

J. Sauter Veteran Treatment Court Participation Waiver and Agreement

Eaton County District/Circuit Court 1045 Independence Blvd Charlotte, MI 48813 (517) 543-7500	Case Number:
Name: DOB:	Charge(s):
Judge: Honorable Janice Cunningham	Prosecutor: Eaton County / City Attorney (Circle One)
Defense Attorney:	Probation Officer: Elizabeth Hoogstra/Hanannah Horn Case Manager: Tyler Willison

As a condition of my sentence to the J. Sauter Veterans Treatment Court, I knowingly and voluntarily agree to the terms and conditions set forth in this agreement:

1. I understand that I am subject to a term of probation set by law or as determined by the sentencing judge.
2. I understand that my attorney no longer represents me for review hearings.
3. I understand that I am waving my right to a speedy trial, the right to representation by an attorney at veteran's treatment court review hearings, and, with the agreement of the prosecutor, the right to a preliminary examination.
4. I understand that if my plea of guilt relates to an offense that requires an abstract, such as drinking and driving, an abstract may be sent to the Secretary of State, and my driver's license may be suspended/revoked pursuant to Michigan Law. Because of my participation in J. Sauter Veterans Treatment Court, I may be eligible for an Ignition Interlock-mandated restricted license as allowed by law. I understand that the probation officer may order a specific Ignition-Interlock agency. I understand that the Ignition-Interlock must have camera capabilities. I understand that I am the only person permitted to submit a test with the Ignition-Interlock device.
5. I agree that I will complete diagnostic evaluations and participate in treatment and pay all program fees as directed. I understand that support groups or similar recovery groups may be required. I understand that my treatment plan may be modified at any time and for any reason.
6. I understand that the judge, my probation officer, and all members of the Treatment Team will be informed of my involvement in counseling and its objectives, alcohol and/or drug testing results, and my overall progress in the program. I consent to a disclosure of my compliance with treatment recommendations and test results compiled by individuals involved in my treatment and counseling, and I waive all privileges and confidentiality. I will sign a release for treatment providers to speak with my Veteran Mentor and treating physician(s).
7. I agree to inform my treating physicians of my involvement in the J. Sauter Veterans Treatment Court, and I understand that I am not able to take narcotic or prescription medications or drugs without approval of my probation agent.

8. I agree that I will not use, possess or associate with persons who use or possess any controlled substance or illegal drugs. I agree that I will not use, possess, or consume any products that contain alcohol, including but not limited to mouthwash and non-prescription medications that contain any amount of alcohol. I agree that I will not use or possess any other drug without a prescription, and I will only use my prescription medications as prescribed, and approved by my probation agent.
9. I agree to be tested for the presence of alcohol and/or drugs as often as requested by the judge, probation officer, and/or treatment provider. Testing may be accomplished by a preliminary breath test, observed urinalysis, alcohol tether or monitoring device, or any other method selected by the probation officer. I understand that if I fail to participate in a test, it will be treated as a positive test. I further understand that positive, diluted, adulterated test results, or an insufficient sample, and/or failure to participate in ordered testing will result in sanctions for my conduct at the discretion of the judge.
10. I agree that I will attend all appointments scheduled through my probation officer and keep him/her and the Court aware of my current address, email address, and telephone number(s). I understand that I must report to my probation officer whenever the probation officer directs me to do so. I understand that my probation officer or any other court or police officer may make unscheduled home visits. I understand that the Court may impose a curfew.
11. I agree to appear in court on all scheduled court dates and remain in the courtroom until I am dismissed by the judge. I understand that if I do not appear, a bench warrant will be issued for my arrest. I agree to be on time to court and dressed appropriately for court and treatment sessions and remove my hat when entering the courtroom.
12. I understand that as a condition of participation in the J. Sauter Veterans Treatment Court program, my person, property, place or residence, vehicle or personal effects may be searched at any time with or without a warrant, and with or without probable cause, when required by a probation officer or other law enforcement officer.
13. I understand that I may not be able to possess any weapons while in the J. Sauter Veterans Treatment Court program.
14. I agree that I will not engage in any assaultive, abusive, threatening, or harassing behavior. This provision is not intended to interfere with authorized military training.
15. I understand that my case will be discussed in open court, among the treatment team, and with my Veteran Mentor, regardless if my case is non-public. I understand that there may be references to the J. Sauter Veterans Treatment Court and my participation in my court file(s) and/or the electronic register of actions (ROA) and/or a transcript request. I understand that guests of the J. Sauter Veterans Treatment Court may visit the program and attend team meetings, and/or review hearings, during which they may be privy to confidential information regarding my J. Sauter Veterans Treatment Court involvement.
16. I understand that my case will be discussed in open court, among the treatment court team. I understand the treatment court team will exchange information during staffing, concerning my diagnosis, prognosis, attendance at required program activities, drug testing results, participation in groups and individual/group counseling sessions, progress on treatment goals, violations, and probation supervision. I understand that the following persons may be represented at staffing: Judge, Assistant District Attorney, Public Defender, Circuit Court Probation or Parole Agent, District Court Probation Officer, Case Manager, Program Coordinator, Law Enforcement, VJO, Mentor Coordinator, and other team members associated with the treatment court.
17. I understand that any data collected through my participation may be used in future program evaluations by the J. Sauter Veterans Treatment Court, State Court Administrative Office, or other individuals/agencies independent of the J. Sauter Veterans Treatment Court.

- 18. I understand that my continued participation in the J. Sauter Veterans Treatment Court is solely at the discretion of the judge. Violation of any provision may result in sanctions, extension of program participation, incarceration, and/or termination from the program.
- 19. I hereby waive the requirement of filing of an Order to Show Cause or Bench Warrant before the Court may impose immediate sanctions.
- 20. I understand that immediate sanctions may be imposed at any time by J. Sauter Veterans Treatment Court judge without formal violation charge(s) and/or hearing. I understand that if I dispute the alleged violation, I have the right to a hearing by the Court to determine whether or not the alleged violation occurred. I understand that in order to ensure my appearance at the hearing, a bond may be ordered. I waive the right to formal charge, and representation by an attorney.
- 21. I understand that the J. Sauter Veterans Treatment Court may amend these conditions and/or add new conditions of my probation, notice of which will be provided to me in writing. I understand that I must comply with the amended or added conditions.

I have carefully read all of the terms and conditions of this Agreement. I have done this in the presence of my attorney or I have waived the right to have an attorney present. I have had an opportunity to ask questions regarding this Agreement. By signing this Agreement, I am indicating that I knowingly, voluntarily, and understandingly agree to all of the terms and conditions detailed in this Agreement.

Date: _____

Participant Name (Print) _____

Participant Signature: _____

Date: _____

Witness Name (Print): _____

Witness Signature: _____