COURT OF COMMON PLEAS OF MONROE COUNTY
FORTY-THIRD JUDICIAL DISTRICT
COMMONWEALTH OF PENNSYLVANIA

In re: ADMINISTRATIVE ORDER - TREATMENT COURT FEE AND RULES	:	**No.**	**8 AD 2026**
	:		**5 CV 2026**
	:		
	:		

ADMINISTRATIVE ORDER

AND NOW, this 15th day of June, 2026, it is **ORDERED** that the Administrative Fee for Treatment Court participants who are not being supervised on probation or parole with the Monroe County Adult Probation Department shall be $200.00.

It is further **ORDERED** that the attached Participant Handbook of Treatment Court (Exhibit A) is approved and adopted for use in Treatment Court. All individuals admitted into the Treatment Court program in the 43rd Judicial District are subject to the conditions, rules, and requirements set forth in the Handbook. For individuals who are also serving a period of probation or parole supervision, these rules are in addition to the general rules listed in Administrative Order 1 AD 2026 and any additional special rules established for them by the Court.

BY THE COURT:

Jonathan Mark, P.J.

cc: Honorable Jennifer Harlacher Sibum

Honorable Stephen M. Higgins
Honorable David J. Williamson
Honorable C. Daniel Higgins
Honorable Patrick J. Best
Honorable Janet Jackson
Bernard Sikora, Chief Probation Officer
Cori Doughty, District Court Administrator
George Warden, Monroe County Prothonotary/Clerk of Courts
District Attorney
Public Defender
Monroe County Board of Commissioners
Monroe County Bar Association

Exhibit A

PARTICIPANT HANDBOOK

MONROE COUNTY TREATMENT COURT

Established: July 1, 2026

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MISSION STATEMENT

The mission of the Monroe County Treatment Court is to ensure public safety through the facilitation of a judicially-supervised, intensive substance abuse/mental health treatment program that encompasses individualized intensive treatment, intensive probation supervision, case management, and related services to individuals with Substance Use Disorder.

The Monroe County Treatment Court provides a collaborative effort to treating addiction that also addresses the underlying barriers that interfere with the recovery process, ultimately empowering the participant to develop pro-social bonds with the community while maintaining a chemical and crime-free lifestyle. The Treatment Court, through a coordinated response from all involved, promotes sobriety, recovery and sensitivity, with the goal of giving the participant the opportunity and the best chance of getting back on track as a healthy and productive member of the community.

OVERVIEW

Treatment Court is a court-supervised treatment program for non-violent individuals with a Substance Use Disorder, whether drugs or alcohol or a combination, and for co-occurring mental health diagnosed individuals. It is a non-traditional, non-adversarial program, designed to provide intensive services to individuals who have a diagnosed Substance Use Disorder. Program participation is voluntary. As part of your Guilty Plea, Admission, and/or Sentence, you will be mandated to participate in all aspects of the Treatment Court Program. If you successfully complete the program, you are eligible for:

- **Graduation** – If you successfully complete all conditions of Treatment Court, upon recommendation of the Treatment Court Team and approval of the Treatment Court Judge you will be eligible to graduate from the Treatment Court Program. Depending on your Track, graduation may result in the reduction and/or dismissal of charges with an opportunity for expungement in some cases, or the reduction of your term of supervision and/or sentence, and in some cases, no further sentence or incarceration.

- **A Second Chance** – The program affords you the chance to move forward in your life with a new outlook and new skills.

- **A Healthy Lifestyle** – The program will help you learn how to manage numerous aspects of your life. Through treatment, structure, and accountability you will acquire the skills to improve your quality of life through transparency and candor, honesty, reducing stress, becoming gainfully employed, rebuilding relationships, and becoming a productive member of society while living a crime-free and substance-free lifestyle.

While in the Program, you will also receive assistance in other areas of your life based upon your individualized treatment plan, which can include:

- Job training
- Educational/vocational training
- Job placement assistance
- Family counseling
- Life skills training
- Anger management
- Mental health services
- Public assistance/Medicaid

Treatment Court is an extremely structured and comprehensive program that requires active participation and compliance on your part. It will require frequent Court appearances, regular and random drug and alcohol testing, participation in drug and alcohol treatment, establishing a sober support network, and attendance in any other educational and therapeutic programming.

The Treatment Court Program is designed to promote a sense of accomplishment, but we recognize that compliance can be difficult, considering your struggle with addiction. The Program incorporates a system of incentives for positive progress and sanctions for non-compliant behavior. The goal is to place you on the road to recovery, achieve recovery, and keep you in recovery.

Individualized Treatment Plans

A treatment plan is a plan that is individually tailored to help you meet your needs. It includes a clinical assessment and recommendation, goals and objectives to help you focus on the therapeutic process and develop opportunities for positive change and growth. As a participant in the Treatment Court Program, you are required to follow your treatment plan. This can include all or some of the following:

- Outpatient treatment
- Halfway house or transitional housing
- Intensive outpatient treatment
- Engagement in pro-social sober activities
- Inpatient/residential treatment
- 12 step meetings
- Case Management services
- Drug, alcohol, breath testing and electronic monitoring
- Mental health evaluation and treatment upon referral by the Court, Probation Officer, treatment provider, etc.

Program Length

A minimum of twelve (12) months and a maximum of thirty (30) months, but may be extended when necessary. The Monroe County Treatment Court Program lasts as long as necessary to complete each program phase. The average amount of time is anticipated to be 18-24 months. However, upon recommendation of the Treatment Court Team and approval of the Treatment Court Judge, the Program can be shortened or lengthened as necessary to complete. Reductions or extensions in program length will be based upon your successful progress through the program phases. To advance Phases, all phase requirements of the current phase must be completed.

Monroe County Treatment Court Team:

- The Judge
- Treatment Court Coordinator
- District Attorney
- Public Defender
- Probation Officer
- C/M/P Drug and Alcohol Commission case manager
- C/M/P Mental Health and Developmental Services case manager
- Law Enforcement Representative

The team typically meets weekly as needed, to discuss the progress of current treatment court participants. Team meetings allow for collaboration and information sharing to formulate strategies to help ensure a successful outcome for program participants.

Program Considerations and Expectations:

When you enter the Treatment Court Program, think about your goals and what you would like to achieve as you progress through the program. Select goals that will facilitate a clean and sober life while supporting your decision-making, growth, and path to recovery. In addition to your personal goals, you will also be required to attain program goals that are outlined in this handbook. Program Phase check lists are also located in the Appendix. All program participants are required to reside in Monroe County throughout participation in Treatment Court. Lastly, as a participant, you will be required to meet the following expectations:

- Engage in substance abuse treatment in person
- Attend Court sessions as ordered
- Meet with your Probation Officer in your home, at work, in the community, and in the Probation office
- Call in daily if required and submit to random urinalysis drug and alcohol screening, or breath tests, or hair follicle tests as requested by your Probation Officer and provide an undiluted, drug-free sample at that time

- Attend support group meetings
- Participate in pro-social sober activities
- Live in an environment with people who support your recovery
- Develop a support list and identify a mentor, sponsor and/or other support person
- Be a good role model for others in Treatment Court and in the recovery community
- Become a stable and responsible parent and employee
- Obtain employment, job readiness training, attend school or obtain your GED
- Pay on court costs, fines, and restitution (if applicable)
- Get a driver's license (if applicable)
- Cooperate with case management services (if applicable)
- Cooperate with certified recovery and certified peer specialists (if applicable)
- Complete ordered community service
- Participate in risk assessments and risk reduction activities
- Attend and complete all educational and prevention programming
- Engage in any recommended mental health treatment

RISK ASSESSMENTS

Prior to admission to Treatment Court, you will participate in a risk and needs assessment, using a Treatment Court approved, validated risk assessment tool. This assessment will help determine your appropriateness for Treatment Court and begin to assess what services are appropriate to help you be successful in the program. Additionally, you will undergo a comprehensive drug and alcohol assessment and psycho/social assessment by the program's clinical evaluator, and if necessary, a mental health evaluation.

- The American Society of Addiction Medicine (ASAM) instrument will be used to determine the appropriate level of care. The full continuum of treatment modalities is available including detoxification, in-patient, halfway house, and out-patient treatment services.
- Funding for treatment is provided by private insurance, C/M/P Drug and Alcohol funding, C/M/P MHDS funding, and Medical Assistance.

As you progress through the Treatment Court phases, you will be re-assessed to help identify any barriers that could impact your ability to be successful in completing the Treatment Court Program or re-offending.

TREATMENT

Prior to being admitted into Treatment Court you were assessed for Substance Use Disorder and other clinical needs. As a program participant, you are required to comply with all treatment recommendations. Treatment will last for the duration of the program. A comprehensive, individualized treatment plan will be developed by you and your treatment provider. You will be re-assessed throughout the treatment process. The treatment plan will act as the guide for your treatment during Treatment Court.

Private insurance will be utilized, when available. If you do not have private insurance, you will be required to go to the Department of Health and Human Services and apply for Medical Assistance. You will then be referred for treatment at one of our approved providers.

TREATMENT COURT HEARINGS

As a participant, you are required to appear for all Treatment Court hearings as scheduled in person. Court is typically held on Wednesdays at 10:00 am. You will be scheduled to appear based upon your current program phase requirement. You will be required to sign in before you leave the courtroom. At the close of each Court appearance, you will receive ***notice of your next scheduled Court date and time.*** You may be required to appear more often if requested, or less often, depending upon the phase of your treatment or incentives or sanctions imposed. Failure to appear without being excused will result in a warrant for your arrest being issued and detention in jail until you can appear before the Treatment Court Judge. If you have questions about your Court appearances, speak with your Probation Officer. You must have the approval of the Judge or your Probation Officer to be excused from any Court date.

Prior to your Court appearance, the Judge will be provided progress reports regarding your drug and alcohol test results, attendance, participation and cooperation in treatment, employment, or any other Court-imposed requirements. This information is provided by your Probation Officer, treatment provider, members of support services including case managers, vocational specialists, recovery support services, family advocates, etc.

The Judge will ask you about your progress and discuss any issues/concerns. If you are doing well, you may be rewarded with a program incentive. If your progress reports indicate that you are not doing well, the Judge will discuss this with you. A future action plan will be put in place, which may include a sanction. Keep in mind, sanctions are designed to hold you accountable and help you remember the goals of the program.

Courtroom Etiquette and Dress Code-

When you speak to the Judge, say "Your Honor". In anticipation of appearing in Treatment Court you must abide by the following:

- Arrive at least fifteen (15) minutes early.
- Pay any fees that are due prior to coming to Court and bring receipt of payment.
- Dress appropriately-
    - No halter tops/tank tops, muscle shirts, crop-tops, clothes that expose the midriff or shirts with obscene words or pictures.
    - No clothing promoting tobacco, alcohol, or drug use.
    - No hats, caps, or bandanas unless medical or religious reasons; sunglasses only if approved by a doctor.
    - No gang attire or colors.
        - If you wear any of the above, you may be sent home and it will be counted as a Court absence and appropriate sanctions may be imposed.
    - No use of cell phones or electronic devices. They must be turned off before entering the courtroom.
    - No food, beverages, or gum.
- Be quiet when the Judge is talking.
- If the Judge or Probation Officer has asked you to bring documents to show the court, have them with you during check-in. This may include journals, essays, verification of support group meetings, verification of community service, date book, etc.

Your Probation Officer, case manager, or the Judge may ask you to meet with them after the review. Be prepared to stay for a few extra minutes. You may also be directed to submit to a drug screen or breathalyzer test while present for your review.

ATTENDANCE

You are required to attend all of your scheduled treatment sessions in person, as well as probation appointments, all of your scheduled court dates, and any other required appointment, unless permitted otherwise by the Court. It is your responsibility to schedule all needed appointments and arrive on time for each appointment.

If you have an emergency, you must call your Probation Officer, counselor, etc. and advise them of your situation. If you are late for appointments, you may not be permitted to attend and may be considered absent. Failure to properly maintain your scheduled appointments may result in graduated sanctions.

ADULT PROBATION AND PAROLE

While you participate in Treatment Court, you will be assigned a Probation Officer from the Monroe County Adult Probation and Parole Office, who will closely supervise your case. Your Probation Officer will assist you in your recovery and will help you make positive changes in your life. The Probation Officer is a representative of the Court and

will not only support you but hold you accountable to follow your Court order and the rules as outlined in the Treatment Court Agreement and this Handbook.

You will receive a list of rules upon entry into Treatment Court. Take the time to read the rules carefully and ask your attorney if there is anything that you do not understand. While participating in Treatment Court you must follow the rules or face a penalty from the Court.

You will be required to report regularly to the Probation Officer. Your Probation Officer will see you at your residence, at your place of employment, at your treatment provider, or in the community. You may receive curfews, electronic monitoring, random urinalysis, breathalyzer and/or hair follicle tests, or other restrictions while involved in Treatment Court. Your Probation Officer will explain the rules regarding any of these programs.

The Treatment Court will require you to keep a daily calendar/planner and weekly verification forms (See Form N). You may be required to complete journals, essays, participate in sober leisure activities, mental health counseling, employment searches, and other programming. Your Probation Officer will monitor these requirements and report your status back to the Treatment Court Team.

PHASES OF TREATMENT COURT

Phase I

- 3-4 months
- Report to PO weekly, with a minimum of two (2) contacts per week, alternating between field and office contact at PO discretion, before or after attending Treatment Court progress hearings.
- Create and update a supervision plan with the PO and actively comply with the plan.
- Attend Treatment Court every week.
- Attend and participate in treatment as directed by providers.
- Attend at least three (3) recovery related activities weekly, including support groups.
- Employment, vocational training, education, and community service may be pursued, but it is not required during this phase. Your time must be structured by engaging in approved/constructive activities.
- Urinalysis testing two (2) times per week.
- As determined by PO, meet with case manager and treatment provider.
- Complete and submit weekly verification forms on time (Form N).
- To transition to Phase II, participants must report for all probation contacts, Court appearances, treatment appointments, comply with weekly recovery related activities, remain arrest free, establish a payment plan, and be drug and alcohol free (this includes reporting for all urine tests) for the last thirty (30) days.

Phase II

- 3-4 months
- Report to PO with a minimum of one (1) contact per week as directed by the PO.
- Attend Treatment Court every other week.

- Attend and participate in treatment.
- Attend at least three (3) recovery related activities weekly including support groups.
- Actively seek/obtain employment, or attend school/vocational training, or participate in community service, or participate in other pro-social activities as approved by the Court.
- Make consistent efforts toward paying restitution, court costs, and fines.
- Urinalysis testing two (2) times per week.
- As determined by PO, meet with case manager and treatment provider.
- Complete and submit weekly verification forms on time (Form N).
- To transition to Phase III, participants must report for all probation contacts, Court appearances, treatment appointments, comply with weekly recovery related activities, establish a budget, obtain stable housing, remain arrest free, and be drug and alcohol free (this includes reporting for all urine tests) for the last sixty (60) days.

Phase III

- 3-4 months
- Report to PO with a minimum of one (1) contact every two (2) weeks as directed by the PO.
- Attend and participate in treatment.
- Attend Treatment Court every other week.
- Urinalysis testing one (1) time per week.
- Maintain employment, or attend school/vocational training, or participate in community service, or participate in other pro-social activities as approved by the Court.
- Attend at least two (2) recovery related activities weekly, including support groups.
- Make consistent efforts toward paying restitution, court costs, and fines.
- As determined by PO, meet with case manager and treatment provider.
- Complete and submit weekly verification forms on time (Form N).
- To transition to Phase IV, participants must report for all probation contacts, Court appearances, treatment appointments, comply with weekly recovery related activities, show progress of living within a budget and maintaining stable housing, remain arrest free, and be drug and alcohol free (this includes reporting for all urine tests) for the last seventy-five (75) days.

Phase IV

- 3-6 months
- Report to PO with a minimum of one (1) contact per month as directed by the PO.
- Attend Treatment Court once per month.
- Maintain employment, or attend school/vocational training, or participate in community service, or participate in other pro-social activities as approved by the Court.
- Attend at least one to two (1-2) recovery related activities weekly, including support groups.
- Urinalysis testing one (1) time every two (2) weeks.
- Make consistent efforts toward paying restitution, court costs, and fines.
- As determined by PO, meet with case manager and treatment provider.

- Complete and submit weekly verification forms on time)Form N).
- To transition to Phase V (if required) or Graduate: participants must report for all probation contacts, Court appearances, treatment appointments, comply with weekly recovery related activities, remain arrest free, and be drug and alcohol free (this includes reporting for all urine tests) for the last ninety (90) days(or six (6) months to graduate), maintained a stable residence for three (3) months, be actively working on completing any other Court-ordered conditions, and making consistent efforts towards paying off court costs, fines, and restitution.

Phase V**

- Up to 12 months
- Report to PO as directed by the PO.
- Attend Treatment Court as directed by the Court.
- Maintain employment, or attend school/vocational training, or participate in community service, or participate in other pro-social activities as approved by the Court.
- Attend at least one to two (1-2) recovery related activities weekly, including support groups.
- Urinalysis testing as directed by the PO.
- Make consistent efforts toward paying restitution, court costs, and fines.
- As determined by PO, meet with case manager and treatment provider.
- Complete and submit weekly verification forms on time (Form N).

Graduation requirements: participants must submit a graduation application(Form D); report for all probation contacts, Court appearances, and treatment appointments; comply with weekly recovery related activities; remain arrest free and be drug and alcohol free (this includes reporting for all urine tests) for the last six (6) months; have maintained a stable residence for three (3) months; be actively working on completing any other Court-ordered conditions, including any DUI requirements; complete an essay as directed by the Treatment Court Coordinator; and be making consistent efforts towards paying off court costs, fines, and restitution. The Court may require that restitution be paid in full in order to graduate.

** Phase V is intended for those participants who require a longer period of supervision and/or wish to serve as a mentor to other participants and/or seeking an automatic expungement of charges. This may also be part of an aftercare program.

-Program Phase Promotion consideration is to be submitted by the participant when they are ready to move up to the next phase (Form L), and include an essay explaining the most important thing the participant learned in the current phase.

RULES OF THE PROGRAM

As a program participant, you will be required to abide by the rules and conditions of the Monroe County Treatment Court Program (See Form M).

**Rules of the Treatment Court Program are subject to change.*

RELEASE OF INFORMATION AND CONFIDENTIALITY

State and Federal laws require that your privacy be protected. In response to these regulations, Treatment Court, Treatment Court staff, and treatment providers have developed policies and procedures that guard your privacy.

Upon entry into the program, you are required to sign releases of information, so the team can obtain information on your treatment plan and progress in the program as directed by your PO or the Treatment Court Coordinator. You may also be required to sign additional releases as needed to arrange further treatment, counseling, and/or community resource referrals (See Form P).

You may be denied services if you refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, as permitted by state law. You will not be denied services if you refuse to consent to a disclosure for other purposes.

If you refuse to sign a consent for disclosure or attempt to revoke your consent prior to the expiration of the signed consent it is grounds for immediate termination from the Treatment Court Program.

TESTING

All participants are required to submit to random drug and alcohol testing throughout their participation in Treatment Court. Urinalysis testing will be conducted by Adult Probation staff, case managers, treatment providers, or county contracted testing facilities as determined by Probation and your Probation Officer.

- Urinalysis testing will be conducted utilizing a randomized process, which includes, but is not limited to, computer randomization, PIN #s, or Probation Officer randomization. Participants will be advised as to how testing will occur on a case-by-case basis. Participants will be advised by their Probation Officer what type of randomized testing will take place and the participant must engage in and abide by that form of randomized testing. The program is designed and to meet your needs while ensuring that testing remains randomized. You will be provided with specific directions as to where to report for your urinalysis test (See Form K).
- When you report for testing, you must be prepared to provide a urine sample while being observed by a Probation Officer, case manager, treatment provider or the testing technician.
- Failure to appear for testing or providing an insufficient urine sample will be considered a positive test for purposes of Treatment Court.
- Submitting a diluted sample, an adulterated same, or any other attempt to circumvent the urinalysis testing process will be considered a positive test for the purposes of Treatment Court.
- Positive tests due to the use of program banned drugs/medications, including poppy seeds, CBD products, products containing alcohol, or non-alcoholic beverages, will be considered a positive test for purposes of Treatment Court.
- You may be required to provide other samples for the purposes of drug/alcohol testing throughout the Treatment Court Program. This includes, but is not limited to, breath testing, oral fluid testing, hair follicle test, and transdermal alcohol monitoring.
- If you attempt any of the following, you are subject to a range of sanctions including program discharge: attempt to conceal/pass a drug test sample that is not your own, substitute any substance for your own urine, unnaturally store your own or another person's urine at any time with the intent of passing it as a negative sample. Additionally, if you attempt to submit a fake urine sample you will be prosecuted for a misdemeanor of the third degree under Section 7509 of the Crimes Code: "Furnishing Drug-Free Urine".

Government Holidays: New Year's Eve-half day; New Year's Day, Martin Luther King Day, President's Day, Good Friday, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and the day after Thanksgiving, Christmas Eve-half day, Christmas Day. While the Court observes the above noted holidays, that does not preclude you from urinalysis testing on these dates if requested.

MEDICATIONS

The Monroe County Treatment Court does not prohibit the use of any narcotic medications, prescription medications at risk for abuse (including but not limited to benzodiazepines, anti-anxiety medications, stimulant medications for the treatment of ADHD, sleeping pills, and muscle relaxers), over the counter medications, Medical Assisted Treatment ("MAT") or Medical Marijuana(provided it is prescribed and used by the participant for the participant's health and well-being as documented by their medical physician). However:

- You must receive permission from your Probation Officer prior to using and/or consuming any prescribed medications, over the counter medications, dietary supplements, and vitamins, including those items listed below.
- You must notify your Probation Officer immediately when seeing a doctor or the emergency room.
- You are required to notify all medical personnel that you are in Drug Treatment Court.
- Sharing medications is strictly forbidden. Any participant found to be sharing medications is subject to a range of sanctions including program discharge.
- You will be required to allow the Probation Officer to conduct medication counts and inspect prescriptions and the actual medication itself upon demand.

Participants will be required to sign a medication agreement and consent to the release of medical information. Medications that have the potential for abuse or dependency must be prescribed by one physician and dispensed at one pharmacy and/or dispensary per treated condition, excluding medical emergencies.

Participants will be required to sign a release of information with the prescribing physician that allows for the Treatment Court Coordinator and the Probation Officer to communicate with the prescribing physician, and to share the information with the Treatment Team.

The use/consumption of the following medications, including any generic forms, must be disclosed to your Probation Officer and the Treatment Court Team (This list is not exhaustive of all declared medications and is subject to change):

- Narcotic pain medications such as Percocet, Percodan, Darvocet, OxyContin, Dilaudid, Tramadol, Demerol, Fentanyl, Codeine, Morphine, Oxycodone, Lorcet, Opana, Vicodin, Tylox, Roxanol, Stadol
- Barbiturates such as Amytal, Nembutal
- Benzodiazepines such as Xanax, Valium, Ativan, Verced, Klonopin, Librium
- Wellbutrin
- Gabapentin/Neurontin
- Medical Marijuana, Marinol, Nabilone, Epidiolex, CBD products, unless the participant meets the program requirements set forth below

- Muscle Relaxer such as Flexoril
- Sleep Aids such as Ambien, Soma, Halcion, Lunesta, Seconal, Sonata
- Stimulants such as Adderall, Ritalin, Concerta, Dexedrine, Focalin, caffeine pills
- Weight Loss aids
- OTC products such as Coricidin

The following medications could cause a cross reaction with drug/alcohol testing and alternatives should be considered and prescribed.

- Effexor
- Lamictal
- Protonix
- Sustiva
- Zantac
- Zoloft
- Clarithromycin
- In addition to prohibited medications, the Program prohibits the use of synthetic drugs such as Kratom, K2 and Bath Salts, Salvia, morning glory seeds, products containing poppy seeds, all CBD products, or any other mood altering or hallucinogenic substance(s).

NO ALCOHOL PERMITTED

The consumption of alcohol while in the program is prohibited. You will be tested for alcohol. Because these tests are sensitive, it is required that you refrain from using any products that contain alcohol (See Form I).

It is your responsibility to limit your exposure to said products and any substance that contain ethyl alcohol.

It is your responsibility to read all product labels and know what is in the products you use/consume. You must discontinue the use of any product that violates the program rules immediately.

The use of the products below is in violation of the Treatment Court Program contract and will not be permitted as an excuse for a positive test result. When in doubt, don't use, consume, or apply the following:

- Cough syrups and other liquid medications
- Non-alcoholic beer and wine
- Food and other ingestible products that contain ethyl alcohol
- Mouthwash and breath strips
- Hand sanitizers
    - Due to concerns with the transmission of illness, hand sanitizers may be used. However, every attempt should be made to use alcohol-free

sanitizers and/or use sanitizers responsibly and not in excess of what is necessary
- Hygiene products that contain ethyl alcohol
- Solvents and lacquers

POLICY ON MEDICAL MARIJUANA

Participants prescribed Medical Marijuana and CBD products will **ONLY** be admitted to Treatment Court and permitted to continue when there is no other viable treatment option available and the participant has it prescribed by their treating physician.

- The participant must have a valid/unexpired Medical Marijuana card.
- Must have an approved medical condition with documentation provided to the Treatment Court Team reflecting the condition and the need to treat said condition with Medical Marijuana.
- Medical Marijuana must be deemed to be providing a therapeutic benefit to the participant.
- The participant will be required to produce Medical Marijuana card, a recommendation by an approved physician, and Medical Marijuana script at the request of the Probation Officer or the Treatment Court Coordinator. The Probation Officer shall also be permitted, upon request, to inspect any Medical Marijuana purchased and the container in which it was issued and stored.
- Medical Marijuana must be purchased from an approved dispensary.
- Receipts for the purchase of Medical Marijuana and CBD products must be kept and produced at the request of the Probation Officer or Treatment Court Team.
- The participant must abide by the parameters set forth in the Medical Marijuana Act (Act 16 of 2016) to include:
    - Must only use forms of Medical Marijuana that are permissible under the Medical Marijuana Act.
    - Medical Marijuana must be kept in the original packaging provided by the dispensary.
- Participants seeking permission to Use Medical Marijuana to treat a mental health condition or as a form of MAT for Substance Use Disorder must be willing to work towards other evidence-based alternatives to treat these conditions, if possible.
- All participants seeking to use Medical Marijuana shall be required to sign an acknowledgement to the above noted terms as well as acknowledge the dangers associated with Medical Marijuana Use.

MEDICATION ASSISTED TREATMENT (MAT)

Treatment Court allows participants to voluntarily elect Medication Assisted Treatment (MAT) as part of their treatment plan, provided it is medically recommended by licensed medical professionals and funding is available through Medicaid, private insurance, or private pay. The Monroe County Treatment Court does not provide direct medical treatment; however, the Court requires any participant electing MAT as part of their recovery to adhere to the following:

- You will be required to select a court-approved credentialed medical professional and/or physician with advanced knowledge of addiction.
- You shall only seek effective MAT medications with the lowest risk of abuse for the treatment of addiction disorders.
- You may be required to participate in additional treatment specifically designed for those on MAT and you must demonstrate treatment engagement and program compliance to achieve the goals of sustainable recovery.
- You must authorize communication between the Court and all medical professionals writing prescriptions for that client to guard against the issue of unnecessary drug seeking behavior.
- You understand that you will discontinue any medications that are abused or diverted after you and/or Treatment Court team have made reasonable efforts to increase compliance.
- You will provide proof of a prescription/participation in an MAT program, allow medication counts if applicable, and sign all releases requested by your Probation Officer or the Treatment Court Coordinator.

INCENTIVE/REWARDS AND SANCTIONS

The Program incorporates a system of incentives for positive progress and sanctions for non-compliant behavior. These are intended and imposed to instill a sense of responsibility and accountability for your actions. The utilization of graduated sanctions and incentives are implemented to help shape behavior and improve outcomes. Treatment Court is structured to provide incremental, proportionate, and predictable responses to encourage and reinforce positive behaviors and discourage negative, non-compliant behaviors (Forms A & B).

The Treatment Court Team may apply an incentive for behaviors that include, but are not limited to:

- Attendance at all scheduled Treatment Court sessions
- Attendance at all scheduled treatment sessions
- Attendance at all urine screens when called
- Continuously having negative urine screens and sobriety milestones
- Attendance at all appointments with Probation Officer

- Following all the rules of the Treatment Court Program
- Making consistent payments on costs, fines, and restitution
- Attending all scheduled appointments with case management and peer support
- Showing progress in all aspects of recovery
- Successful completion of program phase
- Being honest with yourself, the Court, and treatment staff

Incentives can include:

- In Court praise, encouragement, handshake
- Public recognition
- Sobriety coins
- Reduced frequency at Treatment Court hearings
- Decreased reporting requirements with your Probation Officer
- Promotion to next phase
- Gift cards
- Certificate of completion
- Fine/costs reduction
- Decreased drug testing
- Early dismissal from Court
- Travel allowance
- Additional "windows" while on Electronic Monitoring
- Removal of monitoring device
- Reduction of community service requirements
- Other tangible items
- Graduation

It is not the monetary value of the incentive, but rather what the incentive symbolizes. This exemplifies your success as you continue your battle with addiction.

The Treatment Court Team may apply a sanction for behaviors that include, but are not limited to:

- Positive or diluted urine test
- Failure to submit urine sample
- Unexcused absence or absences from treatment sessions
- Failure to follow treatment conduct rules
- Willful failure to pay costs, fines, and restitution
- Failure to attend scheduled status hearings without just cause
- Arrest for new criminal offense
- Failure to comply with treatment recommendations
- Leaving the jurisdiction without permission of the Treatment Court Team and/or your Probation Officer
- Failure to attend self-help groups per treatment plan

- Possession or delivery of drugs
- Violent or abusive behavior at treatment site, program site or other place of contact
- Failure to comply with directives given by the Court, the Treatment Court Team, treatment providers, or Probation Officer
- Failure to report for contacts with Probation Officer
- Failure to move through the phases in the appropriate designated time frame without good cause shown
- Dishonesty to Court personnel and other Treatment Court staff

Sanctions can include:

- Verbal admonishment
- Writing assignments
- Increased urine testing
- Increased reporting requirements to Court or Probation
- Travel restrictions
- Curfew
- Reductions in "windows" while on electronic monitoring
- Community service
- House arrest/electronic monitoring(GPS) or radio frequency monitoring(RF)
- Alcohol monitoring/SCRAM units
- Phase demotion
- Incarceration (sparingly and as a last resort in the program)
- Termination from Treatment Court

Sanctions will be imposed after careful consideration of a variety of factors, which include proximal/distal goals, your performance thus far in Treatment Court, the severity of your behavior, and the magnitude of your response.

EDUCATION, VOCATIONAL AND EMPLOYMENT PROGRAMS

A critical step in recovery from substance addiction is developing self-sufficiency and becoming a productive, pro-social member of your community.

If identified as a need in your life, your Probation Officer will discuss opportunities for educational and vocational programming. A plan will be implemented to meet your individual needs. The purpose is to build a plan that will develop your education, employment, and life skills.

During phases 2-4 you will be required to obtain/maintain employment unless you have been determined to be disabled by the Social Security Administration. You will be required to provide pay stubs from your employer to your Probation Officer as proof of employment. You must be gainfully employed. This means that you must be paying

taxes on your wages unless approved by your Probation Officer to receive cash or 1099 self-employment. You must notify your Probation Officer immediately of any change or loss of employment. If you do not maintain employment, you will be required to complete community service hours as directed and you will be required to actively engage in a job search (verification required).

ELECTRONIC MONITORING

As part of a sentence and/or as a sanction, you may be placed on electronic monitoring while in the Treatment Court Program. Participants may be required to pay for the use of the electronic monitoring equipment.

While on electronic monitoring, your Probation Officer will require you to submit an approved schedule for times you will be permitted to leave your residence. While on this type of technology, you may only go to approved locations during the approved allotted window of time on your schedule. Any departure from the approved schedule will be considered violations of the program.

COMMUNITY SERVICE

As part of your sentence, if unemployed, or as a sanction, you may be assigned community service hours. This is your opportunity to give back to the community while remaining a productive member of society. Unless employed or determined to be disabled by the Social Security Administration, you will be required to complete community service hours. Community service sites must be approved by the Treatment Court Probation Officer. You must track all community service hours on a community service log (See Form O). Hours submitted will be verified. Any hours completed at an unapproved location will not be counted.

TRAVEL/VACATION GUIDELINES

All program participants are NOT permitted to travel outside of the boundaries of Monroe County and immediate surrounding counties without the authorization of his/her Probation Officer.

Travel requests must be submitted to the probation officer at the earliest date possible. The Probation Officer will review the request and/or discuss with the Treatment Court Team. Extended travel and/or travel outside of Pennsylvania will be reviewed by the Treatment Court Team prior to authorization.

Any participant granted travel permission must be drug tested prior to leaving and immediately upon return from said travel. Additionally, participants may be required to attend support group meetings while traveling and provide verification of attendance.

ALL TRAVEL IS SUBJECT TO PROBATION OFFICER DISCRETION AND MUST BE APPROVED BY YOUR PROBATION OFFICER.

YOU MUST HAVE PERMISSION PRIOR TO DEPARTURE AND OBTAIN A TRAVEL PERMIT.

COSTS, FINES, AND RESTITUTION

You will be required to pay any costs, fines, and restitution that are owed to the Monroe County Adult Probation and Parole Department. There will also be a one-time $200 supervision fee for Track I and Track II participants that are not subject to a sentence of Probation, otherwise, there will be a monthly supervision fee while on Probation in the amount of $50, the same as everyone on Probation. A payment plan will be arranged as determined by the Court. Consistent efforts towards payment of court costs, fines, and restitution are expected. Financial circumstances will be considered when establishing payment plans. If you are ordered to pay restitution, you must make regular payments towards restitution. The ultimate goal, when possible, is to have all restitution paid prior to the completion of Treatment Court. Restitution cannot be waived.

TREATMENT COURT CERTIFIED RECOVERY/PEER SPECIALISTS

At any time during your participation in Treatment Court, you may be required to meet with a Certified Recovery Specialist (CRS) or Certified Peer Support Specialist (CPS). These individuals will assist in monitoring your treatment attendance/compliance, your involvement in recovery-oriented programs, and attendance at self-help groups. They will offer guidance, support, coaching, and experience on the recovery process by assisting you to build a recovery plan and community supports that work for you.

CALENDAR/PLANNER

While participating in the Treatment Court Program, you will be required to maintain a daily calendar/planner and submit weekly verification forms related to your activities (See Form N). Your calendar/planner must be brought to all Court sessions, Probation contacts, treatment sessions, and any other Treatment Court related appointments. This may be viewed by the Judge, Probation Officer, treatment counselor, or any other member of your Treatment Team. The following activities, with dates and times must be listed in your calendar/planner:

- Group treatment sessions
- Individual treatment sessions
- Probation Officer appointments
- Work schedule

- Community service hours
- Leisure activities
- Goal completion date for each phase
- Treatment Court sessions
- Recovery related activities

TERMINATION FROM TREATMENT COURT

Warrants, new arrests, or a violation of any aspect of the Treatment Court Program rules may result in the participant's involuntary termination from the Treatment Court Program. Violations which **MAY** result in sanctions or termination include, but are not limited to:

- Dishonesty
- Positive or adulterated urine sample
- Failure to submit urine sample
- Unexcused absence from treatment
- Failure to follow treatment conduct rules
- Willful failure to pay costs, fines, and restitution
- Failure to attend Treatment Court hearings without just cause
- Failure to report to your Probation Officer
- Driving without a valid driver's license
- Attempting to conceal/pass a drug test sample that is not your own, or substitute any substance for your own urine, and/or unnaturally store personal or another's urine at any time with the intent of passing it as a negative sample
- Demonstrating a lack of program response by failing to cooperate with the Treatment Court Team or the treatment program
- Violence or the threat of violence directed at Treatment Court Team members, treatment staff, other participants of the program and/or clients of treatment provider

Violations which **WILL** result in termination:

- Delivery of drugs to another
- Violent or abusive behavior
- New criminal charges that are held or waived for court at a preliminary hearing
- Failure to comply with directives given by the Court

You are expected to remain respectful in all of your interactions with the Treatment Court Team. Any disrespectful behavior will be immediately reported to the Court and may result in a sanction or termination from the program.

You will not be asked to be an informant in this program. You will not be expected or encouraged to discuss any information concerning anyone's behavior or progress except your own.

This is a voluntary program. The decision to discharge you involuntarily is made by the entire team. Should you wish to be discharged from the program voluntarily, you shall submit a written request to the Court with an explanation of the reasons. Either a voluntary discharge or an involuntary discharge from the program will result in being sentenced on the plea entered by you and may result in incarceration.

GRADUATION

Graduation is a time to celebrate your hard work and dedication to maintaining your sobriety. We encourage you to invite your family, friends, and other supportive individuals to join you at your Graduation Ceremony. The Court, Treatment Court Team and others from the community may attend to congratulate you on your hard work and achievement.

Requirements for graduation are:

Completed graduation application and essay as directed by the Treatment Team Coordinator

Drug and alcohol tests – for the last six (6) months of Treatment Court, you must have all negative drug tests

Treatment – successfully completed all treatment goals and established an approved relapse prevention plan

Employment – employed or involved in productive daily activity for at least the last three (3) months of Treatment Court

Housing – for last three (3) months of Treatment Court, you reside at an approved residence that is not likely to promote relapse

Financial Obligation – compliant with all costs, fines, supervision fees, restitution, and treatment costs

Special conditions – completed all special conditions of Treatment Court

New arrests – remain arrest free for any new criminal charges that result in a conviction

Post Graduation:

-Voluntarily elect to continue to attend Treatment Court as scheduled by the Court for a period of time to earn an automatic expungement of charges that were dismissed if a Track I participant, or to serve as a mentor.

-You will be asked to fill out a Graduation Survey (Form E). This is voluntary. The purpose of this is to measure how well the Treatment Court Team is doing. This is anonymous and there are no repercussions for any answers that you provide.

APPENDIX

FORM A

INCENTIVE SCHEDULE FOR MONROE COUNTY TREATMENT COURT

The purpose of providing incentives is to reward participants for positive lifestyle changes and for meeting program milestones/requirements. You may be given incentives or rewards for progress and compliant behavior. The Treatment Court is not limited to the incentives listed below and may consider other factors and incentives at their discretion:

- In court praise, encouragement, handshake
- Round of applause whenever participants indicate the number of days sober (minimum of thirty (30) days.
- Verbal and/or written accolades
- Public recognition
- Sobriety coins
- Reduced frequency at Treatment Court progress hearings
- Reduction in community service hours
- Decreased reporting requirements and drug testing
- Reduce any curfew requirements
- Promotion to next phase
- Honor roll
- Prize box
- Gift card
- Certificate of completion
- Early dismissal from court
- Travel allowance
- Additional "windows" while on Electronic Monitoring
- Removal of monitoring device
- Graduation

The Treatment Court may provide additional incentives when appropriate, and at their discretion, as appropriate for the participants.

FORM B

SANCTIONS SCHEDULE FOR MONROE COUNTY TREATMENT COURT

Participants who fail to comply with program requirements, (such as honesty, supervision, treatment, urinalysis, etc.) will be held accountable through the imposition of sanctions. The Treatment Court Team will review the following questions to assist the team in making a recommendation to the Court for the Court to consider in determining the appropriate sanction to impose:

1. Who are they in terms of risks and needs?
2. Where are they in the program?
   a. What is their current phase?
   b. Any previous sanctions?
3. Which behaviors are we responding to?
   a. Are they proximal (short-term) goals designed to build motivation, encourage accountability and foster immediate behavior changes; or
   b. Are they distal (long-term) goals designed to achieve sustained recovery, behavior change and recidivism reduction?
4. What is the response choice and magnitude?
5. How do we deliver and explain the response?

In addressing the need for sanctions, the Treatment Court Team recognizes that participants in the program have serious alcohol and/or other drug use/abuse/dependency or addictions and can present a serious risk to the community and themselves. Every effort will be made to properly assess participants and engage them in the appropriate treatment. Sanctions are an integral part in treatment court to demonstrate immediate consequences to inappropriate behavior.

Increasing levels of sanctions will be used if violation of the Treatment Court program rules occur. Disciplinary actions taken do not alter the status of the participant in the program unless a consensus is reached by the Treatment Court Team which indicate further steps are necessary, before termination from the program is considered. Sanctions will be used after the

behavior is identified, what level of response is necessary, consideration of both a therapeutic response and a supervision response with a sanction/punishment fitting the response level necessary. Sanctions may include, but are not limited to the following:

- Reprimand/verbal warning
- Written warning
- Letter of apology
- Essays
- Journaling
- Fee for contested and confirmed positive Urinalysis Test
- Discussion of level of care/increase treatment
- Alcohol monitoring
- Increased supervision
- Increased drug testing
- Increased court appearance
- Increased peer support meetings
- Travel restrictions
- Additional community service
- Curfews/House Arrest/Electronic Monitoring/Radio Frequency/SCRAM
- Incarceration (sparingly as a last resort)
- Termination from the program

The Treatment Court Team by a consensus, will make a recommendation to the Court on the necessary sanction or termination from the program; however, the Court has sole discretion in determining sanctions and termination from the program.

FORM C

MONROE COUNTY TREATMENT COURT
GRADUATION REQUIREMENTS

I understand the following requirements are necessary for my successful completion of Treatment Court, including my submission of an application for graduation:

1. DRUG AND ALCOHOL TESTS:
   For the last six (6) months of Treatment Court, I will submit only negative test results.

2. TREATMENT:
   I will successfully complete all treatment goals and create an approved Relapse Prevention Plan.

3. EMPLOYMENT:
   I will be employed or involved in an approved, productive, daily activity for at least the last three months of Treatment Court.

4. HOUSING:
   For the last three (3) months of Treatment Court, I will reside at an approved residence that is not likely to promote relapse.

5. FINANCIAL OBLIGATION:
   I will make consistent efforts towards paying my costs, fines, supervision fees, and treatment costs before completion of Treatment Court. My restitution will be paid in full unless the court gives me a payment plan to continue after graduation.

6. NEW ARRESTS:
   I will not incur any new arrests while in Treatment Court.

7. SPECIAL CONDITIONS:
   I will complete any and all special conditions ordered by Treatment Court (i.e.: GED, parenting, classes, community service, etc.), and an essay as directed by the Treatment Court Coordinator.

I understand and agree that failing to complete the above requirements will delay my graduation and may lead to termination from Treatment Court.

Adult Probation Witness: _____ Date: _____

Signature of Participant: _____ Date: _____

FORM D

MONROE COUNTY TREATMENT COURT
APPLICATION FOR GRADUATION

Name: _____ Date: _____

Please answer the following questions in as much detail as possible

How long have you been clean and sober?

_____

_____

Do you have a permanent 12-step sponsor/sponsor's name?

_____

_____

How long have you had this sponsor?

_____

_____

When did you begin working the 12 steps? What step are you working on currently?

_____

_____

Has having a sponsor been helpful to you?

_____

_____

If so, how was your sponsor helpful?

_____

_____

Besides your sponsor, describe your support systems?

_____

_____

What and where is your home group in AA/NA/GA? Do you plan to continue with that home group?

_____

_____

Are you in service with AA/NA/GA, and if so, in what capacity?

_____

_____

How long have you been employed? Where are you employed?

What kind of work do you do?

Were you required to obtain your GED while in Treatment Court? ☐ YES ☐ NO

Did you obtain it? ☐ YES ☐ NO If so, when? _____

Is there room for advancement where you work?

What is your plan for remaining clean and sober?

Describe your life prior to entry into Treatment Court:

Describe how your life is different today at the end of Treatment Court:

Describe how your recovery has changed your relationship with others (including your husband/wife, boyfriend/girlfriend, children, parents, brothers/sisters and close friends):

How do you cope with stressful situations? _____

What future goals have you planned for yourself in the following areas:

Home Life/Family: _____

Recovery: _____

_____

_____

Employment: _____

_____

_____

Education: _____

_____

_____

Please attach your relapse prevention plan with this application and the essay as directed by the Treatment Court Coordinator.

Additional comments/suggestions:

_____

_____

_____

_____

_____

PROBATION OFFICE USE ONLY

- ☐ Drug and alcohol tests negative for past 6 months
- ☐ Completed all treatment goals and have created an approved relapse prevention plan
- ☐ Employed or involved in productive activity the last 3 months
- ☐ Live at an approved residence for the last 3 months
- ☐ Paid all costs and fines, or is making consistent efforts towards paying
- ☐ No new arrests
- ☐ Completed all other special conditions, including submission of an essay
- ☐ Paid Restitution (unless the court approved a continuing payment plan)

Probation Officer: _____ Date: _____

Coordinator: _____ Date: _____

FORM E

GRADUATION SURVEY
MONROE COUNTY TREATMENT COURT

This Survey will be anonymous if you so choose. Please fill out and complete as to how you viewed your experience in Treatment Court. This will help us evaluate how well we are doing. **Completing this survey is optional.** You may return this to the Monroe County Probation Office at any time.

1. How was your overall experience in Treatment Court?

2. How long was your time in Treatment Court?

3. What can we do to improve the treatment in Treatment Court?

4. What incentives did you feel were most beneficial?

5. What sanctions did you find,
   Most effective?

   Least effective?

6. What aspect of Treatment Court did you like,
   Best?

   Least?

7. What changes would you want to see in Treatment Court?

Form F

Monroe County Treatment Court Referral Form

Date: _____ **Send Referral To:** _____

1. Referral Source Information

Referrer Name: _____ Agency: _____

Phone: _____ Email: _____

2. Legal Information

Assigned District Attorney: _____

Public Defender/Private Attorney (if different from the referral source) -

Name: _____

Phone: _____

Email: _____

Arraign. Date: _____ Sentencing Date: _____

Probation Officer: _____

Pending Charges
and case number: _____

_____

3. Client Information

Full Name: _____ (Last) _____ (First) _____ (Middle)

_____ (Home Phone) _____ (Cell Phone) _____ (Work Phone)

Jail ID: _____ Pod ID: _____ SSN: _____ DOB: _____ Gender: _____

Last Known Address _____ (Street) _____ (Apt.) _____ (City) _____ (State) _____ (Zip)

Drug(s) of Use: _____ (1st Choice) _____ (2nd Choice) _____ (3rd Choice)

Past Drug Treatment -

Date: _____ Agency: _____

Past Alcohol Treatment -

Date: _____ Agency: _____

History of Mental Health? _____ Yes _____ No

If yes, past treatment -

Date: _____ Agency: _____

Have you ever been in the Military? _____ Yes _____ No

If yes, Branch Enlisted for? _____ Years of Service? _____

****Please submit all referrals to the Treatment Court Coordinator at Monroe County Probation**

Form G

MONROE COUNTY TREATMENT COURT

Formal Application and Coordinator Screening

DEFENDANT INFORMATION			
Name: *First Middle Last*			Alias: *(or maiden name)*
Physical Address: *Street*	*City*	*State*	*Zip Code*
Home Phone: ( )	Cell: ( )	Email:	
Work Phone: ( )	Primary language spoken: ☐English ☐Spanish ☐Other:		
Date of Birth:	Social Security Number:		
Race: ☐Asian/Pacific Islander ☐Bi-racial ☐Black ☐White ☐Native ☐Unknown/Unreported			
Ethnicity: ☐Hispanic ☐Non-Hispanic ☐Unknown/Unreported	Gender: ☐Male ☐Female ☐Other		
Do you have reliable transportation? ☐Yes ☐No	Possess a driver's license? ☐Yes ☐No		
Status: ☐Valid ☐Suspended ☐Expired	License #:		
If revoked/suspended, are you ready to regain driver's license? ☐Yes ☐No			
Prior participation in a problem-solving court? ☐Yes ☐No	If yes, specify county:		

LEGAL REPRESENTATION			
Select One: ☐Public Defender ☐Private Attorney ☐Public Defender Pending			
Attorney's Name:	Firm *(If private)*:		
Address: *Street*	*City*	*State*	*Zip Code*
Phone: ( )	*Fax:* ( )	Email:	

CRIMINAL/CHARGE INFORMATION

Please list all pending cases. Cases not included below will not be considered for acceptance. The addition of cases at a later date will delay the application process. You may attach an additional page if necessary.

Docket Number	*Offense Tracking Number (OTN)*	*Offense(s)*	*Grade*

Did you use or possess a weapon? ☐Yes ☐No	If yes, list:
Currently on Supervision ☐Yes ☐No	County:
Currently on Bail ☐Yes ☐No	Currently under Pretrial Supervision ☐Yes ☐No

Case #: Charge(s): Probation/Parole/ARD

Attach an additional page if you have more cases and/or charges. Additional page attached? ☐Yes ☐No

SUBSTANCE ABUSE HISTORY

Have you ever abused drugs or alcohol? ☐Yes ☐No		Currently abusing? ☐Yes ☐No	
Have you ever received drug or alcohol inpatient or outpatient treatment? ☐Yes ☐No	# Treatment Experiences ___ Inpatient ___ Outpatient		Currently in treatment? ☐Yes ☐No
Drug(s) of Choice:	*1st drug of choice*	*2nd*	*3rd*
Age began using drugs:	Age began alcohol use:	History of IV Drug Use? ☐Yes ☐No	

MEDICAL/TREATMENT HISTORY

Prior psychiatric mental health inpatient/outpatient treatment? ☐Yes ☐No		Currently in mental health treatment? ☐Yes ☐No
If yes to the questions above, was the mental health diagnosis connected to military service? ☐Yes ☐No		
History of Trauma ☐Yes ☐No	Explain:	
In Mental Health Crisis ☐Yes ☐No	Explain:	
Mental Health Diagnosis: ☐Yes ☐No	List:	
Pharmacological interventions (medications) for substance abuse? ☐Yes ☐No	If yes, list medication(s): *(e.g., Methadone, Vivitrol, Suboxone)*	
Medical Insurance: ☐Medicaid ☐Medicare ☐None	☐Private Insurance (specify): ☐ Other (specify):	
If female, are you pregnant? ☐Yes ☐No	If yes, indicate your due date:	
List any past or present medical conditions:		
List any medications you are taking:		

EDUCATION, EMPLOYMENT, AND HOUSING STATUS

Highest level of Education completed (select one):

☐Any grade up to 11th ☐GED ☐High School Diploma ☐Some Trade School
☐Trade School Graduate ☐Some College ☐College Graduate (2 year) ☐College Graduate (4 year)
☐Some Post Graduate ☐Advanced Degree

Employment Status (select one):

☐Unemployed ☐Employed Full-Time (35 or more hours/week)* ☐Volunteer
☐Retired ☐Employed Part-Time (less than 35 hours/week)* ☐Disabled
☐Student Full-Time *Specify occupation:*

Primary Source of Support (select all that apply):

☐Adoption Subsidy ☐Social Security (SSI) ☐Social Security Disability (SSD) ☐Welfare ☐None
☐Foster Care Subsidy ☐Retirement Plan ☐Workers Compensation ☐Family ☐Other
☐Unemployment ☐Veterans Benefits ☐Salary/Wages ☐Disability

Housing Status (select one): ☐Independent ☐Dependent (*incarcerated, with friends, etc.*) ☐Homeless

FAMILY/CHILDREN INFORMATION

Living Arrangements:	☐Single ☐Married*	☐Separated ☐Divorced	☐Widowed ☐Living Together*	*Name of spouse or partner:

# of Children:	# of Dependent Children:	Custody of all minor children: ☐Yes ☐No ☐N/A

Visitation rights for all children not residing with you? ☐Yes ☐No ☐N/A	Child support amount: (if applicable)
Currently have contact with your primary family? ☐Yes ☐No ☐N/A	$ per month

MILITARY HISTORY

Have you (defendant) ever been in the military? ☐Yes ☐No *If yes, please answer the questions below.*

Branch:	Enlistment Date:	Years of Service:

Discharge Type (select one):

☐Still serving ☐Dishonorable ☐Clemency ☐Other than honorable ☐General *(includes medical)*
☐Honorable ☐Bad Conduct ☐Dismissal ☐Entry level separation

Discharge Date:	Rank at Discharge:

Any criminal convictions prior to military service? ☐Yes ☐No	Incarcerated while in military? ☐Yes ☐No
Deployed abroad: ☐Yes ☐No	If yes, specify where:
Military combat: ☐Yes ☐No	If yes, specify the number of deployments to combat zones:

Conflict Era of Service (select all that apply): ☐Korea ☐ODS *(Iraq/Kuwait 1990-2003)* ☐OIF *(Iraq 2003-2010)* ☐Vietnam ☐OEF *(Afghanistan 2001- present)* ☐OND *(Iraq 2010-present)*

Diagnosed with (select all that apply): ☐PTSD ☐TBI ☐MST	Eligible for VA Benefits: ☐Yes ☐No

DO NOT COMPLETE THIS SECTION - OFFICIAL COORDINATOR USE ONLY

Date(s) Distributed for Review

Judge	DA	PD	PO	SCA	CW	LE	R/N:

Return this form to the Monroe County Probation Office as set forth on the next page

Deliver this completed form or bring with you to the initial screening with the Treatment Court Coordinator to:

Monroe County Probation Office
Attention: Treatment Court Coordinator
Monroe County Courthouse
610 Monroe Street
Stroudsburg, PA. 18360

Telephone: 570-517-3098
Fax: 570-517-3869
Email: jpeters@monroepacourts.us

Form H

IN THE COURT OF COMMON PLEAS OF MONROE COUNTY, PENNSYLVANIA

FORTY-THIRD JUDICIAL DISTRICT

RULE 600

WAIVER DUE TO TREATMENT COURT APPLICATION

NAME: _____

DOCKET Number(s): _____

I understand that under Rule 600 of the Pennsylvania Rules of Criminal Procedure my trial in Monroe County Court must begin on or before the 180th day from the filing of the Criminal Complaint if I am incarcerated. I understand that my trial must begin on or before the 365th from filing of the Criminal Complaint if I am not incarcerated. I further understand that the charges against me may be dismissed if my trial does not commence within the time allowed under Rule 600.

I understand that by filing an application for acceptance into a Treatment Court Program, I am requesting that my case be removed from normal scheduling of my criminal case(s) in the Monroe County Court of Common Pleas, so that it may be considered for Treatment Court. I further understand that my Treatment Court Application may delay my case from being brought to trial, should my application be denied. I understand that time will be required to review my case and to procure necessary information and materials.

I hereby waive my speedy trial rights under Rule 600 from the time I submit my Treatment Court Application until either: 1) I am admitted into the Treatment Court Program, or 2) Until the first available court listing after my Treatment Court Application has been denied or withdrawn.

I have not been made any promises, nor have I been forced to sign this waiver. I read and write the English language, or this waiver has been explained to me in a language that I understand.

Signature of Defendant _____ Date: _____

****This form must be signed and filed to your current criminal court case with a signed copy submitted to the Monroe County DA's Office and to the Monroe County Probation Office.**

FORM I

MONROE COUNTY TREATMENT COURT
URINALYSIS TESTING AND
INCIDENTAL ALCOHOL EXPOSURE DISCLOSURE

To Treatment Court Participants:

Recent advances in the science of alcohol detection in urine have greatly increased the ability to detect even trace amounts of alcohol consumption. In addition, these tests are capable of detecting alcohol ingestion for significantly longer periods of time after a drinking episode. Because these tests are sensitive, in rare circumstances, exposure to non-beverage alcohol sources can result in detectible levels of alcohol (or its breakdown products). In order to preserve the integrity of the Treatment Court testing program, it has become necessary for us to restrict and advise you regarding the use of certain alcohol-containing products.

It is your responsibility to limit your exposure to the products and substances detailed below that contain ethyl alcohol.

It is your responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products before you use them.

Use of the products detailed below in violation of this contract will not be allowed as an excuse for a positive test result. When in doubt, don't use, consume, or apply.

COUGH SYRUPS AND OTHER LIQUID MEDICATIONS:

Treatment Court prohibits the use of cough/cold syrups containing alcohol, such as Nyquil*. Other cough syrup brands and numerous other liquid medications, rely upon ethyl alcohol as a solvent. You are required to read product labels carefully to determine if they contain ethyl alcohol (ethanol). All prescription and over-the-counter medications should be reviewed with your probation officer before use. Information on the composition of prescription medications should be available upon request from the pharmacist. Non-alcohol containing cough and cold remedies are readily available at most pharmacies and major stores.

Although legally considered non-alcoholic, non-alcoholic beers (e.g. O'Douls*, Sharps*) do contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed. You are not permitted to ingest non-alcoholic beer or non-alcoholic wine.

FOOD AND OTHER INGESTIBLE PRODUCTS:

There are numerous other consumable products that contain ethyl alcohol that could result in a positive test for alcohol. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts (such as Ginko Biloba), could result in a positive screen for alcohol or its breakdown products. Poppy seeds can cause a positive test for drug screens. Communion wine, food cooked with wine, and flambe

dishes (alcohol poured over a food and ignited such as cherries jubilee, baked Alaska) must be avoided. Read labels carefully on any liquid herbal or homeopathic remedy and do not ingest without approval from your probation officer.

MOUTHWASH AND BREATH STRIPS:

Most mouthwashes (Listerine*, Cepacol*, etc.) and other breath cleansing products contain ethyl alcohol. The use of mouthwashes containing ethyl alcohol can produce a positive test result. You are required to read product labels and educate yourself as to whether a mouthwash product contains ethyl alcohol. Use of ethyl alcohol-containing mouthwashes and breath strips by you is not permitted. Non-alcohol mouthwashes are readily available and are an acceptable alternative. If you have a question about a particular product, bring it in to discuss with your probation officer.

HAND SANITIZERS:

Hand sanitizers (e.g. Purell*, Germex*, etc.) and other antiseptic gels and foams used to disinfect hands contain up to 70% ethyl alcohol. Excessive, unnecessary or repeated use of these products could result in a positive urine test. Hand washing with soap and water are just as effective for killing germs.

HYGIENE PRODUCTS:

Aftershaves and colognes, hair sprays, and mousse, astringents, insecticides (bug sprays such as OFF*) and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol (or its breakdown products) excessive, unnecessary or repeated use of these products could affect test results. You must use such products sparingly to avoid reaching detection levels. Just as the court requires you to regulate your fluid intake to avoid dilute urine samples, it is likewise incumbent upon you to limit your use of topically applied (on the skin) products containing ethyl alcohol.

SOLVENT AND LACQUERS:

Many solvents, lacquers, and surface preparation products used in industry, construction, and the home, contain ethyl alcohol. Both excessive inhalations of vapors and topical exposure to such products, can potentially cause a positive test result for alcohol. As with the products noted above, you must educate yourself as to the ingredients in the products you are using. There are alternatives to nearly any item containing alcohol. Frequency of use and duration of exposure to such products should be kept to a minimum. A positive test result will not be excused by reference to use of an alcohol-based solvent. If you are in employment where contact with such products cannot be avoided, you need to discuss this with your probation officer. Do not wait for a positive test result to do so.

I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES:

Participant Signature: _____ Date: _____

PO Initials: _____

FORM J

MONROE COUNTY TREATMENT COURT
MEDICATION OR PAIN MANAGEMENT/MEDICAL MARIJUANA AGREEMENT

I understand that Dr(s). _____ is/are prescribing opioid pain medication, Medical Marijuana, OR another medication that has the potential for abuse to assist me in managing chronic pain or another medical condition that has not responded to other treatments. The risks, side effects and benefits have been explained to me, and I agree to the following conditions of opioid, Medical Marijuana, or other medication treatment that could lead to abuse as determined by my Probation Officer. Failure to adhere to these conditions could result in my discharge from Treatment Court. I will provide a release of information for my Probation Officer and the Treatment Court Coordinator to obtain any information about my medications, and they have my permission to share that information with the Treatment Team.

The medication must be **SAFE AND EFFECTIVE.** The goal is to use the lowest dose that is both safe and effective for my medical condition.

The medication must assist me to **FUNCTION BETTER.** If my activity level or general function gets worse, the medication will be reviewed by me with my doctor at the request of my Probation Officer.

I will participate in **OTHER TREATMENT** which my doctor(s) recommend and I will be ready to taper or discontinue the pain medication if other effective treatments exist or become available.

I will take my medications exactly **AS PRESCRIBED** and will not change the medication dosage or schedule without my doctor's approval.

I will keep **REGULAR APPOINTMENTS WITH MY PROVIDERS.**

I will limit the doctors I see to one provider for each condition or treatment that is medically necessary.

If I have another condition that requires the prescription of a controlled drug (like narcotics, tranquilizers, barbiturates, stimulants, etc.); or if I am hospitalized for any reason, I will inform my doctor within **ONE BUSINESS DAY or as soon as can be reasonably done.**

I will designate **ONE PHARMACY and/or ONE DISPENSARY** where all my medications will be filled.

I understand that lost or stolen **PRESCRIPTIONS/RECOMMENDATIONS WILL NOT BE REPLACED,** and I will not request early refills, as these events cannot be confirmed by my Probation Officer.

I agree to **ABSTAIN FROM ALL ILLEGAL AND RECREATIONAL DRUGS** and will provide urine or blood specimens, breathalyzer and/or hair follicle tests at my Probation Officer's request to monitor my compliance.

I will allow my Probation Officer to conduct medication counts and to monitor my prescriptions, MAT, and Medical Marijuana use, and to see my prescribed medications at any time. My Probation Officer may also search my residence, vehicle or place of work for any medications or drugs, whether prescribed or not.

I understand the risks associated with Medical Marijuana use. If I am taking Medical Marijuana for the purpose of treating a mental illness or as a form of MAT, I will work towards other, evidence-based alternatives to treat my condition, if possible.

Have you ever had a previous problem with addiction to alcohol or narcotic medication or been in rehabilitation for such in the past? ☐ YES ☐ NO (check one)

I understand that if any of the above eleven conditions are broken on my part, Dr. _____ will begin a taper of my opioid medication.

Patient's Signature: _____ Date: _____

Staff's Signature: _____ Date: _____

FORM K

MONROE COUNTY TREATMENT COURT
DRUG AND ALCOHOL TESTING CONTRACT/ACKNOWLEDGMENT

The Treatment Court utilizes a random drug testing process. The process operates as follows:

1. You will be notified of testing by telephone, email and/or text.
2. Upon finding that you have been selected for testing, you are to report to the Monroe County Adult Probation and Parole Department between the hours of:

8:30 am – 4:30 pm

OR, at any other testing site as directed by your Probation Officer. This can include testing by your treatment provider or other third party.

3. Failure to appear for testing or to submit a sample will be considered a positive test for Treatment Court purposes.
4. You may be required to give other samples in addition to those required by the random drug testing process. This can include breath and hair follicle tests.
5. If you test positive for drugs or alcohol, and contest that finding, the sample will be sent to an outside lab for confirmation. You may be responsible for the cost of the sample being tested by an outside lab.

I have read the above notice and understand that I must comply with testing requirements described therein to remain in Treatment Court. Understanding that I may be subject to sanctions should I fail to comply with the testing requirements, I wish to enter or continue participation in Treatment Court.

Signature: _____ Date: _____

Print: _____

FORM L

MONROE COUNTY TREATMENT COURT
PHASE PROMOTION CONSIDERATION

(To be reviewed with your therapist, counselor or Probation Officer and submitted to Probation one week prior to the anticipated Phase Promotion)

A. IDENTIFYING INFORMATION:

Name: _____ Date: _____

Admission Date: _____ Current Phase: _____

Probation Officer: _____ Treatment Provider: _____

Clean Date: _____ Therapist: _____

Home Group: _____ Sponsor: _____

Costs/Fines Payment & Date: _____ Employer: _____

B. GOALS/OBJECTIVES YOU COMPLETED IN THE CURRENT PHASE:

1. _____
2. _____
3. _____

C. POSITIVE RESPONSES: (Discuss how these goals have made a positive adjustment for you)

_____

_____

_____

_____

_____

D. LIST AT LEAST THREE GOALS OR OBJECTIVES YOU PLAN TO ADDRESS AND WORK ON WITHIN YOUR NEXT PHASE:

1. _____
2. _____
3. _____

E. WHAT STEPS ARE YOU TAKING TO PREPARE YOURSELF FOR COMPLETION OF THE PROGRAM AND A LIFE IN RECOVERY:

_____

_____

_____

_____

_____

<u>PLEASE ATTACH:</u> Current relapse prevention plan and an essay explaining the most important thing you learned during the current phase.

Form M

MONROE COUNTY TREATMENT COURT

RULES AND CONDITIONS

You have been admitted as a participant in the Monroe County Treatment Court Program. You are placed under the supervision of the Adult Probation and Parole Department and must comply with the following rules and conditions.

1. I agree to participate in the Monroe County Treatment Court for a period specified by the Court. This time period will be a minimum of 12 months and up to 30 months, or longer if extended by the Court. Most participants will be in the program with a goal to successfully graduate in 18 to 24 months.
2. I agree to participate in any educational, treatment, rehabilitative, or any other programs ordered by the Court. I agree to abide by any additional terms or conditions as imposed by the Court and agree to complete all treatment, medication compliance(if deemed necessary) and related programs to the satisfaction of the Court.
3. I will report as directed by my Probation Officer either in person, in writing, by telephone, or electronically, in accordance with written or oral instructions of my Probation Officer. I will permit my Probation Officer to visit me at my home, place of employment or business or any other location as directed.
4. I must make all court appearances as ordered by the Court. No changes in the Court schedule will be allowed unless an emergency exists and you obtain prior approval of the Court. I understand that tardiness will not be tolerated. I will be early to be on time.
5. I agree to dress appropriately for Court sessions and to conduct myself in a respectful manner to the Court, court officials, the Treatment Team and the providers.
6. I will complete and submit weekly verification forms of employment, treatment and community support group meetings.
7. I must comply with all local, state, and federal criminal laws as well as provisions of the Vehicle Code and Liquor Code. I will notify my Probation Officer immediately if arrested or cited (with an incident date occurring on or after admission) or have any police contact by any law enforcement agency. I will notify my Probation Officer immediately if I am cooperating with any law enforcement agency. I will abide by the rules and conditions imposed by the Court and the Monroe County Adult Probation and Parole Department.

   NOTE: If new criminal charges are held over/waived at the preliminary hearing, I understand I will be subject to a range of sanctions including possible discharge from the Monroe County Treatment Court Program. The new criminal charges may be added to my list of violations of my conditions of any probation supervision.

8. I will conduct myself in a manner that will not create a danger to myself or the community.
9. I am required to obtain permission from my Probation Officer at least 72 hours prior to changing my residence.
10. I understand my daily travel is limited to Monroe County and adjoining counties. I understand any travel beyond those counties, out of state, or overnight must be approved

by my Probation Officer at least 72 hours prior to the event. A travel permit must be obtained from my Probation Officer prior to my departure.

11. I am required to obtain permission from my Probation Officer prior to changing employment. If I lose my job, I must notify my Probation Officer within 72 hours. If after completion of Phase I of the Treatment Court Program, I am not gainfully employed, I must actively seek employment unless I am medically disabled and receiving Social Security Disability. The Court may also order attendance in employment counseling, GED prep course, further education as part of the program and/or any treatment program, community service in lieu of employment, or other conditions deemed necessary by the Court.
12. I will pay all fines, costs, restitution, and supervision fees in monthly installments as directed by the Court. Payments are to be made in person or sent to the Monroe County Clerk of Courts Office, Monroe County Courthouse, 610 Monroe Street, Stroudsburg, PA 18360 or made online.
13. I will abstain from the unlawful, possession, use, or sale of narcotics, other dangerous drugs, and drug paraphernalia. I will not possess or consume alcoholic beverages. I will not attempt to smuggle or conceal contraband of any type into the Monroe County Correctional Facility or any other holding cell, jail, or prison if I am incarcerated while in this Program. I will not abscond or leave an inpatient treatment program unless I am successfully discharged. I understand that if I do so I will be subject to a range of sanctions, including possible discharge from the Monroe County Treatment Court Program, and could lead to criminal charges being filed.
14. I will avoid medications and/or topical gels containing alcohol. Unless participating in Medical Assisted Treatment (MAT), using prescribed medical marijuana, or for some other medically necessary reason, I will not take any other prescribed medication, any prescribed pain medication, or any medication that is a narcotic or may become addictive without the approval of the Treatment Team and the Treatment Court Judge. I will request that prescription medication be non-narcotic and non-addictive, if possible. I will allow my Probation Officer to conduct medication counts, monitor my prescriptions, view my prescriptions and prescribed medications on demand, and obtain any of my records with providers, pharmacies and/or dispensaries concerning my medications. I am required to obtain permission from my Probation Officer prior to consuming and/or using any prescribed medication or any over the counter medication. I will not consume poppy seeds or any food products containing poppy seeds. I will not consume diet pills or any weight loss medication. I will not use salvia, morning glory seeds, kratom, or any other mood altering or hallucinogenic substance.
15. I will submit to witnessed urinalysis, chemical testing, breath, hair follicle and/or other types of testing that may be randomly administered to ensure compliance with these conditions. I will not interfere or tamper with any testing or tracking device administered by the Treatment Court Program. I will submit authentic, unadulterated urine samples every time requested. I will not attempt to conceal, pass a drug test sample that is not my own, or substitute any substance for my own urine. I will not unnaturally store personal or another's urine at any time with the intention of passing it as a negative sample. I understand that if I

do so I will be subject to a range of sanctions including discharge from the Monroe County Treatment Court Program and could lead to criminal charges being filed.

16. I will cooperate and participate in any medical, psychological, and/or psychiatric examination, test, treatment and/or counseling as directed by my probation/parole officer or the Court. I agree to complete any treatment program to the satisfaction of the Court.
17. I will cooperate with Mental Health, Drug and Alcohol or any other program as directed by my Probation Officer or the Court. I will notify my Probation Officer within 72 hours of entering any inpatient treatment program.
18. I agree to sign any and all releases necessary to further the treatment aims of the Treatment Court. I further agree to sign releases that will allow the Treatment Court and the Treatment Court Team to review any diagnostic and treatment information.
19. I agree to participate in and attend recovery-based support groups such as AA and NA on a regular basis.
20. I agree that if I test positive for any illegal drugs, non-approved medications, and/or alcohol, fail to appear in court as directed, fail to timely attend and/or participate in all treatment sessions, fail to abide by any condition imposed by the Court, abscond from inpatient treatment or leave prior to successful discharge, or am arrested or cited on new criminal charges, the Court can impose sanctions within Treatment Court, rather than terminate my participation. These sanctions may include, but are not limited to the following:
    a. Modify my treatment program to include more intensive counseling or a residential program;
    b. Order medical detoxification;
    c. Community service;
    d. Set or extend curfew;
    e. House arrest/electronic monitoring, GPS monitoring, radio frequency (RF) and/or electronic monitoring indicating alcohol consumption;
    f. Psycho-educational or cognitive behavioral groups;
    g. Extend the amount of time I am to be in the program;
    h. Incarceration;
    i. Issue a warrant for my arrest;
        i. If a bench warrant issued for my arrest remains outstanding for more than 30 days I understand I will be discharged from the program without further notice. Furthermore, after the issuance of the warrant I understand that anytime absconded may be added to any sentenced imposed by the Court.
        ii. I understand I will be immediately incarcerated to await removal and disposition of my original charges and/or my original probation or parole.
21. I will support my dependents, if any, and assume all my legal obligations for them. I shall associate only with law-abiding persons and will refrain from engaging in sexual or romantic relationships with anyone involved in Treatment Court, including other participants, mentors, providers, or Team members. I shall refrain from frequenting unlawful or disreputable places as well as any establishments whose primary function is to serve alcohol.

22. I will not knowingly supply false information to the Adult Probation/Parole Department, my Probation Officer, the Treatment Team or the Court. I understand that honesty is an integral aspect of the program.
23. I will not own, use, and/or possess any firearms, any type of lookalike firearm, lethal weapon, explosive, and/or ammunition while I am in the Program. I will notify my Probation Officer of any firearms registered to me which must be placed with a third party during the term of my participation in Treatment Court. Hunting is prohibited during this time unless permitted by my Probation Officer or by the Court. Firearms and/or lethal weapons are prohibited in my residence, on my property, or on my person while I am in the Program.
24. I understand that if I am terminated or withdraw from the program, I will only receive credit for jail time sanctions that I served during my participation in the program toward any current or future sentence of incarceration.
25. I understand that no matter what the circumstance I am not to drive or get behind the steering wheel of a motor vehicle without a valid driver's license. I understand that if I am either witnessed by any member of the Treatment Court Team, probation staff, law enforcement officer, or am charged with Driving Under Suspension (DUI or non-DUI related), I will be subject to a range of sanctions including possible discharge from the Monroe County Treatment Court Program.
26. I understand that any time a sanction is to be imposed I may withdraw from the Program to avoid imposition of the sanction. However, if I do so, I will not be permitted to reapply to participate in the Treatment Court Program. I AGREE THAT VOLUNTARY WITHDRAWAL FROM THE PROGRAM IS MY SOLE REMEDY FOR ANY SANCTION AND THAT I WILL NOT CHALLENGE THE LEGALITY OF A SANCTION IN ANY OTHER MANNER. THE ONLY EXCEPTION TO THIS CONDITION IS THE TESTING CHALLENGE PROCESS SET FORTH IN THE COLLOQUY.
27. I understand that at any time during my participation the Treatment Court Team may recommend re-assessment for program appropriateness. I further understand that as a result of that re-assessment I could be recommended for removal from the Treatment Court Program. I understand I will be given written notice of the recommendation and notice of the scheduled recorded court review session. At the review session, it will be determined by the Treatment Court Judge whether to follow the removal recommendation. I may have counsel with me to assist me in responding to the Treatment Team recommendation, but, consistent with Treatment Court philosophy, I must communicate directly with the Treatment Court Judge.
28. I understand that should I be removed from Treatment Court I may not file a legal challenge to that removal until my charges are finally resolved by this Court.
29. I understand that the Monroe County Adult Probation and Parole Department has the authority to search my person, place of residence, personal property(including my cell phone), and/or vehicle upon reasonable suspicion of any criminal activity or violation of the conditions of the Treatment Court Program.

30. Other Special Conditions: _____

Form M

_____

_____

_____

I understand that if I leave the Commonwealth of Pennsylvania at any time I may be directed to return to Pennsylvania. I know that I may have a constitutional right to insist that Pennsylvania extradite me from any state where I may be found. This is commonly called the right to extradition. I also understand and acknowledge that I agree to return to Pennsylvania when ordered to do so. Therefore, I agree that I will not resist or fight any effort by any state to return me to Pennsylvania and **I AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNATRILY AND INTELLIGENTLY.**

ACKNOWLEDGEMENT OF PARTICIPANT

I hereby acknowledge that I have read or had read to me the foregoing conditions of the Treatment Court Program and that I fully understand them and agree to follow them. I fully understand the penalties involved should I, in any manner, violate them.

Furthermore, if I believe my rights have been violated or are about to be violated by an employee of the Monroe County Adult Probation and Parole Department, I may file a written complaint to their immediate supervisor, who will investigate the complaint and respond in writing to the complaint. If I feel the need for further appeal, I am to proceed in a similar fashion according to the chain of command in the department.

Adult Probation Officer: _____ Date: _____

Participant:_____ Date: _____

FORM N

MONROE COUNTY TREATMENT COURT
WEEKLY VERIFICATION

Due every Monday by 9:00 a.m. Text a clear picture to your PO, or fax it to 570-517-3869, or deliver to Adult Probation at Monroe County Courthouse, 610 Monroe Street, Stroudsburg, PA 18360, or email to: jpeters@monroepacourts.us.

Probation Officer: _____

Your Name: _____ Home Phone: _____

Your Address: _____ Cell Phone: _____

Employer: _____

Employer's Address: _____ Employer Phone: _____

Fines – Last Payment Date/Amount: _____

Medications (Prescribed/OTC): _____

Home Group/Sponsor: _____

Step: _____ Therapist: _____

Start of Week Date:	Work Hours	Treatment Hours	12 step time/location
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

BY SIGNING BELOW I AM VERIFYING THE ABOVE INFORMATION IS ACCURATE AND TRUE, I UNDERSTAND THAT I MAY BE SANCTIONED IF THIS FORM IS INACCURATE, INCOMPLETE, LATE OR IF I FAIL TO SUBMIT IT WEEKLY BY 9:00 AM EACH MONDAY.

Signature: _____ Date: _____

Form O

Community Service Requirements

As part of your sentencing and conditions of supervision, you may be required to complete community work service.

Enclosed, you will find your community work service forms. Keep this information for your records. You are required to contact a community service provider chosen for you or that you so choose, and begin your community work service **immediately** when so ordered by the Court. When you report for your first day of community service you must give these two papers to the representative at the agency.

Again, it is your responsibility to call and schedule your community work service immediately. It will be your responsibility to locate a **non-profit organization** on your own to fulfill your requirement, unless your PO or the Treatment Team Coordinator have been able to arrange an organization referral for you. You must contact your supervising Probation Officer to provide the agency information and obtain approval (prior to performing any hours) if you have chosen where to perform your community service. Any questions regarding community work service should be addressed with the probation officer assigned to your case.

SAMPLE LETTER
(to be on Monroe County Probation Office letterhead)

Dear Colleague:

_____ has been referred to your agency to perform _____ hours of service. The work must be completed as soon as possible.

Please do the following:

1. Log the hours worked on the form enclosed with this letter.
2. All hours worked must have a signature for verification.
3. Indicate the nature of work performed.
4. Indicate position of person signing for work done.
5. Return this form upon completion of time. (Without verification from you, our mutual client will be summoned back to Court to explain his failure to comply with the Judge's Order.)
6. Contact the Adult Probation Office at 57-517-3098 if this client fails to attend or if there is a problem. The receptionist will direct your call to the proper probation officer to address the issue.
7. If a participant is being dismissed from community service due to an issue or they have completed the hours, please send their log sheet back to the Adult Probation Office addressed to my attention.

Although it is optional, the courts and we would greatly appreciate hearing your comments about this person and/or the program in general. Please feel free to call me if there are questions or needs.

COMMUNITY SERVICE ATTENDANCE LOG

Client Name:
Case #: Participant Phone:
Hours Required: P.O.:
Restrictions:

Date	Hours Worked	Verification	Date	Hours Worked	Verification

Total Number of Hours completed: _____

Return Completed log to: Monroe County Adult Probation, Monroe County Courthouse, 610 Monroe Street, Stroudsburg, PA 18360 or email to: jpeters@monroepacourts.us.

Participant Signature: _____

Agency Name: _____

Agency Supervisor Signature: _____ Date: _____

COMMUNITY WORK SERVICE PROGRAM WAIVER AND RULES

Name:	
Case#:	Offense:
#Hours:	PO Name:

You have been ordered by the Court to complete the above noted hours of Community Work Service in lieu of a fine **or** as a **mandatory** condition of the Monroe County Treatment Court Program.

1. You must complete all hours required – no credit will be given for anything less than what was ordered by the Court.
2. You must call the agency in advance if you must miss any scheduled hours due to illness or an emergency.
3. You will show up on time when scheduled.
4. It is your responsibility to make sure your hours are being documented by the agency.
5. You will not attend the work site under the influence of drugs or alcohol.
6. If you are dismissed by an agency for any reason, you will be referred back to your Probation Officer for a possible violation. You will **NOT** be given another assignment. It will be your responsibility to locate a new agency on your own.
7. All Community Work Service **must** be performed at a **non-profit organization**.
8. If you choose to arrange your Community Work Service on your own, you must provide agency name, address, phone number and contact person information to your probation officer, who will determine whether this is an approved agency. You may not start your hours until your agency has been approved.
9. Upon completion of community work service, it is your responsibility to make sure your probation officer receives documentation of your hours. Hours will only be accepted if it is submitted on agency letterhead or on a probation log sheet that includes the agency contact information and a signature from the agency representative.
10. Your probation officer will address any questions or concerns you have regarding Community Work Service.

You further agree that you will not hold liable the County of Monroe, the Monroe County Adult Probation/Parole Department or any of its employees, the Monroe County Treatment Court Team or the Agency for which you are completing volunteer service or any of its employees and/or representatives, in the event you sustain an accident, injury or death while participating in the Community Work Service Program.

I understand the above waiver and rules and will make every effort to follow them.

Signed: _____ Date: _____

Telephone Number: _____ Do you have transportation? Yes ☐ No ☐

Address: _____

Days/Times Available to perform service: _____

Physical Restrictions: _____

FORM P

MONROE COUNTY TREATMENT COURT
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I _____, understand and consent to the disclosure of my diagnosis, urinalysis results, medical records concerning any prescribed medications including from providers, pharmacies and/or dispensaries, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program and progress, and whether there has been a relapse and/or compliance with drug and alcohol treatment and mental health treatment(if applicable). This information may be disclosed only as necessary for, and pertinent to participation in the Monroe County Treatment Court Program.

I understand that the Treatment Court Team Members include the Judge, District Attorney's Office, Public Defender's Office, Treatment Court Coordinator, Monroe County Adult Probation Office, Sheriff's Office, C/M/P Drug and Alcohol, C/M/P MHDS, and other members designated by the Monroe County Treatment Court Team.

Additional agencies and/or individuals may include, but are not limited to, Monroe County Pre-Trial Services, Pennsylvania Commission on Crime and Delinquency, and Administrative Office of Pennsylvania Courts.

I understand that my records are also protected under federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records 42 C.F.R. Part 2 and cannot be disclosed without my written consent unless otherwise provided for in these regulations. That the recipients of this information may disclose it only in connection with their official duties.

I understand that my records are also protected under federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Section 160 & 164 and that such HIPAA protections may not apply to a redisclosure by the recipients of information disclosed pursuant to the authorization.

This consent expires automatically as follows:

- □ There has been a formal and effective termination, revocation, or withdrawal of my participation in Treatment Court; or,
- □ I have successfully completed the Treatment Court program.

I recognize that my review hearings are conducted 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 Treatment Court.

I understand that if I refuse to consent to disclosure or attempt to revoke my consent prior to the expiration of this consent, that such action are grounds for termination from Treatment Court. I do hereby acknowledge that I have read, am familiar with, and fully understand the terms and conditions of this consent. I understand that I am entitled to receive a copy of this authorization after it is signed.

I have been offered a copy of this form and I have _____ Accepted _____ Refused

Participant Signature: _____ Date: _____

Witness: _____

FORM Q

MONROE COUNTY TREATMENT COURT
CONFIDENTIALITY AGREEMENT

There is in effect a federal regulation which prohibits the disclosure of any information regarding a person's presence and/or status in any alcohol or drug treatment program without their written consent. The regulation was designed to ensure the privacy of any individual who seeks treatment for substance abuse. Any person who violates any provision of this regulation is subject to a fine of $500.00 for the first offense and not more than $5000.00 in the case of each subsequent offense.

As a participant or visitor to the Monroe County Treatment Court, this means that you may not disclose any written or oral information regarding any participant; current or past. This includes any reference to identity, physical whereabouts, diagnosis, treatment, or prognosis.

While the Monroe County Treatment Court is an open court and visitors are welcome, the staffing sessions prior to the court are considered confidential.

This agreement remains in effect for any past, current, or future Treatment Court proceedings. I signify that I have read and am willing to comply with the above statement.

Signature: _____ Date: _____

Print Name: _____

Business: _____

Form R

Phases of Treatment Court

Phase I

- 3-4 months
- Report to PO weekly, with a minimum of two (2) contacts per week, alternating between field and office contact at PO discretion, before or after attending Treatment Court progress hearings.
- Create and update a supervision plan with the PO and actively comply with the plan.
- Attend Treatment Court every week.
- Attend and participate in treatment as directed by providers.
- Attend at least three (3) recovery related activities weekly including support groups.
- Employment, vocational training, education, and therapeutic community service may be pursued, but it is not required during this phase. Your time must be structured by engaging in approved/constructive activities.
- Urinalysis testing two (2) times per week.
- As determined by PO, meet with case manager and treatment provider.
- Complete and submit weekly verification forms on time (Form N).
- To transition to Phase II, participants must report for all probation contacts, court appearances, treatment appointments, comply with weekly recovery related activities, remain arrest free, establish a payment plan, and be drug and alcohol free (this includes reporting for all urine tests) for the last thirty (30) days.

Phase II

- 3-4 months
- Report to PO with a minimum of one (1) contact per week as directed by the PO.
- Attend Treatment Court every other week.
- Attend and participate in treatment as directed by the providers.
- Attend at least three (3) recovery related activities weekly including support groups.
- Actively seek/obtain employment, attend school or vocational training, participate in therapeutic community service, or participate in other pro-social activities as approved by the Court.
- Make consistent efforts toward paying restitution, court costs, and fines.
- Urinalysis testing two (2) times per week.
- As determined by PO, meet with case manager and treatment provider.
- Complete and submit weekly verification forms on time (Form N.)
- To transition to Phase III, participants must report for all probation contacts, court appearances, treatment appointments, comply with weekly recovery related activities, establish a budget, obtain stable housing, remain arrest free, and be drug and alcohol free (this includes reporting for all urine tests) for the last sixty (60) days.

Phase III

- 3-4 months
- Report to PO with a minimum of one (1) contact every two weeks as directed by the PO.
- Attend and participate in treatment.

- Attend Treatment Court every other week.
- Urinalysis testing one (1) time per week.
- Maintain employment, attend school or vocational training, participate in therapeutic community service or participate in other pro-social activities approved by the Court.
- Attend at least two (2) recovery related activities weekly including support groups.
- Make consistent efforts toward paying restitution, court costs, and fines.
- As determined by PO, meet with case manager and treatment provider.
- Complete and submit weekly verification forms on time (Form N).
- To transition to Phase IV, participants must report for all probation contacts, court appearances, treatment appointments, comply with weekly recovery related activities, show progress of living within a budget and maintaining stable housing, remain arrest free, and be drug and alcohol free (this includes reporting for all urine tests) for the last seventy-five (75) days.

Phase IV

- 3-6 months
- Report to PO with a minimum of one (1) contact per month as directed by the PO.
- Attend Treatment Court once per month.
- Maintain employment, attend school or vocational training, participate in therapeutic community service, or participate in other pro-social activities approved by the Court.
- Attend at least one to two (1-2) recovery related activities weekly including support groups.
- Urinalysis testing 1 time every two weeks.
- Make consistent efforts toward paying restitution, court costs, and fines.
- As determined by PO, meet with case manager and treatment provider.
- Complete and submit weekly verification forms on time (Form N).
- To transition to Phase V (if required) or to Graduate: participants must report for all probation contacts, court appearances, treatment appointments, comply with weekly recovery related activities, remain arrest free, and be drug and alcohol free (this includes reporting for all urine tests) for the last ninety (90) days(for six (6) months to graduate), be living within a budget, have maintained a stable residence for at least three (3) months, be actively working on completing any other court-ordered conditions, and making consistent efforts towards paying off court costs, fines, and restitution.

Phase V**

- Up to 12 months
- Report to PO as directed by the PO.
- Attend Treatment Court as directed by the Court.
- Maintain employment, attend school or vocational training, participate in therapeutic community service, or participate in other pro-social activities as approved by the Court.
- Attend at least one to two (1-2) recovery related activities weekly including support groups.
- Urinalysis testing as directed by the PO.

- Make consistent efforts toward paying restitution, court costs, and fines.
- As determined by PO, meet with case manager and treatment provider.
- Complete and submit weekly verification forms on time (Form N).

-Graduation requirements: participants must submit a graduation application(Form D); report for all Probation contacts, court appearances, treatment appointments; comply with weekly recovery related activities; remain arrest free, and be drug and alcohol free (this includes reporting for all urine tests) for the last six (6) months; have maintained a stable residence for three (3) months; be actively working on completing any other court-ordered conditions including any DUI requirements; complete an essay as directed by the Treatment Court Coordinator; and be making consistent efforts towards paying off court costs, fines, and restitution. The Court may require that restitution be paid in full in order to graduate.

** Phase V is intended for those participants who require a longer period of supervision and/or wish to serve as a mentor to other participants and/or seeking an automatic expungement of charges. This may also be part of an aftercare plan.

Note: A Program Phase Promotion Consideration form (Form L) is to be submitted by the participant when they are ready to move up to the next phase, together with an essay explaining the most important thing the participant learned in the current phase.