



**Veteran:** \_\_\_\_\_

**Case #:** \_\_\_\_\_

## **Leon County Veterans Treatment Court (VTC) Participation and Graduation Contract**

I understand that participation in the Leon County VTC is voluntary and in order to graduate from the program, I must abide by the rules and requirements of this participation and graduation contract. I further understand that failure to comply with any of the rules and requirements will result in some type of sanction, which may include termination from the Leon County VTC or imposition of a jail or prison sentence.

### **Enrollment, Contact and Court Appearances**

1. I will complete and sign all needed paperwork, including confidentiality agreements, necessary for entering the VTC program.
2. **I will attend every Court session as ordered, on time.** I understand that I am responsible for making sure that I have a reliable method of transportation to get to Court and understand that I must adhere to the dress code guidelines when appearing before the VTC.
3. I will report to my Veterans Pre Trial Intervention Officer/Probation Officer or other Veterans Court personnel as directed.
4. I understand that I am responsible for keeping the VTC Treatment Team and my Veterans Pre Trial Intervention Officer/Probation Officer informed of my current address, employment status and phone number. I understand if these personnel are unable to contact me because of inaccurate or outdated contact information I may be sanctioned by the VTC Judge.

### **Phases and Treatment**

1. I understand that there are 4 phases to the Leon County VTC and that I must successfully complete all 4 phases to graduate.
2. I will comply with the terms of my VTC plan, and I understand that it may be changed as needed during my participation in the Leon County VTC. I further understand that the extent and seriousness of my drug use or mental health issues may be re-assessed during the time I am participating in the program, and that I may be referred to intensive outpatient treatment, inpatient treatment, or other treatment programs deemed appropriate for me by the VTC Treatment Team. I further understand that if I am referred to such a program, I will be required to successfully complete that program before I can graduate.
3. I understand that drug screening is a requirement of the Leon County VTC. I understand that my Veterans Pre Trial Intervention Officer/Probation Officer will advise of when and where I will complete drug screenings. I further understand that a missed drug screen, abnormally diluted drug screen, or a refusal/inability to submit a drug screen will be reported to the VTC Treatment Team. I also understand if I miss a drug screen for unavoidable circumstances, I should immediately contact my Veterans Pre Trial Intervention Officer/Probation Officer and re-set a date to take the drug screen at the earliest time possible.

4. I understand that some prescription and non-prescription medications may cause a positive drug screening and that I need to notify my Veterans Pre Trial Intervention Officer/Probation Officer if I am taking any of those (list to be provided) so that it may be properly documented and relayed to the VTC Treatment Team.

**Employment and Identification**

1. I will make a good faith effort to secure employment or be enrolled as a full time student, unless specifically excused from this requirement by the VTC Treatment Team.
2. I understand that I may be ordered by the VTC Treatment Team to obtain a Florida Driver’s License or Florida ID card, if I do not currently possess one and I otherwise qualify.

**Weapons and Contact with Law Enforcement**

1. I understand that I may not possess or use firearms during my participation in the Leon County VTC program.
2. I understand that I must notify my Veterans Pre Trial Intervention Officer/Probation Officer immediately of any new citations and/or offenses.

**Violations and Sanctions**

1. I understand that I will be sanctioned for violation of any of these rules and requirements. I further understand that my case will be treated individually and that any sanctions I receive will be carefully considered by the Court.

**Financial Obligations**

1. I understand that I may be required to pay some or all of the costs of any treatment program to which I am referred.
2. I understand that I will be required to pay for all drug screens I must take during my participation in the Leon County VTC.
3. I understand that I may be required to pay other fees before I will be allowed to graduate from the Leon County VTC (supervision, Court, program, etc.)
4. I understand that if I am allowed to enter the program on a case which involves restitution that I may not be allowed to graduate until restitution is paid in full.

I understand that I am being referred to VTC as a: \_\_\_\_\_ Pre-trial Intervention Case \_\_\_\_\_ Deferred Prosecution Case \_\_\_\_\_ Post Adjudication Case.

**The VTC Team agrees to** help you gain and maintain stability, which may include helping you enroll in treatment options designed for improving your mental health and assisting you in achieving sobriety, and then helping you successfully reenter society as a productive individual. **We want you to be successful!**

**NOTE: The costs associated with each case will be assessed on the Veteran/Servicemember’s ability to pay and may also include a sliding scale. The VTC requires accountability but will work with Veterans/Servicemembers individually to determine a plan that allows them to be responsible for their other obligations, in conjunction with the VTC requirements.**

\_\_\_\_\_  
Veteran/Servicemember’s Signature      Date      \_\_\_\_\_  
Defense Attorney’s Signature      Date