending the night/sleeping.

\_\_\_\_\_ I will not change residence without prior approval.

\_\_\_\_\_ I understand that participation in the DAC requires that I maintain residence in Cherokee County.

\_\_\_\_\_ I understand that I may be searched at any location at any time, and other people accompanying me may also be requested to submit to drug testing or a search. Their failure to do so can result in sanctions or restrictions on me, as it is my responsibility to be in a sober and law-abiding environment.

*Drug Use and Testing*

\_\_\_\_\_ I agree to random drug and breathalyzer testing as directed by the Team. I will report any use of drugs and/or alcohol to the Coordinator or my Probation Officer.

\_\_\_\_\_ I will not engage in behavior to dilute, substitute, or alter any urine, breath, oral, blood and/or hair sample I may provide. I understand that a late, missed, insufficient, diluted, or otherwise tainted test is subject to the same sanctions as a positive test.

\_\_\_\_\_ I will not possess or consume any mood-altering chemicals (illegal drugs, synthetic marijuana, bath salts, alcohol, prohibited substances or controlled substances).

\_\_\_\_\_ I will not use any prescription drug (i.e. muscle relaxer, pain medication) or over-the counter medications without prior approval from the Case Manager, unless noted in the Participant Handbook. Before seeking approval for use of a medicine, I am responsible for first confirming with a pharmacy or medical professional that these medications are non-addictive and do not contain alcohol. It is my responsibility to read product labels and inspect them before I use them to make sure that I am not using products containing alcohol, other substances, or medications not approved by the Team.

\_\_\_\_\_ I agree that the court may rely on the presumptive chemical test result. I may request further confirmation if I disagree with the result in writing within the time and in the matter fixed by the agency administering the test. If the confirmation shows that the test is positive, I will bear the cost of the test, and I understand that the Judge may impose sanctions for both a positive drug screen as well as being untruthful.

*Sanctions and Termination*

\_\_\_\_\_ I understand that any breach of this contract will result in a review of my case to determine my continued participation in the DAC program or the imposition of court ordered sanctions including incarceration or termination.

\_\_\_\_\_ I understand that a failure to appear for a court date may result in a bench warrant.

\_\_\_\_\_ I will notify the Coordinator at least two hours in advance when any illness or other emergency circumstance prevents me from attending a scheduled meeting or treatment session. I understand that this does not prevent sanctions from being imposed.

\_\_\_\_\_ I understand that if I am found to be under the influence of drugs or alcohol when I arrive for court, a treatment session, or a probation meeting, I will not be allowed to participate. It will count as a missed appointment. I will follow the direction of the Team members or their designees for my safety and the safety of others.

\_\_\_\_\_ I understand that I shall be terminated from DAC if I commit or threaten to commit any act of violence against the Team, their staff members, or other DAC participants. I will be entitled to a hearing in this situation.

\_\_\_\_\_ I understand that I will be terminated from DAC if I abscond from the program for 30 days or more. I will be entitled to a hearing in this situation.

\_\_\_\_\_ I understand that if I am terminated, the DAC defense attorney no longer serves as my attorney in any capacity, unless otherwise appointed or retained.

**I understand that the Court shall have the right to amend or modify any terms of this contract after notice to and agreement by me. I further understand that if I do not agree to modification to this contract, I may no longer be allowed in the DAC program.**

**I am not under the influence of drugs or alcohol, and I am signing this contract knowingly and voluntarily.**

**I have read this document, or my lawyer has read it to me. I understand that participating in DAC is a privilege, not a right. This Participant Contract requires me to waive certain rights, as set forth in and in the Waiver of Recusal Issues and in the Waiver of Rights. I am signing this Contract after I have discussed it fully with my attorney. I fully understand this document. By signing this contract, I am telling the Court that I understand and agree to the above conditions.**

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defense Attorney Name

\_\_\_\_\_  
Signature of Defense Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
David Cannon, Judge  
Blue Ridge Judicial Circuit

\_\_\_\_\_  
Date

**IN THE SUPERIOR COURT OF CHEROKEE COUNTY  
STATE OF GEORGIA**

STATE OF GEORGIA )  
 )  
 )  
vs. ) CRIMINAL ACTION NO. \_\_\_\_\_  
 )  
 )  
\_\_\_\_\_ )  
 )

**WAIVER OF RECUSAL ISSUES**

The above Defendant and his/her counsel, acknowledge that as a consideration for acceptance and/or continued participation in the Blue Ridge Circuit Drug Accountability Court (DAC) program:

- 1) The above case will be assigned to the DAC before the Honorable David Cannon or his designee.
- 2) Throughout the course of the Defendant's participation in DAC, Judge Cannon will receive information about the Defendant's compliance with the requirements of the program, as may be given to her by the DAC Team.
- 3) That should a motion to terminate the Defendant's participation from DAC be brought, the motion will be assigned to Judge Cannon.
- 4) That should the DAC participant fail to complete the program and be terminated from said program; the above case shall remain assigned to Judge Cannon.
- 5) Understanding that the assignment of this case is to Judge Cannon throughout all proceedings until ultimate disposition of the case, irrespective of the above Defendant's success or failure to complete the DAC program, the above Defendant hereby waives his/her right to assert any of the following as reasons for a motion to recuse the assigned Judge:
  - a) The Judge's personal involvement with the DAC participant during his/her participation in the program;
  - b) The Judge's knowledge, as a DAC team member, of the Defendant's compliance or non-compliance with the requirements of the program; or
  - c) The Judge's decision to terminate the participant from the DAC program on the basis of his/her failure to comply with such requirements.

The above Defendant and DAC participant hereby freely, voluntarily and knowingly waives the the right to assert the foregoing as grounds on a motion to recuse and acknowledges that s/he has done so after receiving the advice of his/her attorney.

This \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_.

\_\_\_\_\_  
Attorney for the Defendant/DAC Participant

\_\_\_\_\_  
Defendant/DAC Participant

**IN THE SUPERIOR COURT OF CHEROKEE COUNTY**

**STATE OF GEORGIA**

STATE OF GEORGIA )  
vs. )  
 ) Criminal Action No. \_\_\_\_\_  
\_\_\_\_\_ )

**Waiver of Rights**

The above Defendant and his/her counsel acknowledge and agree to the following, as a consideration for acceptance and/or continued participation in the Blue Ridge Circuit Drug Accountability Court (DAC):

I understand that as a condition of my acceptance and/or continuing participation in Drug Accountability Court I will be required to waive certain rights, specifically:

- 1) I understand that under the United States Constitution and the Constitution of Georgia I have the right to confront and question any witnesses who may testify against me;
- 2) As a condition of my voluntary participation in DAC, I hereby expressly waive, for the purposes of any sanction or termination proceeding, any right of confrontation I may be afforded under the United States Constitution and the Georgia Constitution to confront, cross-examine, and question any witness from any laboratory used by DAC in any confirmation test; and
- 3) I understand and agree that should a motion to terminate or a motion for sanctions be brought, I expressly waive the right to confrontation of any lab technician who participated in the testing of my supplied specimen, and I agree and stipulate to the reliability and admissibility of my drug test results as performed by any laboratory used by DAC in a confirmation test.

This is a waiver of the evidence in the State’s case-in-chief. Nothing in this waiver shall prevent me from exercising my ability to subpoena a witness from the testing facility and pay the required costs to obtain the witness on my own, or to make arrangements myself to have such witness testify by telephone or videoconferencing. I understand that I am entitled to review any written test results from such confirmation test and to consult with the DAC defense attorney or private counsel about those results.

The above Defendant/ DAC participant hereby freely, voluntarily, and knowingly waives the above out-lined rights in any termination or sanction proceeding and acknowledges that s/he has done so after receiving the advice of his/her attorney.

Participant Name	Signature of Participant	Date
Defense Attorney Name	Signature of Defense Attorney	Date
	David Cannon, Judge Blue Ridge Judicial Circuit	Date

## **CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, hereby consent to communication to, between, and among the Blue Ridge Judicial Circuit Drug Accountability Court (DAC) team to include Superior Court Judge, District Attorney, DAC Defense Attorney or designee, Treatment Provider(s), DAC Law Enforcement representative or designee, DAC Coordinator, Evaluator, Grant Manager, and any other associated or referring agency.

The purpose of and need for this disclosure is to inform the Court and other above-named parties of my eligibility and/or acceptability for substance abuse treatment services, to determine the proper treatment placement and regiment, and to evaluate my treatment attendance, prognosis, drug testing results, compliance, overall cooperation, and progress in accordance with the DAC criteria.

Disclosure of this confidential information may be made only as necessary for and pertinent to hearings and/or reports concerning my current case to the above listed parties or their designees. Re-disclosure and use of this confidential information may be done only to carry out one's official DAC duties.

Disclosures may also be made in the event of a medical emergency, in the event of crimes committed on the program premises or against program staff, and to researchers/outside auditors. However, information will only be disclosed to researchers/outside auditors only if participants are not identified.

Disclosures will be made as the result of valid court order or relevant state law.

I understand that disclosures may be made of my HIV/AIDS status, or Hepatitis C status, however, such disclosures are only authorized as they pertain to my treatment and treatment options within the DAC program.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with DAC, such as the determination that I am not eligible for the program, the discontinuation of all court and/or probation supervision upon my successful completion of the DAC requirements, or court-imposed termination from the DAC program.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, Part 2 of Title 42 of the Code of Federal Regulations and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Parts 160 and 164 of Title 45 of the Code of Federal Regulations which govern the confidentiality of substance abuse patient records, and that recipients of this information may re-disclose it only in connection with their official duties.

I recognize that my sentence is placed in an open and public court record, that my review hearings are held in an open and public courtroom, and that it is probable that an observer could connect my identity with the fact that I am in treatment as a condition of participation in DAC. I specifically consent to this potential disclosure to third persons.

I understand that in order to be considered for participation in DAC, I must allow my medical and treatment providers to furnish medical information about me to the DAC Team for as long as I am participating in DAC. I understand that if I choose to revoke this authorization it must be by written notice. I understand that grounds for immediate termination from DAC include my refusal to consent to disclosure or an attempt to revoke my consent prior to the expiration of this consent.

I have been provided a copy of this form.

I have read this document, or my lawyer has read it to me. I fully understand this document. I acknowledge that I have been advised of my rights by legal counsel or have voluntarily waived the right to an attorney. I fully understand my rights. By signing this waiver, I am telling the Court that I understand the rights I am giving up and that I wish to be accepted into DAC.

I am not under the influence of drugs or alcohol, and I am signing this Consent knowingly and voluntarily.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Defense Attorney

\_\_\_\_\_  
Date

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Blue Ridge Judicial Circuit Drug Accountability Court

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**SUPPORT GROUP MEETING VERIFICATION**

Day of Week	Date	Time	Group Name & Location	Topics Discussed	Discussion Leader's Signature
MON.					
TUES.					
WED.					
THUR.					
FRI.					
SAT.					
SUN.					

Participant Name: \_\_\_\_\_ Participant Signature: \_\_\_\_\_

Sponsor's first name: \_\_\_\_\_ Date of Last Sponsor Contact: \_\_\_\_\_

**This form is due every Monday by 5pm to get credit for your meetings.** Only one meeting per day is counted towards the requirement.



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Blue Ridge Judicial Circuit Drug Accountability Court

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**PARTICIPANT REQUEST FORM**

Participant Name: \_\_\_\_\_ Phase: \_\_\_\_\_

I am requesting to:

- Miss a required (*circle all that apply*): court appearance // treatment session // 12-Step meeting // probation meeting
- Change Address \_\_\_\_\_
- Change in Household members \_\_\_\_\_
- Begin//Change//Terminate Employment \_\_\_\_\_
- Leave Cherokee County to go to \_\_\_\_\_
- Extend Curfew until \_\_\_\_\_
- Travel Overnight (complete the form on the back)
- Other: \_\_\_\_\_

Reason for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request dates: \_\_\_\_\_ to \_\_\_\_\_

I have attached proof of an event, employment, or medical professional certification and contact information, as applicable.

I understand that I may be asked to revise this form if the team requests more information.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

*This form not to be used to request modification of sentence conditions, sanctions, or other court orders. Consult with DAC Defense Attorney if you have questions.*

*For Office Use Only:*

Date Received \_\_\_\_\_ Date Considered \_\_\_\_\_ Approved: Y / N Initials: \_\_\_\_\_

Reason/Additional Information: \_\_\_\_\_

Logged in IMS \_\_\_\_\_ Date calendared for staffing review \_\_\_\_\_

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Blue Ridge Judicial Circuit Drug Accountability Court

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**OVERNIGHT TRAVEL REQUEST FORM**

Participant Name: \_\_\_\_\_ Phase: \_\_\_\_\_

This form MUST be filled out in full. Incomplete requests will not be considered.

- Date and amount of last probation payment \_\_\_\_\_
- Address where I will be staying  
\_\_\_\_\_
- Who will be present with me on my trip  
\_\_\_\_\_
- Dates of the trip \_\_\_\_\_
- Alternative Drug Testing Lab information
  - Name of facility \_\_\_\_\_
  - Days and hours of operation \_\_\_\_\_
  - Cost of test \_\_\_\_\_
  - Phone number \_\_\_\_\_
  - Address \_\_\_\_\_
  - Lab tests for ETG and dilute samples? \_\_\_\_\_

I understand that I may be asked to revise this form if the team requests more information.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

*This form not to be used to request modification of sentence conditions, sanctions, or other court orders. Consult with DAC Defense Attorney if you have questions.*

*For Office Use Only:*

Reason/Additional Information: \_\_\_\_\_

Logged in IMS \_\_\_\_\_ Date calendared for staffing review \_\_\_\_\_