**[COURT NAME] Circuit Intervention Court**

**FAITH-BASED TREATMENT WAIVER**

The [COURT NAME] Circuit Intervention Court has recommended that I participate in a program for the treatment of substance use disorder. I understand that the [COURT NAME] Circuit Intervention Court may not compel me to participate in any treatment program having a religious component, unless I have also been offered a non-religious program alternative.

I understand that I have the right to choose not to participate in a faith-based treatment program, and I will not receive any sanction or retaliation from the [COURT NAME] Circuit Intervention Court for choosing to do so.

(Please check one of the following)

I freely choose to participate in the following treatment program with a religious component:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name

I freely choose to participate in the following non-religious treatment program, which was offered to me as an alternative:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intervention Court Coordinator Signature Date