

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, OHIO

THE STATE OF OHIO, :
 :
 Plaintiff, :
 : Case No.
 v. :
 : JUDGE JAMES P. SCHUCK
 , :
 :
 Defendant. :

**ACKNOWLEDGEMENT OF REQUIREMENTS OF THE
RECOVERY DOCKET AND JOURNAL ENTRY ACCEPTING THE
DEFENDANT ONTO THE RECOVERY DOCKET**

I wish to be placed onto the Recovery Docket and am willing to participate and comply with all terms and conditions set forth in the participant handbook, which I have reviewed.

I understand everything that is in the participant handbook and have had the opportunity to ask questions about anything of which I am uncertain or unclear.

I understand that this participation agreement outlines the process and requirements of the Recovery Docket.

1. I understand that by entering the Recovery Docket, I will be waiving some of my constitutional rights, such as (A) my right to due process, (B) my right to be represented by an attorney, (C) my right to remain silent and my privilege against self-incrimination, (D) my right to freely associate with persons of my choosing, and (E) my right to be free of some searches and seizures. I also understand that I have the ability to rescind these waivers at any time and that the consequences for rescinding may include unsuccessful termination from the Recovery Docket.

_____initial

2. I understand that I will be given a Court Services Plan and a Treatment Plan and I will have to comply with those plans. I further understand that the Court Services Plan and Treatment Plan will be amended as I progress through the phases of the Recovery Docket. The minimum length of the program is 12 months and it will have four phases. I will be responsible for paying court costs, fines, restitution, and supervision fees. I may also have to complete community service.

_____initial

3. I am expected to willingly attend all individual and group-counseling sessions, educational sessions, and activities or assessments as required by my counselor.

_____initial

4. I will sign all necessary releases of information. I understand that I will be placed in appropriate treatment programs as soon as possible and am required to attend those programs. I understand that I will keep confidential all the names of the participants and information obtained in the status-review hearings and group sessions. I will cooperate with all the treatment services outlined in my treatment plan and in any later or amended treatment plans from my treatment provider, including any additional assessments. I further understand that I may also have to attend sober-support or community-support groups.

_____initial

5. I understand that my ability to pay any court costs, fines, restitution, or supervision fees will not be taken into account as part of my admission to the Recovery Docket and that the Court will make reasonable accommodations for me based on my ability to pay any of those financial obligations.

_____initial

6. I understand that I am being placed on reporting supervision pursuant to the terms of my community control or intervention in lieu of conviction. This is in order to monitor my compliance. I will be expected to report to my probation officer to provide urine samples, pay supervision fees, and verify payment of court costs and restitution. I understand that my

probation officer will discuss my case and overall performance with the treatment team prior to each docket hearing and in ongoing communication with my treatment provider. I understand that I have a right to request attendance of defense counsel at treatment-team meetings at my own expense.

_____initial

7. I understand that progress through the phases of the Recovery Docket are based on how well I am progressing with my Court Services Plan and Treatment Plan and complying with the requirements of the Recovery Docket. There are no pre-set timelines for completing each phase.

_____initial

8. I understand that repeated non-compliance with the requirements of my Court Services Plan or Treatment Plan may result in my dismissal from the Recovery Docket and could result in further sanctions. Sanctions may be graduated and may include incarceration. Furthermore, I understand that by complying with my Court Services Plan and Treatment Plan and the Recovery Docket, I will be rewarded for my compliance.

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9. I agree to attend all Recovery Docket status-review hearings as part of the important judicial interaction between me and the Judge. I understand that, at a minimum, I will attend two status-review hearings monthly during the initial phase and regularly as scheduled thereafter.

_____initial

10. I understand that I will be randomly and frequently tested for drugs and alcohol and that all tests will be direct-observation collections using a same-sex collector.

_____initial

11. I am expected to remain free from alcohol and all other illegal mood-altering substances up to and including designer drugs unless otherwise prescribed by a physician and approved by my probation officer.

_____initial

12. I understand that if I am late for a test or miss a test, it will be considered a positive test for drugs/alcohol and that I will be sanctioned. If I refuse to submit a urine sample, it will be reported as a refusal to test. I understand that I must provide a urine sample that is negative for all drugs or I will be immediately sanctioned.

_____initial

13. Urine samples will also be analyzed for temperature, specific gravity, Creatinine, and other chemical markers to ensure a valid urine specimen. I understand that if I fail to produce a urine specimen or if the sample provided is not sufficient quantity, it will be considered a positive test for drugs/alcohol and I will be sanctioned. I have been informed that drinking excessive amounts of fluids can result in a diluted urine sample and I understand that my urine sample will be tested to ensure the urine is not diluted. I understand that if I produce a diluted urine sample it will be considered as a positive test for drugs/alcohol and will result in immediate sanctioning and may be grounds for revocation from the Recovery Docket. I understand that substituting a sample, submitting the sample of another, or adulterating my specimen for the purposes of changing the drug-testing results will be considered a positive test for drugs/alcohol and will result in immediate sanctioning and may be grounds for revocation from the Recovery Docket. My test results will be shared at the treatment team meetings. Furthermore, I understand that the Judge will be notified immediately of any violations of the above.

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14. I understand that any noncompliance on my part will be governed by immediate and graduated sanctions, which may include incarceration.

_____initial

15. I understand that in order to successfully complete and graduate from the Recovery Docket, I must complete all phases, remain abstinent for 180 days, have complied with the terms of my community control or intervention in lieu of conviction, and paid all court costs, supervision fees, and restitution, if ordered.

_____initial

16. I understand that I may be terminated from the Recovery Docket for continued noncompliance with treatment, treatment resistance, new criminal convictions, or a violation of my community control or intervention in lieu of conviction. I further understand that the consequences of termination from the Recovery Docket could be loss of further eligibility for the Recovery Docket, further legal action including revocation of intervention in lieu of conviction, the filing of a community-control violation against me, the imposition of a jail, CBCF, or prison term against me, and other penalties.

_____initial

17. I understand that the consequences of termination from the docket could include the loss of further eligibility for the Recovery Docket, further legal action including revocation of any intervention-in-lieu status, the filing of a community-control-violation motion which could subject me to a jail or prison term, or other penalties. I also understand that the Recovery Docket will not impose a jail sanction on me for non-compliance without providing notice, a hearing, and representation of me by an attorney. A docket participant may waive the right to a hearing, as long as the participant had the right to consult with an attorney and any waiver is made knowingly, intelligently, and voluntarily.

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18. I understand that it is my responsibility to inform all treating physicians of my mental illness and/or recovery from drugs and/or alcohol before I am given any addictive medication and that I am subject to drug testing. If a doctor believes that it is necessary to prescribe medication such as narcotic pain medication or any other medication that will yield a positive urine screen, the physician must submit a letter to the Recovery Docket probation officer stating that he/she is aware of my status as a recovering addict/alcoholic and that the need for this medication outweighs the risks. I must have a letter prior to taking any medication that will cause a positive screen. If I test positive and do not have a letter from my doctor, I will be sanctioned immediately. I further understand that there may be over-the-counter medications that I may not take. In cases of emergency-

room care, I understand that all emergency-room orders and discharge information will be made available to the Recovery Docket probation officer no more than seven days after my release from the hospital, and all prescriptions must be cleared by a primary-care physician before I can continue taking the medications without sanctions. A pattern of visits to the emergency room for ailments that require opiate treatment may cause me to be brought back before the Court at the discretion of the Recovery Docket team.

_____initial

19. I understand that I must bring all of my prescriptions in the original bottle to appointments with my probation officer.

_____initial

I understand that the conditions listed above are required parts of my community-control supervision. These requirements are also listed in the participant handbook, which I understand will be given to me during an upcoming orientation session with the Recovery Docket coordinator and/or the Recovery Docket probation officer.

I have read this Acknowledgement and understand this agreement. I freely and voluntarily relinquish the rights discussed and agree to abide by all rules and conditions of the Recovery Docket. After consultation with my attorney I hereby sign the Acknowledgement of Requirements of the Recovery Docket.

Participant

Date

Having reviewed the Recovery Docket Screening Recommendation and eligibility requirements, the Court hereby accepts this case and the Defendant for the Recovery Docket.

Judge James P. Schuck

Date

cc: Assistant Prosecuting Attorney
Defendant
Recovery Docket Probation Officer
Specialized Docket Coordinator