

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS**

ADULT REDEPLOY ILLINOIS COURT CONTRACT

Participant: _____ Date _____

Address: _____

Telephone: () _____ DOB _____

<u>Charge or Sentence Violation</u>	<u>Offense Date</u>	<u>Case Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A. THE AGREEMENT.

1. Will County Adult Redeploy Illinois Court (ARI Court) seeks to keep people out of prison by identifying which offenders can be effectively supervised in the local community, providing treatment, yet simultaneously insisting on accountability and according safety to the public.
2. I, _____, request admission to ARI Court for treatment of my addiction and help with the aspects of my behavior that have led me to break the law.
3. I understand that if I am accepted into ARI Court, I must follow the treatment program prescribed by the ARI Court team, as well as the rules, conditions, and duties imposed by this Contract. I also understand that, if I do not comply, the Court will sanction me.
4. I agree to plead guilty to the above charges. I understand that my guilty plea cannot be withdrawn except for rare and specific circumstances provided by law.
5. This agreement covers only the offenses listed in this agreement.

B. ELIGIBILITY FOR ARI COURT.

6. ARI Court is intended only for non-violent offenders. 730 ILCS 190/20(a).
7. I understand that I am ineligible for ARI Court if I have been convicted of any of the following crimes within the past 10 years, excluding incarceration time: (1) first degree murder, (2) second degree murder, (3) predatory criminal sexual assault of a child, (4) aggravated criminal sexual assault, (5) criminal sexual assault, (6) armed robbery, (7) aggravated arson, (8) arson, (9) aggravated kidnaping, (10) kidnaping, (11) aggravated battery resulting in great bodily harm or permanent disability, (12) stalking, (13) aggravated stalking, or (14) any offense involving the discharge of a firearm, or (15) any offense in which serious bodily injury or death occurred to any person. 730 ILCS 166/20(b)(4); 730 ILCS 167/20 (b)(3); 730 ILCS 168/20(b)(3).
8. I understand that the offense that is the subject of this contract must be one for which I am eligible to receive probation.
9. I understand that I am not eligible for ARI Court if the sentence imposed on me, whether the result of a plea or a finding of guilt, makes me ineligible for probation.
10. I understand that I am eligible for ARI Court only if I demonstrate a willingness to participate in a treatment program.

C. PARTICIPANT'S STATEMENTS DURING TREATMENT

11. I understand that my health and treatment records are protected under federal regulations. 42 C.F.R. Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records) and 45 C.F.R. Parts 160 & 164 (HIPPA).
12. I understand that almost all of the statements I make during eligibility screening, assessments and treatment cannot be used against me. 45 C.F.R. §164.512 (j)(2)(i) and (ii).
13. However, I understand that if I admit to either of the following two things, my statements *may* be used against me: 1) child abuse or neglect (45 C.F.R. §164.512(b)(1)(ii); and 2) domestic violence, abuse or neglect which causes the Team Member to believe disclosure is necessary to prevent serious harm to a potential victim (45 C.F.R. §164.512(b)(1)(ii).
14. I understand that my statements made during the eligibility, assessment(s) and treatment, other than those mandatorily required to be disclosed as outlined in the above paragraph,

cannot be the basis for new criminal charges or a criminal investigation except as authorized by a court order. 42 C.F.R. §2.1 (b)(2)(C); 42 C.F.R. §2.2 (b)(2)(C).

15. Prior to a Court Order being issued, a hearing shall be conducted by the Specialty Court Judge. Notice shall be given to Defense Counsel with a Bill of Particulars with the following information:

- a.) The statement that the State is seeking to disclose;
- b.) A list of all individuals who witnessed the statement that the State is seeking to disclose, including their names, addresses, telephone and email addresses; and
- c.) Any and all reports, notes, audio or video material memorializing the statement of the Participant and the circumstances under which it was made.

D. NO DRUGS OR ALCOHOL

16. I understand that alcohol is a drug and that its consumption is not permitted while I am under the jurisdiction of ARI Court.

17. I will not possess any drugs or alcohol, including a synthetic cannabinoid such as Spice or K2 though not limited to those mentioned.

18. I will not consume any drugs or alcohol, including a synthetic cannabinoid such as Spice or K2 though not limited to those mentioned.

19. I will not knowingly be in the same location as any person using drugs or alcohol.

20. I will not use prescription narcotic pain killers without giving notice to the Court.

21. I will tell my dentist and physician that I am in treatment through ARI Court.

22. I will inform the Court of any prescription medications I am taking.

23. I will provide the Team Member with a copy of all prescriptions I am taking.

24. I will not take my old prescriptions without current consent of my physician and knowledge of the ARI Court team.

25. I will not take anyone else's prescriptions.

26. I will inform the Court of any over-the-counter medications I am taking.

E. COURT ORDERS AND RULES

27. I understand that the conditions of my bond remain in full force and effect, and that this Agreement becomes a condition of bond. I will not leave the State of Illinois without prior approval from the Court.
28. I will report to ARI Court not less than once every 30 days, or as otherwise required in the discretion of the Court, and I will engage in discussion in open court about my progress in ARI Court.
29. I will attend all Court proceedings. I understand that if I fail to appear on a scheduled court date without prior approval from the Court, the Court will issue a warrant for my arrest.
30. I will pay court fees in the amount of \$1560 and restitution in the amount of \$_____.
31. I will follow all rules and directions concerning courtroom conduct.
32. I will dress appropriately for Court.

F. TREATMENT TEAM'S RULES

33. I will report to the treatment provider as scheduled.
34. I will undergo evaluations and/or assessments in a timely manner as ordered by the Team.
35. I will cooperate with counseling.
36. I will follow all rules and directions of the treatment provider.
37. I will show respect to the Treatment Team and any other associate of the Court.
38. I will pay assessed fees and costs in relation to treatment.
39. I will follow any other Orders of the Court relating to treatment or counseling.
40. I will contact the ARI Court staff as required. No excuses will be accepted.

G. DRUG AND ALCOHOL TESTING

41. I consent to random urine or oral screens for drugs and alcohol.

42. I will report for drug and alcohol testing within 24 hours of request of any Team Member.

43. I will report for all scheduled drug and alcohol tests.

44. I understand that if I fail to report as directed, the Court will treat that as a positive drug test and I will be sanctioned.

45. I will submit to random drug and alcohol tests including but not limited to urinalysis, breathalyzer, portable breath test, oral drug test, and continuous alcohol or drug testing.

46. I understand that I may be observed by a person of the same gender while providing the sample in order to ensure the sample's integrity.

47. I understand that if I refuse to submit to random drug and alcohol tests, the Court will treat that as a positive drug test and I will be sanctioned.

48. I will not purchase, possess or consume a detox kit or any other substance designed to disguise, ameliorate or defraud the results of a drug test.

H. TREATMENT AND COUNSELING

49. Treatment will consist of the following steps:

a) Assessment (pre-Agreement)

b) Phase I: Treatment

c) Phase II: Continuing care

d) Phase III: Aftercare

50. I understand that I am expected to move through the phases of treatment as described in the phase movement checklist.

51. I understand that my level of treatment may be adjusted depending on my success or failure to achieve the program goals.

52. I understand that I must complete the treatment program goals of all phases in order to successfully complete ARI Court.

53. I understand that I must undergo any medical, physiological, psychiatric, drug or alcohol treatment directed by the Court.

54. I will:

- a) Undergo any evaluations or assessments ordered by the court;
- b) Release personal health and treatment records;
- c) Follow the rules, regulations and directions of any treatment provider; and
- d) Pay all assessed fees and costs in relation to treatment.

55. I authorize the exchange of all information regarding my mental health, physical health, and any substance abuse treatment including all evaluations, test results, and treatment information, between the Team and all designated, and incidental treatment providers, including but not limited to, psychiatrists, therapists, and counselors as is necessary to allow participation in ARI Court.

56. I authorize the Court to use my health and treatment records to determine my treatment progress and status in ARI Court. In addition, I agree that any hospital records or reports generated by treatment providers may be entered into evidence at any hearing on a Petition to Remove under the same rules of evidence that would govern at a hearing on a Petition to Revoke Felony Probation.

57. I understand that, depending on my needs, my treatment plan may change substantially.

I. COGNITIVE BEHAVIORAL THERAPY

58. If required, I will participate in a program of cognitive behavioral therapy as directed by the ARI Court Team.

59. If required, I will participate in Moral Reconciliation Therapy (MRT), which seeks to increase moral reasoning.

60. If required, I will participate in "Thinking for a Change (T4C)," which seeks to change thoughts that cause criminal behavior.

61. If required, I will participate in Psycho-educational groups as directed by the ARI Court team.

J. EDUCATION AND EMPLOYMENT

62. I will participate in any additional educational and vocational training as directed by the ARI Court Team.

63. I will participate in employment training as directed by the ARI Court Team.

K. PARTICIPANT'S RESIDENCE

64. I will live only in a location approved by the Court.

65. I will only change residence with prior approval of the Court.

66. I will advise the Court of change of address, phone, employment status, living conditions and other relevant information requested by the Court or Team Member.

L. NO WEAPONS

67. I will not possess a firearm, knife or other dangerous weapon as defined in 720 ILCS 5/24-1 et seq. or 720 ILCS 5/33 A-1 et seq.

M. FAILURE TO PERFORM THE TERMS OF THE CONTRACT

68. I understand that I must complete all of the tasks required by the ARI Court and the treatment program.

69. I understand that if I fail to comply with the treatment program and ARI Court rules, one or more of the following consequences will follow:

a) The length of my treatment will be extended;

b) The Court will impose a sanction, which may include imprisonment;

c) The Court will dismiss me from ARI Court, which will revoke the disposition of my charges or sentence as previously set forth in Paragraph A(6) of this Agreement.

70. I understand that misconduct will result in a sanction and that such misconduct includes, but is not limited to, the following:

a) Positive urine or other drug or alcohol test.

b) Tampering with submitted sample or testing device.

- c) Failure to submit a sample for a urine or other drug or alcohol test.
- d) Unexcused absence from treatment session.
- e) Unexcused absence from other Court ordered counseling.
- f) Failure to attend self-help group meeting.
- g) Failure to comply with treatment plan recommendation.
- h) Failure to comply with treatment conduct rules.
- i) Failure to comply with appropriate courtroom conduct.
- j) Association with people who use or possess drugs or being present when drugs or alcohol are being used by others.
- k) Failure to appear on my regularly scheduled court date without previously being excused by the Court. I understand that if I fail to appear, the Judge will issue a warrant for my arrest.
- l) Failure to report contact of any type with law enforcement to the Court and case manager by the end of the next business day.
- m) Leaving the State of Illinois without prior approval of the Court. I understand that I must request permission to leave the state in writing and give the request to a member of the ARI Court staff, and that I must wait for notification of approval or denial by the Judge.
- n) Failure to pay fees, as ordered.
- o) Failure to keep scheduled appointments with ARI Court personnel.
- p) Commission of a new offense, including traffic violations.
- q) Failure to call or report to my case manager within twenty-four (24) hours of notification.
- r) Failure to call in for mandatory 24 hour call in system.

- s) Failure to obey all rules and/or regulations of the Will County Adult Detention Facility.
- t) Failure to comply with the rules of the recovery home.

71. I understand that I will not be sanctioned for refusing to take prescribed psychotropic medications. However, the fact that I did not take prescribed psychotropic medication shall never excuse me from my obligation to comply with all of the conditions and Court rules incorporated in this Agreement.

72. I understand that misconduct will result in a sanction and that such sanctions include, but are not limited to, the following:

- a) Admonishment.
- b) Incarceration with continuation of treatment.
- c) Increase in frequency of status hearings.
- d) Increase in frequency of drug/alcohol testing.
- e) Alternative means of drug and alcohol monitoring.
- f) Increase in frequency of supervision or case management contacts.
- g) Increased level in treatment modality.
- h) Extended program duration.
- i) Termination from ARI Court.
- j) Any other sanction deemed reasonable by the Court under the circumstances of the non-compliance.

73. Rules and procedures applicable to terminate Will County ARI Court participation shall be the same as those for revocation of felony probation.

N. ACCEPTANCE OF CONTRACT

74. I hereby acknowledge that I have read this Contract, that my questions about this Contract have been answered, and that I understand this Contract in full. In addition, I have consulted with counsel who has fully advised me regarding the benefits and consequences of entering into this Contract.

75. I acknowledge that I received and read the current Participant Handbook.

76. This Contract will be for a term of eighteen months, but may be extended if Participant engages in misconduct or requires additional treatment.

In witness whereof, the respective parties have set forth their signatures this _____ day of _____, _____.

JAMES W. GLASGOW
Will County State’s Attorney

Participant

Assistant State’s Attorney

Will County ARI Court Judge

I the undersigned, counsel for Participant, have fully explained this Contract to Participant and have advised Participant of all benefits and consequences of entering into same.

Participant’s Attorney