[COURT NAME] CIRCUIT INTERVENTION COURT

IN THE CIRCUIT COURT OF [COUNTY] COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI

VS. CAUSE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

INTERVENTION COURT PARTICIPATION AGREEMENT

1. I understand that by signing this document I agree to complete the [COURT NAME] Circuit Intervention Court Program located in [COUNTY] County, Mississippi.
2. I understand that the program is designed to be completed within three years, the specific completion date to be determined by my progress within the program. I understand that the maximum length of the intervention court program is five years.
3. The intervention court program is designed to be completed in Five Phases. The following requirements must be met to progress through each phase.

 Phase 1-List your progression requirements and phase length.

 Phase 2-List your progression requirements and phase length.

 Phase 3-List your progression requirements and phase length.

 Phase 4-List your progression requirements and phase length.

 Phase 5-List your progression requirements and phase length.

1. I understand that I am entering this program as a result of the following(check all that apply):

\_\_ Guilty Plea

\_\_ Condition of Probation

**\_\_** Violation of Probation

1. I will participate in the [COURT NAME] Circuit Intervention Court Program as directed by the Court, including complying with my recovery treatment plan, complying with my supervision plan, and paying all court ordered fines and fees.
2. Prior to completing the program in its entirety, I am required to pay the following fines and fees as a condition of the program:

Monies To be Paid to the [COURT NAME] Circuit Court’s Circuit Clerk

\_\_\_\_\_\_\_\_ in Court fines and costs, payable at $50 a month until completion.

\_\_\_\_\_\_\_\_ in restitution, payable at $25 a month until completion.

$75 per month intervention court fee, upon entering Phase II of the program and up until completion of the program.

$35 per drug screen confirmation test, to be conducted only in the event of a positive drug screen and upon denial/request by the participant.

Monies to be Paid directly to Third Party Provider

$1000-1800 for inpatient treatment costs, if ordered and not covered by grant or the intervention court.

$25 per session for outpatient treatment, if ordered and not covered by grant or the intervention court.

$12 per day for Electronic Home Monitoring, if ordered as a sanction by this Court.

1. I will attend and be on time for all treatment meetings, court dates, and other scheduled appointments. I understand that failing to show for these appointments may result in sanctions in the intervention court program.
2. I understand that I will be required to submit to breath, saliva, urine, or any other chemical analyses to detect the presence of alcohol, narcotics or other controlled substances. I agree to furnish an unadulterated, undiluted specimen upon request.
3. During my participation in the intervention court program, I will be honest with the Intervention Court staff and treatment providers about my alcohol and drug use.
4. I agree to keep the Court, Intervention Court staff, and treatment provider informed of my address and telephone number, and to report any changes within 72 hours.
5. I agree that I will not use or possess any alcohol, controlled substances, or illegal drugs such as marijuana, heroin, cocaine, methamphetamine, PCP, or LSD. I will not use or possess any other drug (including pain medications and mood altering medications) without approval from the Court. I will provide Intervention Court staff with a copy of all medications prescribed to me by a physician.
6. I agree to voluntarily waive my Fourth Amendment right to a search of my person, property, or vehicles at any time, without reluctance or delay by a probation officer or any law enforcement officer assisting the probation officer. This consent includes a search of my cell phone and its contents.
7. I have signed a consent form waiving confidentiality of any substance use disorder treatment, medical treatment, or social service records. I understand that signing this confidentiality waiver is a condition for me to enter the program. If I withdraw consent, I am withdrawing from the intervention court program and will be terminated.
8. I understand Court proceedings are held in an open and public courtroom and it is possible that an observer could connect my identity with the fact that I am in treatment as a condition of participation in the intervention court program. I am consenting to this disclosure of information relating to my case and compliance in the intervention court program.
9. Any violations in the intervention court program can result in sanctions being imposed against me which may include, but are not limited to, increased supervision requirements, increased community service requirements, and jail time. Continued violation of program rules can ultimately result in my termination from the intervention court program, revocation of probation, and/or a sentence to the Mississippi Department of Corrections.
10. Successful completion of the intervention court program, including the payment of any fines and fees assessed, will result in an expungement, including the dismissal of the charge, prosecution, and record of criminal conviction, if applicable. Any implied consent violation may not be expunged (Ex. DUI-3rd).
11. I have had the opportunity to review this participation agreement with counsel and fully understand my rights and responsibilities in the intervention court program. I freely and voluntarily consent to enter into the intervention court program.

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Signature of Defendant Signature of Attorney for Defendant

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 Defendant Printed Name Attorney Printed Name

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

Date

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

Signature of Intervention Court Coordinator

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Intervention Court Coordinator Name

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

Date