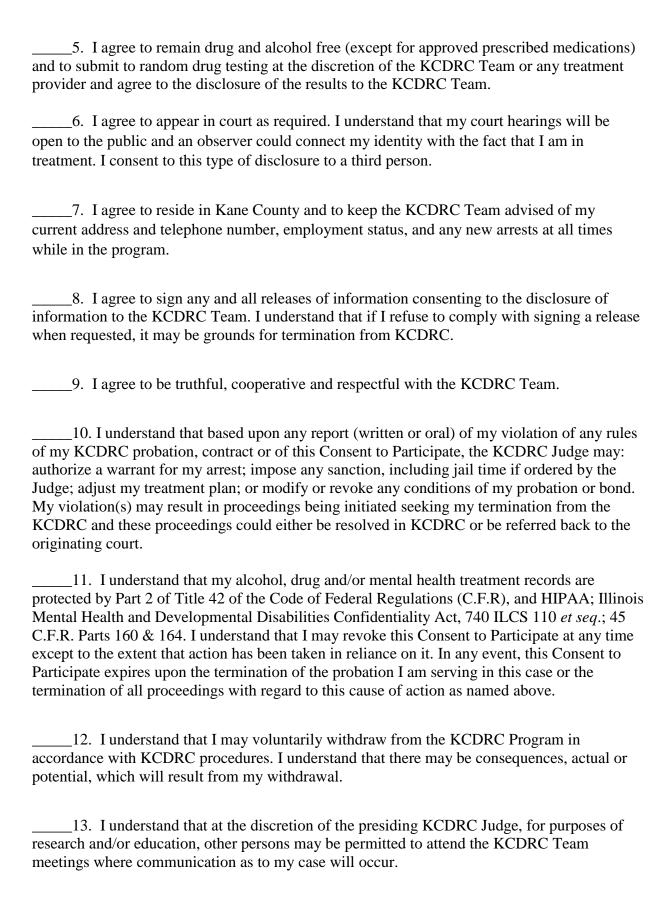
## STATE OF ILLINOIS

## IN THE CIRCUIT COURT OF THE $16^{\mathrm{TH}}$ JUDICIAL CIRCUIT COUNTY OF KANE

THE PEOPLE OF THE STATE OF ILL	INOIS
VS.	CASE NO
DEFENDANT	
CONSE	NT TO PARTICIPATE
KANE COUNTY DRUG REHA	ABILITATION COURT PROGRAM (KCDRC)
Rehabilitation Court Program. I have r	gal right to participate in the Kane County Drug reviewed this Consent to Participate with my Attorney y execute this Consent to Participate which allows me to
including, but not exclusively, any mentreatment recommended by the KCDR Coordinator, Prosecutor(s), Public Def	ooperate with any and all treatment recommendations, ntal health or substance abuse assessments and/or C Team, which consists of the Judge, Local PSC Tender or Defense Counsel, Court Services, Treatment other personnel designated by the KCDRC Team or my treatment plan.
Judge, communicate as a team and sha KCDRC, including compliance with tr into the KCDRC, I consent to the KCD KCDRC staffings and at court status re understand that my privately retained of and court status review hearings. In the	I that all members of the KCDRC Team, including the are information regarding my participation in the reatment, and I agree to them doing so. Upon my entry DRC Assistant Public Defender representing me at eview hearings unless I have privately retained counsel. I counsel will be required to represent me at all staffings to event that my privately retained counsel is unable to and that my attorney will arrange for other counsel to
counseling sessions, treatment program	onents of my treatment, including attending all ms, taking my medication as prescribed, engaging in DRC Team, including sobriety based self-help meetings and CDRC Team members.



14. I understand that language help it responsibility to inform the court I need help	is available and if I need assistance, it is my lp.
MAY BE AN OPPORTUNITY FOR ME TO AND TO HELP ME OBTAIN TREATMENT ALSO UNDERSTAND THAT ALL MEMB	NTY DRUG REHABILITATION PROGRAM D AVOID CONVICTION, JAIL AND/OR PRISON T AND MOVE FORWARD WITH MY LIFE. I ERS OF THE KANE COUNTY DRUG EE ME SUCCEED AND ARE HERE TO HELP
	Name (Print or Type)
Defense Counsel	Assistant State's Attorney
Date	Date
Judge	Date
Signature of Interpreter (If Applicable)	