

Itasca County Wellness Court

Itasca County District Court
Itasca County Court House
123 NE 4th Street
Grand Rapids, Minnesota 55744

WELLNESS COURT CONTRACT (DWI TRACK)

FULL NAME: _____ CASE FILE NO.: _____

1. I will participate in alcohol and/or other drug treatment as directed by the court, including my treatment plan and I agree to be supervised by the Wellness Court supervising agent or other person designated by the Wellness Court. I will obey all rules of the treatment program and pay all treatment program fees. I will take chemical tests when requested. I will obey all laws and be of good conduct.
2. I will attend all treatment meetings, court dates and other scheduled appointments and I will be on time.
3. I will fully participate in treatment and in all other programs to which I am referred by the court or the services supervisor to help maintain my sobriety and obtain a law-abiding lifestyle.
4. I will pay any fees or fines as directed by the court. The fee for Wellness Court is \$400.00. I understand that I will be required to make payments towards the balance of this fee while in Wellness Court. I understand that I cannot successfully complete Wellness Court until the full fee has been paid.
5. I understand that failure to fully participate, failure to appear, positive chemical tests and other program failures will result in sanctions being imposed against me which may include being in custody pending a program termination hearing or sanctions hearing with possible reinstatement back on the program.
6. I understand that I will be required to submit to frequent and random chemical testing on short notice. I agree to call the Wellness Court Testing Line on a daily basis and to report for chemical testing as requested. Chemical testing will generally be conducted at the Itasca County Sheriff's Office. I understand that the Wellness Court supervising agent and other persons designated by the Wellness Court may also demand and administer chemical testing. I realize that it is my responsibility to arrange transportation to the testing facility.
7. I agree to submit to random chemical testing at any time by law enforcement and/or Probation. Refusal to submit to a chemical test will be classified as a positive test, and I could be booked into the jail.
8. Before submitting to any chemical test I will notify the person administering the test if I have consumed any prescription or over the counter medications in the past 24 hours.
9. I agree that the court may generally rely on a presumptive chemical test result. I may request a further confirming test but if I test positive, I will not only bear the cost of the test but may be terminated from the program based on my failure to be candid with the court about my chemical use.

10. I understand that any attempt to falsify a chemical test is grounds for immediate termination of my program and a formal sentencing of the charge(s) against me. I understand that a missed test will be considered a test which is positive for chemicals and will be subject to the same sanctions as a test which actually tested positive for chemicals. I understand that a diluted or otherwise tampered-with sample may be considered a positive test.
11. I will sign a consent or release form waiving confidentiality of any medical, other treatment, or social service records. Upon request of the Wellness Court I will, within 24 hours of the request, sign and execute any other releases of medical information that may be required by individual service providers. If I withdraw consent or fail to execute a consent or release as requested, I understand that I will be terminated from this program.
12. I understand that a failure to appear for a court date or any other breach of this agreement will result in an immediate Bench Warrant/Apprehension Order.
13. I agree to keep the court, treatment provider and the services coordinator informed of my current address and telephone number(s), including any cell phone number, and to report any changes within two calendar days.
14. I agree that I will not use or possess any controlled substance or illegal drug such as marijuana, heroin, cocaine (powder, base or "crack"), methamphetamine, PCP, LSD, or any other drugs of abuse. I will not use or possess alcohol. I will not associate with persons who use or possess alcohol or controlled substances. I will not use or possess any other drug without a prescription, and follow the prescription as directed. I will not eat foods containing poppy seeds, glucuronic acid, or take over-the-counter medications prohibited by the court which may result in a false positive chemical test.
15. I understand that if I am convicted of a DWI offense while participating in the Itasca County Wellness Court I will be terminated from the program and my case will return to Criminal Court and be processed accordingly.
16. I will notify the supervising agent within 24 hours of obtaining a doctor's prescription for any medication. I realize that if I am prescribed a narcotic medication I may become ineligible for Wellness Court.
17. I will notify my supervising agent immediately following a failed test on my ignition interlock device.
18. I understand that sanctions for violating Wellness Court rules and conditions are an important part of the process and are designed to be a reasonable and appropriate in response violations. I hereby waive any right to a hearing prior to the imposition of sanctions for violations of Wellness Court rules and conditions.
19. I further agree to abide by the other conditions of release or of my probation, including the following:
 - a. Obey all State and Federal laws and local ordinances.
 - b. Report to supervising agent, as directed.
 - c. Advise supervising agent prior to making any changes in employment and/or residence.
 - d. Obtain permission from supervising agent before leaving the State.
 - e. By the next business day, notify supervising agent if arrested or issued a summons.
 - f. When ordered by supervising agent, submit to search of your person, residence or any other property under your control.
 - g. Abstain from the illegal use or possession of controlled substances, or any other drugs of abuse, and submit to testing to verify compliance.

