**[COURT NAME] Circuit Intervention Court**

**ORIENTATION ACKNOWLEDGMENT FORM**

As each requirement is reviewed, have an intervention court staff member and the participant initial.

Court Staff Participant

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ (1) specific eligibility requirements for intervention court participation;

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ (2) the services offered by the certified intervention court directly or through referral;

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ (3) the requirements for successful completion of intervention court, including a description of the scheduling and attendance requirements for court dates, chemical testing, reporting, appointments with case managers or treatment providers, self- help and other group meetings, and other regularly scheduled requirements;

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ (4) conduct and behavior that could result in sanctions or termination from intervention court;

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ (5) possible sanctions for non-compliance with intervention court requirements;

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ (6) information about the treatment providers used by the intervention court;

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ (7) information about any costs to participants for the monthly fee, chemical testing, treatment expenses, and the procedure and schedule for paying those costs; and

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ (8) copies of the Participant Handbook and other information explaining all the rules for intervention court.

I acknowledge that I have received an explanation of the above items and that I understand the information that was provided to me.

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Participant Signature Participant Printed Name Date

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

Intervention Court Staff Witness Staff Witness Printed Name Date