

**STATE OF NEW JERSEY DRUG COURT PROGRAM**  
**PARTICIPATION AGREEMENT**

STATE OF NEW JERSEY

VS

\_\_\_\_\_

VICINAGE : Ocean County

PROMIS/GAVEL \_\_\_\_\_

DOB \_\_\_\_\_

SBI # \_\_\_\_\_

I understand that I have been accepted to participate in the State of New Jersey Drug Court Program . As a condition of participation, I will be required to enter a guilty plea and a sentence will be imposed. I will be under the supervision of the Drug Court Judge and the Probation Division. I will be required to enter into and successfully complete drug treatment as directed. I further understand that if I am terminated from the program, I will be sentenced in accordance with the plea agreement. I understand that I must consent to the following:

1. I agree to cooperation in all evaluations and assessments required by the court to determine appropriate substance abuse treatment and/or rehabilitative needs. I understand that compliance with treatment recommendations is mandatory.
2. I agree to cooperate with the Drug Court Program, probation staff and the treatment providers. I will keep all scheduled court appearances and appointments.
3. I agree to sign all waivers necessary to release information to monitor my progress in the Drug Court and to evaluate the treatment aims of this program. I further agree to sign releases which will allow the Drug Court team to review diagnostic and treatment information.
4. I agree that I will not use or possess any alcohol or illegal drugs at any time. I agree to submit to random urine testing. I understand that the results obtained will be used to assist the courts and treatment providers in evaluating my progress. Test results may be used by the Drug Court team to see if I am progressing satisfactorily, if my treatment plan needs modification, if intermediate sanctions should be imposed or if I should be terminated or graduate from the Drug Court Program.
5. I agree to participate in the Drug Court Program until successfully discharged from all phases of the program including in-patient and out-patient treatment.
6. I agree to participate in any educational treatment or rehabilitation program ordered by the Drug Court .
7. I agree to abide by the rules and regulations of probation supervision and any special conditions ordered by the court. I understand that I will be under probationary supervision for a term not to exceed five (5) years.
8. I agree to inform the Drug Court , probation officer and treatment provider of any new arrests.
9. I agree that I may be subject, at any time, to a search conducted by a probation officer, without a warrant, of my person, place of residence, vehicle or other personal property.
10. I agree that my participation in the Drug Court Program may be terminated if I fail to make satisfactory progress

toward completion of the program.

11. I agree that my participation in the Drug Court Program may be terminated if I am rearrested, test positive for drugs or alcohol or fail to meet any of my court-ordered obligations. I further understand that the court can impose sanctions, including county jail time, rather than terminate my participation in the program. I understand that sanctions may be increased and may include termination from the program.

12. I understand that I have a right to an attorney during all court proceedings. If I am unable to afford an attorney, I may be eligible for Public Defender representation. I further understand that if I have any questions concerning Drug Court I should discuss them with my attorney.

13. I acknowledge that I have been made aware of Public Law 2002 C. 60, which makes it a crime to knowingly defraud the administration of a Drug Court Urine Test resulting in up to 18 months in the New Jersey State Prison.

14. OTHER:

I am represented by counsel and have been advised of the consequences of non-compliance as well as the potential rewards for successful participation in the State of New Jersey Drug Court Program . I have either read these conditions, reviewed them with my attorney or had them read to me. I understand and consent to the terms of this contract. Having been so advised, I knowingly and voluntarily agree to participate in the State of New Jersey Drug Court Program .

PARTICIPANT

DATE

DEFENSE COUNSEL

DATE

DRUG COURT JUDGE

DATE