

Referral and Application Form

POLK COUNTY TREATMENT COURT

Referral Date: _____

Referred By: _____

Each application will be considered individually for eligibility to Polk County Treatment Court. The following are basic eligibility requirements to assist the Treatment Team in making a decision regarding a particular applicant.

Eligibility Standards:

1. Resident of Polk County and at least 17 years old.
2. History of drugs and/or alcohol abuse.
3. Convicted of possession, use or sale of drugs, or offense was drug related.
4. Cannot be working as an informant for law enforcement.

Automatic Ineligibility:

1. Current Felony sexual offense.
2. Prior participation in Drug/Treatment Court within the past 3 years.
3. Violent Offender Status

ACKNOWLEDGMENT

The Honorable Daniel Tolan presides over the Polk County Treatment Court. Before becoming a judge, Judge Tolan worked as an Assistant District Attorney (prosecutor) in Polk County from January 2009 until January 2017. It is possible that he prosecuted you in the case that you are asking to participate in treatment court. Even if he was never the lead prosecutor in your cases or case, he may have appeared in court hearings or helped the lead prosecutor with research, preparation or strategy. If Judge Tolan was the prosecutor in your case, helped with research, preparation or strategies in your case, or appeared on behalf of the State in your case, there is a conflict of interest. The conflict of interest disqualifies Judge Tolan from serving as your Treatment Court judge.

You have two choices: 1) waive Judge Tolan's disqualification, allow him to serve as your Treatment Court judge, and participate in Treatment Court or 2) decline to participate in Treatment Court. You should contact your attorney to discuss this decision. If you do not have an attorney, you may contact the Public Defender's Office at 715-386-4360 if you wish to discuss this decision with a public defender.

If you choose to waive Judge Tolan's disqualification, this must be a knowing, voluntary and free decision. If you choose to waive, there will be a short hearing on the record in treatment court.

- Yes, I would like to waive the disqualification.
 No, I will not waive the disqualification.

When you have decided whether or not to waive Judge Tolan's disqualification, you may complete the form below. Once this form is complete, please return it to the Treatment Court Case Manager.

Participant Signature

Date

Witness

Date

Identifying Information:

Name: _____ DOB: ___/___/___ DOC # (if applicable): _____ Age: _____

Physical Address (Not PO Box): _____ Move in date: _____

If less than 1 year, Previous Residence & length of time: _____

Description of Current Residence: Apartment _____ House _____ Rent _____ Own _____

Names and Dates of Birth of those residing in the Home:

Spouse/Significant Other: _____ DOB: ___/___/___

Roommate: _____ DOB: ___/___/___

Roommate: _____ DOB: ___/___/___

Roommate: _____ DOB: ___/___/___

Parent(s): _____ DOB: ___/___/___

_____ DOB: ___/___/___

Siblings: _____ DOB: ___/___/___

_____ DOB: ___/___/___

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Military Service: _____ Ethnicity: _____

Marital Status: Married _____ Divorced _____ Never Married _____ Widowed _____

Where did you attend High School? _____ Highest Grade Achieved? _____

High School Diploma or equivalency? _____

Do you have a dependable means of transportation (Please describe): _____

Valid Driver's License? _____

Employment:

Name of Company: _____

Address & Phone Number: _____

Supervisor: _____ Hours/Shift Worked: _____

Sober Support (List someone that you have that is willing to assist in your treatment):

Name

Relationship

Phone Number

Current Violation/Charges Being Referred For:

How were drugs/alcohol involved in the offense?

Do you have any pending charges in any other counties or states? If so, what and where?

If already on Probation/Extended Supervision/Parole, list Crime(s) and Sentence(s):

Date of Conviction	County and Branch	Offense and Statute	Conviction /Deferred Judgement

Prior Criminal Convictions:

Date of Offense	County and Branch	Offense and Statute	Sentence

Special Needs :

Alcohol Abuse

What: _____ How many times per week: _____

Drug Abuse

Drug(s) of Choice: _____ How many times per week: _____

Date of Last Use: _____ Medical Issues w/ Drug Use: _____

Health Problems (list): _____

Mental Health Problems (List): _____

Medications (list): _____

History of Violence: _____ History of Sexual Assaults: _____ Relationship Problems: _____ Pregnant: _____

Developmental or Learning Disabilities (List): _____

Other: (List): _____

Treatment History (if additional space is needed, write on the back of this page):

Facility Name	Admission & Discharge Dates	In/Outpatient or Aftercare	Successful Completion

Comments:

Treatment Court Team Decision:

Date of Acceptance: _____

Date of Rejection and Reason(s): _____

Treatment Court Program Participant Contract

I, _____, with a date of birth of _____ and address
of _____ acknowledge
having pending charges in Polk County Case(s): # _____
_____.

*By completing this contract, I intend to apply to the Polk County Treatment Court and anticipate
corking out a plea agreement in regards to the above entitled case(s). I understand and agree that
I will be bound by the terms of this contract as follows:*

*****Referring Attorney and Treatment Court Applicant, please initial next to each paragraph to indicate you have read and understand each requirement.**

1. I understand that the validity of this contract is conditioned upon my eligibility for the Treatment Court Program. If, at any time after the execution of this agreement and in any phase of the Treatment Court Program, it is discovered that I am in fact ineligible to participate in the program, I may be immediately terminated from the program and criminal proceedings will be reinstated. I will not be allowed to withdraw my previously entered plea of guilty unless my ineligibility is based on facts or information which should have been known to the prosecutor prior to Treatment Court admission, or upon Constitutional grounds.

2. I understand that if I enter this program and fail to complete it, I may be barred from future participation.

3. I understand that participation in Treatment Court involves a minimum time commitment of twelve (12) months, and may include an aftercare component consisting of up to an additional six (6) months.

4. I understand that during the entire course of the Treatment Court program, I will be required to attend Court sessions, treatment sessions, submit to random drug and alcohol testing, remain clean and sober and law abiding. I agree to abide by the rules and regulations imposed by the Treatment Court Team. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program. _____
5. I understand that sanctions may include time in custody, increased treatment sessions, increased drug/alcohol testing, community service, and other such sanctions as deemed appropriate by the Treatment Court Team. _____
6. I agree to cooperate in an assessment/evaluation for planning an individualized drug treatment program adequate to my needs. I understand that my treatment plan may be modified by the treatment provider or the Treatment Court Team as circumstances arise, and I agree to comply with requirements of any such modifications. _____
7. I understand that I will be required to pay for some or all of the costs associated with my treatment and Treatment Court participation and I will complete a financial declaration if necessary. I also understand that I may be required to provide the Treatment Court Team with financial statements, including but not limited to bank statements and/or income tax returns. _____

8. I understand that I will be tested for the presence of drugs, including alcohol, in my system on a random basis according to procedures established by the Treatment Court Team and/or treatment provider. I understand that I will be given a location and time to report for my test. I understand it is my responsibility to report to the assigned location at the time given for the test. I understand that if I am late for a test, or miss a test, it will be considered positive for drugs and I may be sanctioned. _____
9. I understand that substituting, altering or trying in any way to change my body fluids for purposes of testing may be grounds for immediate termination from Treatment Court. _____
10. I agree to be drug/alcohol tested at any time by a [police officer, probation agent, treatment provider, or at the request of the Court or any agency designated by the Court. _____
11. I understand that participating in Treatment Court requires me to be drug and alcohol free at all times. I will not possess any drugs or alcohol, or drug paraphernalia. I will not associate with people who use or possess drugs, nor will I be present while drugs or alcohol are being used by others. _____
12. I understand that I may not possess any weapons while I am in Treatment Court. I will dispose of any and all weapons in my possession and will notify the Treatment Court Team as to where these weapons are being housed. Furthermore, I will disclose information regarding weapons that are in the possession of anyone else living in my home. _____
13. I agree to inform any law enforcement officer that I have contact with that I am in Treatment Court. _____
14. I understand that I may not work as a confidential informant with any law enforcement agency while I am in Treatment Court, nor may I be made or encouraged to work as a confidential informant as a condition of my full participation in the Treatment Court program. _____
15. I may not participate in Treatment Court if I am currently an affiliated gang member. _____
16. I will inform all treating physicians that I am a recovering addict, and may not take narcotics or addictive medications or drugs. If a treating physician wishes to treat me with narcotics or additive medications or drugs, I must disclose this to my treatment provider and get specific permission from the Treatment Court Team to take such medication. I understand that if I am allowed to take these forms of medication, I may be subject to medication monitoring, whereas my treatment provider and/or probation agent monitors number of pills taken. _____
17. I agree to be responsible for what goes into my body that may affect drug/alcohol test results. Before taking medication of any kind, whether it is prescribed or over the counter, I will check with the pharmacist to ensure that it is non-narcotic, non-addictive and contains no alcohol. I will pre-register any and all medications with my treatment provider and with Treatment Court. This includes the use of any herbal supplements. _____
18. I agree that I will not leave any treatment program without prior approval of my treatment provider and the Treatment Court Team. _____
19. I understand that I may dispute positive test results. If this occurs, I may request another test at my own expense. I understand that if this test is also positive, I may face more severe sanctions. _____

20. For the purposes of regular Treatment Court review hearings, I agree to waive my right to have my attorney of record present. I understand that my case may be discussed without my attorney or the prosecutor present. _____
21. I understand that my individual course of treatment may include residential treatment, education and/or self-improvement courses such as anger management, parenting or relationship counseling. _____
22. I understand that during the early phases of treatment and recovery, I may be precluded from working or gaining employment. I further understand that within the time directed by the Treatment Court Team, I will seek employment, job training and/or further education as approved by the Treatment Court Team, and that failure to do so may result in sanctions or termination. _____
23. I agree to keep the Treatment Court Team advised of my current address and phone number and will notify them of any changes within 24 hours. My place of residence is subject to Treatment Court approval, and I will not leave Polk County without prior approval. _____
24. As a condition of participation in this program, I agree to the search of my person, property, place of residence, vehicle or personal effects at any time, with or without a warrant, and with or without reasonable cause when required by a probation agent or other law enforcement officer. _____
25. As a condition of participating in this program, I agree to allow any member of the Treatment Team to verify any Information or activities I report to have completed, to include employment verification. _____
26. I agree to execute to Consents of Disclosure of Confidential Health and Medical and Non-Health Information. I understand that any information obtained through the use of these consents will be kept separate from the Court file. _____
27. I understand that my failure to successfully complete and graduate from the Treatment Court Program will result in my return to court for sentencing. I understand that my failure to complete Treatment Court cannot be a basis for withdrawing my previously entered guilty plea. _____
28. Upon successful completion of the Treatment Court Program, the District Attorney's Office will take the action related to my criminal sentence as previously agreed unless there is an objection from the Court. _____
29. I understand that new legal charges involving drugs or alcohol may result in immediate termination from the program. Other legal charges not pertaining to drugs or alcohol could also result in termination, as would be determined by the Treatment Court Team. _____

I have read or have had read to me, and initialed each rule, in the above contract. I understand all that it states. I am willing to enter into this agreement with the Polk County Treatment Court Program.

Participant Signature

Date

Legal Counsel or Probation Agent Signature

Date

Treatment Court Judge Signature

Date