

Client Agreement for Harris County DWI SOBER Court Program

I wish to participate in Harris County's DWI SOBER Court Program – *Saving Ourselves By Education and Recovery*. Before I may be admitted into the program, I _____ (name), knowingly and voluntarily agree to assume certain obligations and responsibilities and to waive certain rights. I understand that the two goals of the DWI SOBER Court Program are my recovery and a reduction in my further engagement with the criminal justice system.

1. _____ **NON-ADVERSARIAL PROCEEDINGS.** DWI SOBER Court proceedings are non-adversarial and are very different from the traditional criminal court process. The treatment team, including the judge, attorneys, and probation officer will staff my case without my presence. Staffings will not be recorded and will not be open to the public. I understand that my current attorney will not be involved in the DWI Sober Court process after my plea and entry into the program. While I am a participant in the DWI SOBER court, I will be represented by the DWI SOBER Court team defense attorney. I understand that the team defense attorney's role will be different from the role of my current attorney. I understand that I will have direct dealings with the Judge and SOBER Court team.

2. _____ **PROGRAM RULES.** I understand that I must follow all of the rules and regulations of the DWI SOBER Court Program. I agree to abide by all of the rules and procedures in the Client Handbook and all of the terms of my probation. I understand that I must also follow all of the directives given to me by the DWI SOBER Court Judge, my probation officer, and other members of the DWI SOBER Court team.

3. _____ **BE DRUG AND ALCOHOL FREE.** I understand that participating in DWI SOBER Court requires me to be drug and alcohol free at all times. I will not possess drugs (including marijuana), alcohol, synthetic and other intoxicating substances, and drug or alcohol paraphernalia. I will not be present where drugs are being used by others. I will avoid establishments where alcohol is the primary item for sale.

4. _____ **RELEASE OF CONFIDENTIAL HEALTH AND MEDICAL INFORMATION.** I agree to execute a confidentiality waiver of any information regarding diagnostic and treatment progress, medical records, or social service records. Records may be shared with all members of the DWI SOBER Court team for purposes of reporting on my progress in the DWI SOBER Court program. I understand that any information obtained from this release will be kept apart from the Court's public file. If I withdraw this consent, I understand that I will be terminated from the program.

5. _____ **LIMITED USE OF CONFIDENTIAL INFORMATION.** I agree to discuss with treatment providers and team members my alcohol and drug use. I understand that any confidential information, or statements relating to my use of alcohol or drugs made by me to a member of the DWI SOBER Court team shall not be utilized by the State against me for any prosecution, but may be considered by the Court in deciding any sanction up to and including termination from the DWI SOBER Court Program.

6. _____ **WAIVER OF PRIVACY.** Team members may require me to provide very personal information. This may include but will not be limited to my criminal record, education and work history, family history, medical and psychiatric information. While team members will try to avoid unnecessary embarrassment to me, I understand and agree that these things may be discussed in open DWI SOBER Court reviews, in treatment sessions, or in other settings related to participation in the Program.

7. _____ **WAIVER OF RIGHT TO REMAIN SILENT.** I give up my right to remain silent. I agree to fully and HONESTLY participate in all DWI SOBER Court activities.

8. _____ **FOUR PHASE PROGRAM.** I understand that the Harris County DWI SOBER Court program is a comprehensive four (4) phase accountability program designed to rehabilitate participants and enhance public safety, with specific objectives aimed at keeping participants alcohol/drug-free, thereby reducing recidivism. I understand the core components include:

Judicial Supervision
Random Drug Screens
Alcohol Monitoring
Group & Individual Counseling
Intensive Case Management

9. _____ **INDIVIDUAL PHASE REQUIREMENTS.** I understand the requirements for each phase are as follows:

Phase 1:

- Appear in Sober Court twice monthly, or as directed
- Report to your Case Manager weekly, or as directed
- Complete all benchmarks required for phase advancement
- Abide by curfew
- Attend all scheduled treatment sessions until complete and follow treatment recommendations
- Utilize Court-approved alcohol detection equipment, as instructed or minimum of 2 ETG/UA test a week
- Submit to random drug and alcohol tests
- Maintain and comply with an ignition interlock device on any vehicle being operated by me, in accordance with the law
- Available for home visits by law enforcement agent a minimum of once weekly
- Attend DWI Sober Court graduation ceremonies

Phase 2:

- Appear in Sober Court twice monthly, or as directed
- Report to your Case Manager twice monthly, or as directed
- Complete all benchmarks required for phase advancement
- Abide by curfew
- Attend all scheduled treatment sessions until complete and follow treatment recommendations
- Utilize Court-approved alcohol detection equipment, as instructed or minimum of 1 ETG/UA test a week
- Submit to random drug and alcohol testing
- Maintain and comply with an ignition interlock device on any vehicle being operated by me, in accordance with the law
- Available for home visits by law enforcement agent a minimum of once monthly
- Attend DWI Sober Court graduation ceremonies

Phase 3:

- Appear in Sober Court once a month, or as directed
- Report to your Case Manager once a month, or as directed
- Attend all scheduled treatment sessions until complete and follow treatment recommendations
- Complete all benchmarks required for phase advancement
- Utilize Court-approved alcohol detection equipment, as instructed
- Random drug and alcohol testing
- Available for home visit by law enforcement agent
- Maintain and comply with an ignition interlock device on any vehicle being operated by me, in accordance with the law

- Attend DWI Sober Court graduation ceremonies

Phase 4:

- Appear in Sober Court once monthly, or as directed
- Report to your Case Manager once a month, or as directed
- Attend all scheduled aftercare sessions until complete and follow treatment recommendations
- Complete all benchmarks required for graduation
- Random alcohol and drug testing
- Maintain and comply with an ignition interlock device on any vehicle being operated by me, in accordance with the law
- Attend DWI Sober Court graduation ceremonies

10. _____ **INCENTIVES AND SANCTIONS.** I understand that during the course of the DWI SOBER Court program, I will be required to remain clean and sober, to attend all Court and treatment sessions, to submit to random alcohol and drug testing and to otherwise abide by all of the terms and conditions of my probation.

- a. **Incentives.** Positive behavior will be rewarded with incentives, which may include praise from the Judge; gift cards, bus passes, reduced curfew, community service voucher, fee voucher or certificate.
- b. **Sanctions.** Violations of the rules will result in Court sanctions such as judicial warnings, community service, house arrest, curfew, driving restrictions or jail. Serious or repeated violations may result in my termination from the program.

11. _____ **RIGHT TO REFUSE A SANCTION.** I understand that I have the right to refuse to accept a sanction. However, if I refuse a sanction, it may result in my termination from the program and the filing of a motion to revoke my probation. If a motion to revoke is filed, I would have the right to a probation revocation hearing. If my probation is revoked, I may be sentenced to the maximum amount of time for my offense.

12. _____ **NO RIGHT TO APPEAL INFORMAL PROCEEDINGS.** As a participant in the DWI SOBER Court program, I understand that I have no right to appeal a sanction ordered by the Judge due to the informal nature of DWI SOBER Court proceedings.

13. _____ **RIGHT TO COUNSEL.** I understand that if a motion to revoke my probation is filed, I have the right to hire the attorney of my choice, or I may agree to allow the Court to appoint an attorney for me in the interests of justice. The DWI SOBER Court attorney will not represent me in a probation revocation hearing.

14. _____ **FULL RIGHT TO APPEAL HEARING THAT RESULTS IN PROBATION REVOCATION.** I understand that I have the right to appeal any formal court proceeding at which my probation is revoked.

15. _____ **CONSENT TO SEARCH.** I understand that my probation officer or law enforcement may make unannounced field visits to my home and workplace. I agree to submit to a search of my person, place of residence or business, any vehicle I own or am operating, and other property under my control without probable cause to conduct the search, and without a warrant, any time of the day or night whenever required to do so by the Court, probation officer, law enforcement officer, or treatment provider.

16. _____ **TREATMENT PLAN.** I understand that I must follow the treatment plan developed for me by the DWI SOBER Court team. I will attend all scheduled treatment meetings. I understand that my course of treatment may include residential treatment.

17. _____ **COURT APPEARANCES.** I understand that I will be required to appear in open court for court reviews, DWI SOBER Court graduations, and when ordered to do so by the DWI SOBER Court team.

18. _____ **PROCEDURE IF TAKING A DRUG IS NECESSARY.** I agree to be responsible for any actions by me that may affect drug test results. Before taking medication of any kind, I will check with the pharmacist to ensure that it is non-narcotic, non-addictive and contains no alcohol. I will disclose any and all medications, prescribed or over-the-counter, to my treatment provider and my probation officer within 24 hours of use.

19. _____ **USE OF PRESCRIBED MEDICINE.** I understand that I may ingest medication prescribed to me only in the manner and at the times prescribed by my health care provider according to the instructions on the prescription label. I agree to inform all treating physicians, dentists or other health care providers that I may not take narcotic or addictive medications or drugs unless I am provided with a written statement containing the diagnosis and the reason why the prescription is medically necessary. I must obtain the proper paperwork from my probation officer to present to my healthcare provider. I understand that I will need special permission from the DWI SOBER Court team to take narcotic or addictive medicines.

20. _____ **RANDOM URINALYSIS.** I agree to be drug/alcohol tested at any time by my probation officer, a CSCD officer or employee, a peace officer, a treatment provider, or at the request of the Court or any agency designated by the Court.

21. _____ **TESTING RULES.** I understand that I will be given a location and time to report for my alcohol or drug test. I understand that it is my responsibility to report to the assigned location at the time given for the test. I understand that if I am late for a test or miss a test, it will be considered positive and I may be sanctioned. I understand that any attempt to falsify a test or sample is grounds for immediate termination from DWI SOBER Court. I also understand that any tampering with monitoring devices is grounds for immediate termination from DWI SOBER Court.

22. _____ **RIGHT TO DISPUTE TEST RESULT.** I understand that I may dispute positive drug/alcohol test results, but that re-testing will be at my expense, and that I may face more severe sanctions for a re-test that is still positive. I also understand that I may remain in custody while a confirmation test is being completed.

23. _____ **BLOW PROTOCOL FOR ALCOHOL MONITORING DEVICES.** I understand that it is my responsibility to know and follow the blow protocol for any and all of my alcohol monitoring devices (in-home or vehicle). I understand that if I have a failed blow or a blow that shows a violation on any alcohol monitoring device, I must give the required amount of follow-up blows. I understand that if I do not follow the prescribed blow protocol, the test will be considered positive, and I may be sanctioned.

24. _____ **PROGRAM LENGTH.** I understand and agree that I will be supervised by the DWI SOBER Court team according to a phase progression and will remain in the program 9-16 months. My probation officer will maintain regular contact with my treatment provider(s) to monitor treatment issues and progress during all phases. I understand that after my graduation from the DWI SOBER Court, I will remain on probation for the full length of my probation term.

25. _____ **RESIDENCE.** I understand that to be a participant in the DWI SOBER Court program, I must reside in Harris County. My place of residence is subject to DWI SOBER Court approval. I agree to keep the DWI SOBER Court Team advised of my current residential and work address, email address, and phone numbers at all times. I will give the DWI SOBER Court Team written notice of any change of address or employment within 72 hours of the change.

26. _____ **TRAVEL RESTRICTIONS.** I will not leave the State of Texas without prior approval from the DWI SOBER Court team. I will notify my probation officer as soon as possible, but no less than 24 hours in advance, if I am going to leave Harris County or counties contiguous to Harris County.

27. _____ **RE-ARREST OR LAW ENFORCEMENT CONTACT.** I must obey all laws and immediately notify my Case Manager of any criminal charges that are made against me, including any driving violations or minor offenses. My arrest or conviction on other charges, or my failure to report other charges, may result in termination

from the Program. I must also notify the DWI SOBER Court team of all contacts made with a law enforcement officer within 24 hours.

28. _____ **DRIVER LICENSE STATUS.** I have discussed the driver license consequences of my plea with my attorney. I am responsible for knowing the status of my driver license. I understand that operating a motor vehicle without an eligible (valid) driver license is a new law violation and a DWI SOBER Court violation. I may ask the DWI SOBER Court defense attorney and team for assistance with my driver license issues.

29. _____ **OCCUPATIONAL DRIVER LICENSE.** I understand that if I am in compliance with the DWI SOBER Court program and I am legally eligible for an occupational driver license, I will be granted an occupational driver license order by the court. I will not be required to pay a court filing fee or hire an attorney to receive this occupational driver license order, however I will be required to provide proof of an SR-22. In order for DPS to issue my occupational driver license, I may be required to pay reinstatement fees and an occupational driver license fee to DPS.

30. _____ **FINANCIAL RESPONSIBILITIES.** I understand that I will be responsible for DWI SOBER Court program fees and other fees associated with treatment, tracking, and drug and alcohol screening and monitoring.

31. _____ **PROGRAM GRADUATION.** Following my successful completion of the DWI SOBER Court program, I will be eligible to participate in a graduation ceremony open to the public and media. I will notify the DWI SOBER Court team if I do not wish to participate in the graduation ceremony.

32. _____ **AGREEMENT SUBJECT TO REVIEW.** I understand that all rules are subject to review and modification by the DWI SOBER Court Team at any time with reasonable notice of changes to participants.

33. _____ **CLIENT HANDBOOK.** I have received a DWI SOBER Court Client Handbook. I understand and agree that I am responsible for knowing all of the rules and procedures contained within the handbook.

34. _____ **FREE AND VOLUNTARY DECISION.** I have read and fully understand this agreement. I have discussed this agreement with my attorney. I am of sound mind and body and not under the influence of any substance. I am executing this agreement and entering into DWI SOBER Court under my own free will with a full understanding of the legal consequences.

Participant's Signature

Date

Attorney for Participant

Date

Assistant District Attorney

Date

DWI SOBER Court Judge

Date