

UNITED STATES DISTRICT COURT
DISTRICT OF VERMONT

Federal Drug Court Participation and Consent Agreement

Name: _____

Case Number: _____

You have been invited to participate in the District of Vermont's Federal Drug Court ("FDC") program. We believe that you can succeed in this program and we look forward to working with you in overcoming your drug dependence. Participation in this intensive supervision program is entirely voluntary. By signing this form, you agree to participate in the program and fully comply with the counseling requirements as well as court orders issued under the program.

If you successfully complete the program, i.e. graduate, you will benefit by obtaining, at least, a time-served (non-incarcerative) sentence. The legal benefit for which you are eligible will be determined at the end of your participation in the program. The U.S. Attorney's Office must approve of any non-felony resolution based on your drug court participation. The overview of the program and the behavior we expect from you are set forth below. Please read this agreement carefully and consult with your lawyer before signing it.

FDC Program Overview

The FDC program will last a minimum of twelve months, with the possibility that it may be extended for up to twenty-four months or, when there are exceptional circumstances present, longer. The core of the program is two-fold. It requires regular court sessions at the U.S. District Court (in either Rutland or Burlington), as well as completion of a drug treatment plan. In addition, to successfully complete the program you must either be employed or enrolled in an education program, and you must have stable housing.

After an initial evaluation, a comprehensive treatment plan will be developed for you. It will include at a minimum regular meetings with U.S. Probation Officers and submitting to regular drug testing. Your treatment program may also include participation in a detoxification program and in-patient or out-patient substance abuse treatment. The U.S. Probation Officer assigned to you will assist you in complying with your plan. He or she will also provide assistance with vocational or housing needs.

The program will proceed in four phases of decreasing intensity. Phase One through Three usually requires attendance at court sessions every two weeks. Phase Four may require fewer court sessions and decreased supervision if the FDC judge, in consultation with the FDC Program Team, determines is appropriate in light of your progress. If you successfully complete your treatment plan and comply with the FDC program requirements, you will be eligible to graduate from the program.

What You Can Expect from the U.S. Probation Office

- You will be thoroughly evaluated and an appropriate treatment plan will be developed for you.
- Your probation officer will work with you to identify the problems you are facing and will propose referrals and resources.
- You will receive long-term, intensive personal attention from your probation officer.

What You Can Expect from the Court

- The FDC Judge will meet regularly with the other members of the FDC Program Team—your probation officer, the Assistant U.S. Attorney, the Drug Court Panel Attorney (who represents FDC participants), and the Clerk of the U.S. Court—to discuss your behavior and performance.
- The Judge will give you personal attention at regular court sessions; during the first three phases of the program, the court sessions will be held every two weeks.
- The Judge will discuss your positive progress and your setbacks openly with you. The Judge may give you a token gift, such as a gift card to a local coffee shop, to reward you for your successes.
- The Judge may impose sanctions for any misconduct. Sanctions may include:
 - Judicial reprimand
 - Written assignment (for example, write out an explanation for your non-compliant behavior and describe a plan to correct it)
 - Curfew
 - Geographic and associational restrictions
 - Community Service
 - Incarceration (usually for relatively short periods of time, depending on type of misconduct)
 - Termination from the Program and incarceration

What We Expect from You

- You must comply with the conditions of supervision.
- You must be honest.
- You must not use drugs.
- You must commit no violations of federal, state, or local law.
- You must obey the instructions of the Judge and of your probation officer.

- You must show up for meetings with your probation officer and for your court sessions, and you must be open and honest about your behavior.
- You must agree to sign release of information forms allowing your probation officer to speak with and receive information from your counselor(s) or medical treatment provider(s) about your progress.
- You must submit to drug testing as required.
- You must communicate regularly with your attorney and let him or her know when you are having trouble complying with the program requirements.
- By the end of the program, you must either be employed or enrolled in an educational program.
- By the end of the program, you must have stable housing.
- You must keep an open mind about your capacity to change, grow, and overcome your drug dependence.

Some people may not complete the FDC program for various reasons, including, continued drug abuse, dishonesty, reoffending, and/or failing to make sufficient progress towards the other goals of the program. If this happens, the judge will discuss the problem with you in court at the regular drug court sessions and may impose a sanction. If non-compliance with the FDC program continues, you may face termination from the program.

Termination from the program, for example, may be triggered when the U.S. Attorney's Office files a motion for revocation of your conditions of release (often filed with a request for an arrest warrant). These conditions of release are what permit you to live in the community while your case is pending before the court. If a motion for revocation is filed, your original lawyer will be reassigned to your case. You and your lawyer will receive notice of the basis on which revocation is sought as well as an opportunity to testify, to call witnesses or to offer mitigating evidence in a hearing before the judge. If your conditions of release are revoked and you are held in prison pending sentencing, you will be terminated from the FDC Program.

I have read and acknowledge that I understand the above terms and conditions of my participation in the FDC program and I agree to fully comply with the terms and conditions.

Participant

Date

I have advised my client of all of the terms and conditions of the FDC program and I believe that my client fully understands those terms and conditions, and knowingly and voluntarily seeks permission to participate in the FDC program.

Attorney for Participant

Date

UNITED STATES DISTRICT COURT
FOR THE
DISTRICT OF VERMONT

FEDERAL DRUG COURT

**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION
REGARDING SUBSTANCE ABUSE TREATMENT AND COUNSELING**

I, _____, the undersigned, have voluntarily agreed to participate in the Federal Drug Court ("FDC") in the District of Vermont. As a condition of my participation in the FDC program, I hereby authorize any and all substance abuse treatment, counseling, and any other programs to which I may be referred as part of the FDC program to release confidential information in their records, possession, or knowledge to the following members of the FDC Program Team: (a) United States District Court for the District of Vermont; (b) United States Probation and Pre-Trial Services for the District of Vermont, as well as any research partner working with Pre-Trial Services to evaluate the FDC program; (c) the panel attorney; and (d) the United States Attorney's Office for the District of Vermont.

The confidential information I hereby authorize to be released to the FDC Program Team will include, without limitation: date of entrance to the program or treatment; attendance records; drug testing results; type, frequency, and effectiveness of therapy (including psychotherapy notes); type and dose of medication; response to treatment; test results; date of and reason for withdrawal from the program or treatment; and prognosis.

I understand that, subject to any exceptions to confidentiality that may apply through federal or state law, the FDC program team will use the confidential information herein released only to evaluate my progress in the FDC program and my compliance or non-compliance with the terms and conditions of the FDC program, including the imposition of any sanctions (examples of sanctions are referenced in the Participation and Consent Agreement). The confidential information may also be used to evaluate the effectiveness of the FDC Program as a whole.

I understand that this authorization will remain valid until my termination or graduation from the FDC program. I understand that confidential information disclosed pursuant to this authorization may subsequently be used by members of the FDC Program Team to initiate or support an action alleging violation of the terms or conditions of my release, prepare a presentence report, make a recommendation regarding sentencing, and determine the appropriate sentence, as a result of which the information may no longer be deemed confidential and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization to release confidential information, in writing, at any time by sending notification to the United States Probation and Pre-Trial Services Officer assigned to supervise me in the FDC program. I understand that if I revoke this authorization to release

confidential information before I complete the FDC program, it may be considered a violation of the FDC program terms and may result in my termination from the program.

I have read this authorization to release confidential information, have discussed it with my attorney, understand its terms, and by signing below, I agree to it.

Signature

Date

I am the attorney representing the individual signing this authorization to release confidential information in connection with the FDC program and have discussed the terms of this authorization with this individual. I believe this individual understands the terms of this authorization and that this individual's agreement to sign this authorization is knowingly and voluntarily made.

Signature

Date