



16th JUDICIAL CIRCUIT



KANE COUNTY DRUG REHABILITATION COURT

PARTICIPANT HANDBOOK

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Mission Statement

The Illinois General Assembly has recognized that there is a critical need for a criminal justice program that will reduce the incidence of drug use, drug addiction, and crimes committed as a result of drug use and drug addiction. It is the mission of the Kane County Drug Rehabilitation Court, established here under the provisions of 730 ILCS 166/1 et. seq. to accomplish these goals through an immediate and highly structured judicial intervention process for substance abuse treatment of eligible defendants that brings together substance abuse professionals, local social programs and intensive judicial monitoring in accordance with the Illinois Supreme Court Problem-Solving Court Standards. The Kane County Drug Rehabilitation Court (hereinafter referred to as "KCDRC") is a post-adjudicatory program for defendants who have admitted guilt or have been found guilty and agree to enter a drug court program as part of the defendant's sentence.

So what does that mean?

The Kane County Drug Rehabilitation program is a special probation program to help you address your addiction and recovery. We are here to help you live drug free, crime free and be successful in life.

This handbook

This handbook is meant to answer many of your questions about drug court. While in Drug Court, you must follow all court orders, all terms of your Drug Court probation and the Consent to Participate. This handbook explains the rules and expectations in Drug Court. You should keep this handbook so that you can get information as you need it while in the program. It is your responsibility to understand and comply with all the rules of the program. If you have any questions at any time, you should ask someone on the Drug Court Team. We are always happy to help.

Our goals = your goals

At first, you may have asked for drug court to avoid going to prison. You may have been unable on your own to stop using drugs and committing crimes. You may even have been afraid of dying from a drug overdose. All of those are good reasons to come to drug court.

It may surprise you that the drug court team also wants you to avoid going to prison. We want to help you with your addiction and to help you lead a successful, law abiding and full life.

Who can be in drug court?

Drug Court is a voluntary program. In order to be accepted into Drug Court, you must be willing to sign the Consent to Participate and the Addendum and be willing to follow those agreements.

In order to be in the Kane County Drug Rehabilitation Court, you must meet the requirements of our Local Rule 24.03 (a copy is at the end of this handbook.)

This rule requires, among other things, that you:

1. Live in Kane County while in the program
2. Have no crimes of violence within the past 10 years
3. Admit your addiction to drugs and be willing to complete treatment
4. Be assessed to meet the target group we are best able to serve. (Not everyone who uses illegal drugs is an addict in need of drug court and not every addict needs to be in drug court to treat their addiction.)

We don't discriminate!

Every person will receive the same opportunity to be admitted into and succeed in drug court. We will not discriminate based on race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion or socio-economic status. If you have a disability, we will make accommodations for you in accordance with the Americans with Disabilities Act (ADA) and provide language access services to you if you have a limited understanding of English.

How to apply for Drug Court?

A defendant can apply for Drug Court if they have entered a plea of guilty, intend to plead guilty or have been found guilty of a felony offense. A written application must be given to the Drug Court Judge who will then require you to be assessed. (A copy of the application is attached to this handbook). You will be told to meet with a Drug Court Team member and schedule an assessment. The assessment is just a long interview about you and your history. You must be honest during the assessment. The Drug Court Team will review the results of your assessment to make sure that you are a good fit for drug court and that drug court is a good fit for you.

Entering into Drug Court

If you are accepted into Drug Court, you still have to decide whether you are willing to follow all of the rules of Drug Court. You will need to review the Consent to Participate and the Addendum to the Consent with your attorney. The Judge will also go over these documents with you to

make sure you really understand the rules and are willing to follow the rules. (A copy of the Consent to Participate and the Addendum to the Consent are attached to this handbook.)

If you are willing to follow the rules of Drug Court, you must sign the Consent and the Addendum to the Consent and either enter a plea of guilty to the felony offense or, after being found guilty, be sentenced to Drug Rehabilitation Court probation by a judge.

Attitude

The most important part of your recovery is your attitude and commitment to change. Drug Court is designed to help you succeed but you are the most important person to make that happen. You must be willing to change your current lifestyle. You must be willing to do the hard work necessary. You must be willing to live drug and alcohol free. Drug court will help you change your life if you are willing but it is your attitude and effort that will determine if you are successful.

Your Plan of Action

We will identify your strengths and needs based upon your assessment and a recommendation for treatment will be made by a treatment professional. You will be referred to a substance abuse treatment provider who may do their own assessment to decide the type of treatment you need. (A list of treatment providers in our area is attached to this handbook.) Treatment can be anything from outpatient treatment, to intensive outpatient treatment, to partial hospitalization to inpatient residential treatment.

Treatment may include mental health services if that would help you on your road to recovery. Treatment may also include a requirement that you live in a halfway house or sober living place for a short time early in your recovery.

It is your responsibility to go to all scheduled treatment appointments and successfully complete treatment following all recommendations. If you do not go to scheduled treatment appointments or are discharged from treatment for violating the rules, you may be sanctioned in Drug Court (See the section on Sanctions.)

In addition to your specialized treatment plan, you will receive a specialized case management plan in drug court. The case management plan includes all the steps you will need to take to be successful in Drug Court. It will include your treatment plan along with other programs or other steps you must take to address your own specific needs.

Your case management plan may be modified depending on how your needs may change. You and your probation officer will talk about your plan regularly and you will be rewarded with incentives when you make progress in your plan. (See the section on Incentives.)

Who is on the Drug Court “Team”?

We are a “team” because we work together for your success.

The Drug Court Team includes the judge, a prosecutor, a public defender or your private attorney, probations officers, treatment providers and the drug court coordinator. We all work together to help you. The team meets weekly for staff meetings to discuss your progress and make adjustments to your plans, if necessary. In order to help you be successful and make sure you comply with the rules, the team recommends incentives and sanctions depending on your actions.

Each member of the Drug Court Team has a different role.

Judge: The Drug Court Judge is the leader of the team. The Judge receives advice from the entire team before making decisions on admissions to the program, sanctions, incentives and adjustments to your plans. The Judge will award incentives when you are doing well and will impose sanctions if rules are violated. You will meet with the Judge regularly at status hearings where your progress will be discussed. The Judge makes all final decisions about your case.

Prosecutor: The Prosecutor (also called an Assistant State’s Attorney) is responsible for making sure the law and court orders are obeyed and that you and our community are safe. On the Drug Court Team, the Prosecutor will ask for sanctions if you violate the rules. The Prosecutor may also ask for you to be terminated from the program if you are repeatedly violating the rules or are not making progress.

Defense Attorney: The Defense Attorney is responsible for making sure that you are being treated fairly under our laws and the Constitution. Your attorney will represent you in court during status hearings. Your attorney will represent your interests at our weekly staff meetings and will also provide you with legal advice. You are always able to have an attorney of your own choice represent you in Drug Court. If you cannot afford an attorney to represent you, the public defender assigned to Drug Court will be your attorney.

Probation Officers: Probations Officers supervise you in the community, help you make progress with your plan, supervise drug testing, and visit you at your home. The probation officers will report on your progress with treatment and your case management plan and will tell the team if you violate any rules of Drug Court.

Treatment Providers: Our Drug Court works with many local treatment providers. These treatment providers assess your needs and provide treatment for you based on your needs. Certain treatment providers attend our weekly staff meetings to report on your progress in treatment. They also advise the team based upon their special training and experience.

Drug Court Coordinator: The Drug Court Coordinator manages the operations of Drug Court. The Coordinator handles the day to day needs of the program and works directly with our treatment providers. The Coordinator also evaluates the treatment providers to make sure they are giving the best service possible so we get the best results.

Treatment Coordinator: The Treatment Coordinator is responsible for performing assessments and determining your appropriate level of care. The Treatment Coordinator works with local treatment providers to assist you in obtaining treatment and reports on your treatment progress.

Drug Court Participant: Once you enter into Drug Court, you are known as a Drug Court Participant. You are expected to not only follow the rules of drug court but also to encourage other participants so that they do well in their recovery.

How long will I be in Drug Court?

When you enter into Drug Court, you will be sentenced to a term of probation. Most probation terms last between 24 to 30 months.

If a participant has met all the requirements for graduation, a participant may be allowed to graduate early if the Drug Court Team agrees. Early graduation is allowed as an incentive for a participant who has completed all treatment goals and has been in full compliance with the rules of Drug Court. No one is entitled to early graduation and it is allowed only in the discretion of the team.

What are my responsibilities as a Drug Court Participant?

Responsibility and accountability are two of the most important parts of Drug Court. You are responsible for following all the rules of Drug Court and you will be held accountable for your actions.

There are a lot of rules in Drug Court and this handbook is meant to help you understand the rules so that you can be successful in Drug Court and in life! Please keep this handbook nearby so that you can refer to it when needed.

Drug Court rules have all been designed to help you get and stay sober and stay out of the criminal justice system.

The following is a summary of the rules of Drug Court:

Honesty

Honesty is a very important factor in your recovery and is always required in court and when speaking with any Drug Court Team member. Lying and attempts to hide or distort the truth will result in a sanction. It is very important that you immediately report any use of alcohol or drugs (including prescription medicines and over the counter medicines) to your probation officer. Waiting to report a relapse until *after* you have tested positive on a drug test is NOT honesty.

Court Status Hearings

You are required to attend all your court status hearings. In Phase 1 of Drug Court, you will have weekly status hearings. In Phase 2, you will come to court every other week. In Phase 3 until graduation, you will have status hearings every three weeks.

Drug Court is held three times each week and you will be assigned to one of the following times:

Wednesday 9:00 am

Wednesday 4:30 pm

Friday 9:00 am

Court Expectations

1. You must be on time for court. If you are late, you may be sent home and be required to come to court an extra two times.
2. Have all your paperwork. This will include your meeting summaries, which should be filled out immediately after you attend the meeting, your drug testing sheet, any community service hours required, job logs, if ordered, any new prescription medications and paystubs, if requested. Copies of all of these sheets are available on the Drug Court table in the court room. Copies of the meeting sheet, drug testing sheet, and job log are attached to this handbook. Feel free to make copies from this book if you lose your sheets during the week.
3. Conduct yourself appropriately while in the hallway and use appropriate language and “indoor” voices. You are an ambassador for our program and your actions reflect not only on you but the entire Drug Court program.
4. When you get to court, print your name and put the correct time on the sign in sheet in the court room.
5. Make sure that your phone is completely turned OFF (not just silent or vibrate) while in the court room. The bailiff has been told to take any phones in use in court and the phone will not be returned until the end of the court call.
6. Wait in the court room until you are called for your pre-court interview. It is our hope that you will learn from watching others who are doing well, or not so well, in their recovery.
7. Treat everyone in court with respect at all times.

8. Except with the Judge, there is no talking allowed in court.

Drug Court Dress Code

It is important to dress appropriately in Drug Court and at all Drug Court activities.

- No tank tops, muscle shirts or crop tops (shirts must have sleeves and cover your stomach)
- No shirts with obscene words or pictures
- No shirts with drug/alcohol themes
- No sagging pants
- No hats, caps or bandannas
- No gang clothes or colors

Behavior rules

In addition to court expectations, there are other behaviors that we expect from you while in Drug Court.

We expect you to:

1. Go to all drug tests required and to be respectful and behave appropriately at all drop sites for drug testing.
2. Go to all scheduled treatment appointments. If you must miss an appointment due to an emergency, we expect you to call the treatment provider and let them know in advance or as soon as possible after the emergency is over.
3. Treat all participants in a respectful manner at all times.
4. Avoid dating anyone who is also in the Drug Court program.
5. Complete all written assignments honestly. Forging sheets and plagiarizing will result in a sanction.
6. Follow the law at all times and to report any contact with the police.
7. Build a recovery network of other sober people and attend support meetings at least three times a week.
8. Cooperate with all visits by Probation Officers. Probation Officers will conduct home, treatment and job visits with you to monitor your progress. These visits may be scheduled or unannounced.
9. Take ALL prescribed medications as directed. You MUST report any changes in medications (both prescribed and over the counter) to your Probation Officer.
notify a drug court team member of all hospitalizations as soon as possible.
10. Tell your Probation Officer immediately if you change your address or your job.

You must never:

1. Use any illegal substance or drink any alcohol.
2. Take medications not prescribed for you by a doctor.
3. Use any synthetic drugs such as K2, Spice or anything not meant for human consumption.

Drug Testing

While in Drug Court, you are required to submit to drug testing when requested. Testing is important to make sure you are staying drug and alcohol free. Testing will be random and observed.

Drug Court uses an automated phone system called “Blackboard Connect.” The Blackboard will send you a text message if you are required to do a drug test that day. Please make sure that you read the entire message because testing may only be for specific times or specific locations. We will provide you with as much notice as possible but you may be required to test at any time.

The locations for drug testing may be any one of the following:

Aurora Probation Office, 1330 N. Highland, Aurora, IL 60506
Kane County Judicial Center, 37W777 Route 38, St. Charles, IL 60177
Elgin Probation Office, 133 S. Grove Street, Elgin, IL 60120

You may also be required to submit to drug testing on a specific request from a Drug Court Team member at any time while in the program. If you receive a call for drug testing, you will have two (2) hours to submit to that test.

It is always your responsibility to provide the team with your phone number. If you do not have a phone or if you have lost or broken your phone, it is YOUR RESPONSIBILITY to call your probation officer each day you do not have a phone to see if drug testing is required for you that day. Missed drops will always be sanctioned and it will not be an excuse for you that your phone was not charged, was lost, was broken or that you changed your number and forgot to tell the team. (Phone numbers for all drug court team members are at the end of this book.)

The results of our drug tests will be presumed valid in Drug Court. The tests we use in Drug Court are very good at detecting any drug or alcohol use. You must avoid using any products which could cause a positive test result. It is YOUR responsibility to read product labels to know whether they contain alcohol. You will not be excused from a sanction if you use a product containing alcohol. You may not use any substance which would result in a positive drug test.

You must avoid certain products!

Some products that can cause a positive test for alcohol use are:

- Cough syrups
- Liquid medications
- Non-alcoholic beers and wine
- Food flavorings and food cooked in wine
- Mouthwash/Breath strips
- Hand Sanitizers

Some substances that can cause a positive test for drugs are:

- Poppy seeds in any form (cake, muffins, bread, bagels, salad dressing, mustard etc.)
- “Natural” or “herbal” remedies or supplements commonly sold in health food stores
- So called “health supplements” meant for weight loss, strength or endurance.

If you receive a positive drug test because you used one of the above substances without prior approval, it will be treated as a positive use and you will receive a sanction.

Don't try to cheat the test!

The urine you submit for the test must be your normal urine. It will be tested to make sure that you are not trying to cheat the test. You must not use any substance to defeat the test. You must not try to dilute your urine sample to avoid a positive test. Dilute and tampered samples will be sanctioned!

In order to avoid a dilute urine sample, do not drink too much prior to the test. Avoid overly caffeinated beverages. Energy and Sports drinks may cause dilute tests so they are to be avoided.

If you try to defeat the drug test by bringing urine into the testing site, you may be terminated from the Drug Court program with your probation revoked. If terminated, you may be re-sentenced up to the maximum time available for the crime. Additionally, attempting to defeat a drug test is a crime and new charges may be brought against you.

Notifications

Drug Court will use an automated phone system called “Blackboard Connect” to notify you of important information including drug testing changes, court cancellations and other emergency information.

It is very important that you listen to the information on the message until the very end. If you are unable to pick up the call at the time you receive it, the automated system should leave a

message on your voicemail. Listen to the voicemail as soon as possible. Once you have heard the message completely, contact a team member only if you do not understand.

It is your responsibility to tell your probation officer any time your phone number changes.

What if I get sick while I am in Drug Court?

If you get seriously ill or are injured, we expect you to take care of yourself by seeking medical care. This may require a visit with your doctor, an urgent care clinic or even an emergency room visit.

It is very important that you tell all doctors, including dentists, that you are in recovery. While in Drug Court, you must discuss pain management and medical treatment with your healthcare provider to determine whether there are non-narcotic, non-addictive alternatives for your condition. In this way, we can work together with your doctors to improve your health and keep you on the right track in recovery.

If you are going to be prescribed a medication from ANY doctor or dentist, you must give the prescriber a "Healthcare Provider" letter which we provide to you. The doctor/dentist will need to fill out a "Medication Receipt" which will list the medicines prescribed. (A copy of the letter and the Medication Receipt are attached to this handbook and you may photocopy them whenever needed. There are also copies of both on the Drug Court table in the court room.)

It is your responsibility to let us know that you have been to a doctor, the hospital or an urgent care clinic.

It is also a requirement that you bring the Medication Receipt signed by the doctor along with a copy of your prescriptions to your next court date. Your Probation Officer may monitor that you are taking all medications as the doctor has ordered.

If you are sick but do not need to see a doctor, you must be very careful with any over the counter medicines as some interfere with drug tests and some may harm your recovery.

The following are over the counter medicines which are **generally safe** to take as directed:

For pain:

- Aspirin
- Tylenol (Acetaminophen)
- Advil (Ibuprofen)
- Motrin (Ibuprofen)

For allergies:

- Alavert but not Alavert D
- Allegra but not Allegra D
- Clarinex but not Clarinex D

- Claritin but not Claritin D
- Zyrtec but not Zyrtec D

For the flu:

- Tamiflu

For a cough:

- Mucinex but not Mucinex D or DM

For upset stomach or diarrhea:

- Emetrol
- Imodium
- Kaopectate
- Maalox
- Mylanta
- Nexium
- Pepcid
- Pepto-Bismal
- Prevacid
- Prilosec
- Simethicone
- Tums
- Zantac

Medication Assisted Treatment (MAT)

Some people with an opioid use disorder will do better in recovery if they use medications to assist in their treatment. These medications are allowed in Drug Court when they are prescribed by doctors educated in addiction and recovery and when they are used as prescribed as part of your treatment plan.

Because Drug Court has an obligation to make sure that the medicines are not misused or used for illegal purposes, Drug Court has specific rules for participants using MAT.

A participant using MAT must provide a letter from Drug Court to their healthcare provider which outlines information we need from your doctor. (A copy of that letter is attached to this handbook.) The doctor prescribing MAT must provide Drug Court with a letter with the information requested. Drug Court will require quarterly reports from the doctor regarding your compliance with MAT.

Drug Court may require additional monitoring for you while on MAT to make sure the medications are taken as directed. This additional monitoring may include direct observation when you take the medicine, additional drug testing, and the counting of medication.

In order to help participants who are finishing their MAT, Drug court may require you to come to court weekly after the medication is stopped. This should not be seen as a sanction or punishment but as a safety measure for your continued success.

Your failure to comply with the rules for your MAT or your misuse of your MAT will result in a sanction and may result in your termination from Drug Court.

Incentives

As you work on your recovery and follow the rules of Drug Court, the Drug Court team will reward you with incentives. It is our way of showing you that we appreciate the hard work you are doing. Incentives will be awarded for many of your achievements and for your good behavior and attitude.

Although there are many different ways for you to be awarded an incentive, some of the more common achievements can include:

- Successful completion of treatment
- Sobriety milestones
- Securing employment
- Enrolling in an educational program
- Obtaining a GED
- Making Honor Roll/Dean's list
- Restoring your driving privileges
- Participation in Drug Court Activities
- Payment of all fines, costs, restitution and fees
- Assisting other participants
- Taking a leadership role in treatment
- Mentoring others in recovery
- Obeying all Drug Court Rules

Incentives may include any of the following:

- Praise
- Applause
- Promotion to the next Phase
- Certificates
- Reduced court appearances
- Travel Permits
- Free passes
- Gift cards
- Small tokens (candy, key chains, pens, etc.)

Sanctions

If you **don't** do what is required by the Drug court rules, you will receive a sanction. Sanctions are meant to punish rule violations and encourage you to obey the Drug Court rules. Sanctions are progressive. Progressive sanctions mean that with repeated rules violations, the sanctions you receive will become greater. Continued refusals to follow Drug Court rules and continued sanctions could result in your termination from Drug Court.

All rule violations will be sanctioned. The following are examples of violations which will result in a sanction:

- Missed court hearing
- Missed drug test
- Dilute drug test
- Tampering with a drug screen
- Positive test for alcohol
- Positive test for drugs
- Failure to attend treatment
- Failure to respond to probation within two hours
- Being late for court
- Failure to bring meeting sheets
- Forged meeting sheets
- Misuse of any medication
- Refusal to work or attend school
- Unsuccessful discharge from treatment
- Dishonesty to a team member or in court

Sanctions may include any of the following:

- Verbal warning/admonishment
- Written apology
- Essay or "Thinking Report"
- More meetings with your probation officer
- Additional self-help meetings
- Additional court status hearings
- Community Service Hours
- Job log
- Medication contract
- Alcohol monitoring device
- Electronic Home Monitoring
- House arrest
- Fines
- Delay in phase advancement
- Jail

Sanction Hearings

Prior to your court status hearing, the Drug Court team will discuss any rules violations. If you are represented by a private attorney, they are welcome to attend the staffing to discuss the alleged violations and possible sanctions. Staffings are held each Tuesday at 1:30 pm.

If it appears that you violated a Drug Court rule, the team will recommend a specific sanction considering your circumstances, how much time you have been in Drug Court and considering any prior sanctions you have received.

You will be advised of the rule violation and the recommended sanction when you appear at your next scheduled court status hearing and you will be given an opportunity to be heard about the violation as well as the sanction. Although the Judge will consider the team's recommendation for sanction, the Judge also wants to hear from you about what happened and how you wish to correct any problems. You also have the right to speak about the recommended sanction. It is always important to be honest in Drug Court and that is particularly true during sanction hearings. Failure to be honest during a sanction hearing could result in an even greater sanction being imposed. Ultimately, it is up to the Judge to determine what is an appropriate sanction for any rule violation.

If you receive a sanction, it is important to comply with whatever sanction is imposed. Failure to do so will result in a more significant sanction and possible removal from the program.

Within 30 days of receiving a sanction, you have the right to ask the Judge to reconsider the sanction imposed if you have new or different facts to show the Judge or you believe the Judge made an error in imposing the sanction. Your attorney will assist you with filing a Motion to Reconsider if requested. (A sample Motion to Reconsider is attached to this handbook.)

Therapeutic Adjustments

While you are in Drug Court, your progress in treatment and your recovery will be closely monitored by the Drug Court Team. If you are not making progress in treatment or are struggling with your recovery, the team may make adjustments in your treatment plan with the assistance of your treatment providers.

If you should relapse after completing a treatment phase, you will be re-assessed to determine your current treatment needs and your treatment plan may be changed to meet those needs. Therapeutic adjustments should not be seen as a sanction. The adjustments are meant to help you reach your goals of success in drug court and long term sobriety.

Drug Court Phases

Drug Court is divided into four phases which includes a graduation phase. Each phase has a key concept or focus. You must complete each phase before you can graduate from Drug Court.

Phase One – Treatment and Recovery

In Phase One, you must:

- Come to court weekly
- Submit to observed random drug tests
- Attend required treatment and actively participate
- Attend a minimum of 3 verified meetings a week (treatment counts as a meeting)
- Follow all treatment recommendations including taking all medication as prescribed
- Follow Drug Court rules

In order to advance to Phase Two, you must be in compliance with Phase One requirements listed above as well as meet the minimum standards listed below:

- Remain sober for a minimum of 3 months
- Be in the community 3 months after completion of inpatient treatment, if required
- Have completed Partial Hospitalization Program and /or Intensive Outpatient
- Meet with Probation Officer to address the Case Supervision Plan

Phase Two – Maintenance of Recovery and Responsibility to Self

In Phase Two, you must:

- Come to court every other week
- Submit to observed random drug tests
- Attend a minimum of 3 verified meetings a week
- Follow all treatment recommendations including taking all medication as prescribed
- Follow Drug Court rules
- Based on your individual plan, attend additional programs helpful for your success such as Criminal Thinking programs, family counseling, individual counseling, educational programs, etc.
- Search for a self-help sponsor/mentor
- Search for employment, begin an educational program, or show proof of permanent disability

In order to advance to Phase Three, you must be in compliance with Phase Two requirements listed above as well as meet the minimum standards listed below:

- Remain sober for a minimum of 9 months
- Be employed, in school, in job training or on permanent disability

- Obtain a self-help sponsor/mentor
- Develop a continuing care plan with your Probation Officer as part of your case management plan
- Complete a budget outlining how you will pay your outstanding fines, fees and restitution
- Meet with Probation Officer to address the Case Supervision Plan

Phase Three – Maintenance of Recovery and Responsibility to Self and Others

In Phase 3, you must:

- Come to court every three weeks
- Submit to observed random drug tests
- Attend a minimum of 3 verified meetings a week
- Follow all treatment recommendations including taking all medication as prescribed
- Follow Drug Court rules
- Be employed, in school, or on permanent disability
- Attend DRC Alumni meeting once per month
- Establish a sober network of friends and engage in pro-social activities
- Make payments at least once a month on court ordered fines, fees and restitution
- Meet with Probation Officer to address the Case Supervision Plan

Graduation Phase

In order to advance to the Graduation Phase, you must be in compliance with Phase Three requirements listed above as well as meet the minimum standards as listed below:

- Remain sober for at least 12 months prior to graduation
- Have no pending criminal charges
- Pay all court ordered fines, fees and restitution in full
- Be in compliance with all Drug Court rules
- Have a sponsor/mentor
- Develop a plan showing how you will maintain your sobriety after graduation
- Complete an exit interview with Drug Court team members

Completing Drug Court

There are four possible outcomes for your participation in Drug Court: Graduation upon successful discharge from probation; Neutral discharge from probation; Voluntary Withdrawal from Drug Court; and Termination and Resentencing upon unsuccessful discharge from probation.

Successful Discharge/Graduation

Once you have completed all of the program requirements for each of the phases in Drug Court and your probation period is nearly over, you are eligible to participate in the Drug Court graduation ceremony. Drug court graduations occur twice per year – usually in May and October. Upon graduation from Drug Court, you will have successfully completed all probation requirements and your case will close satisfactorily. If you entered Drug Court with a deferred judgment agreement, you will be allowed to withdraw your plea of guilty and the State will dismiss the felony charges against you with no felony conviction on your record.

Neutral Discharge

If circumstances outside of your control make it extremely difficult or impossible for you to successfully complete the Drug Court program, you may receive a neutral discharge from Drug Court. For example, if you develop a serious medical condition or a serious mental health disorder for which there is no available treatment in our community, the Drug Court team may approve a neutral discharge and an alternative supervision plan for you.

Just because Drug Court requirements can be hard is not a basis for a neutral discharge. Lack of transportation, money, family issues or scheduling conflicts would never be a basis for a neutral discharge.

Voluntary Withdrawal

Drug Court is a voluntary program so you have the right to withdraw from participating in Drug Court. The Drug Court Judge will need to make sure that your withdrawal from Drug Court is made knowingly and voluntarily.

If you withdraw from Drug Court, you face significant consequences. When you entered Drug Court, you either entered a plea of guilty or were found guilty of a felony and were sentenced to a period of Drug Court probation. You agreed to follow the Drug Court rules and successfully complete that probation. By withdrawing from Drug Court, you cannot successfully complete that probation. You will need to be re-sentenced. The sentence can be up to the maximum sentence allowed for the felony you have committed. You may be re-sentenced with an agreed sentence that your attorney, the prosecutor and you agree to with the court's approval or, if no agreement is reached, a Judge will determine your sentence at a sentencing hearing held in accordance with the Uniform Code of Corrections.

Be aware that if you entered Drug Court with the possibility of having no felony convictions appear on your record if you successfully completed the program (a deferred judgment), your voluntary withdrawal from the program will result in a felony conviction for you.

Unsuccessful Discharge/Termination

If you violate the rules of Drug Court, you may be terminated from the program and unsuccessfully discharged from probation. If the prosecutor files a petition to revoke your probation or a motion to terminate you from Drug Court, you have certain rights. You will be served a copy of the petition/motion containing the specific allegations of how the prosecutor believes you violated the terms of your Drug Court probation. You have the right to be represented by an attorney and if you cannot afford an attorney, an attorney will be appointed for you. You have the right to confront and cross-examine witnesses at the hearing and you have the right to present witnesses, evidence and testimony on your own behalf, if you choose. You have the right to subpoena witnesses to require their appearance at the hearing. The prosecutor must prove the allegations against you by a preponderance of evidence which simply means that it is more likely true than not true that you violated your probation. The Judge will advise you of the sentencing range you face for your offense.

If a petition to revoke or a motion to terminate is filed, the Judge, with your agreement and the agreement of the prosecutor, may allow you to continue to remain in Drug Court and postpone the hearing. If you make substantial progress in complying with the rules and in treatment, the prosecutor may withdraw the petition/motion so that you can remain in Drug Court.

With the advice of your attorney, you may choose to admit the violation of probation or agree to termination from the program. By making such an admission, you are giving up your rights including your right to a hearing on the petition/motion and to make the prosecutor prove the allegations against you.

If you admit to violating your probation or if a Judge decides you violated your probation, your probation will be revoked and you will be re-sentenced in accordance with the Unified Code of Corrections after a sentencing hearing is conducted.

Be aware that if you entered Drug Court with the possibility of having no felony convictions appear on your record if you successfully completed the program (a deferred judgment), your termination from the program will result in a felony conviction for you.

Don't be scared: Be determined!

After reading this handbook, you may feel nervous and scared about your ability to make it through Drug Court. And if you entered Drug Court just to get out of a prison sentence with no real desire to stop using drugs and change your life, you probably should feel nervous and scared because this will be a tough program for you.

But if you really want to make important and life-saving changes to your life, this is the program for you! You will have the entire Drug Court Team encouraging you and assisting you every step of the way! Since 2000, the Kane County Drug Rehabilitation Court has helped hundreds and hundreds of people achieve long term sobriety and stay out of the criminal justice system.

We are committed to your success and will work very closely with you to help you change your lifestyle, thinking and behavior. As your quality of life improves, you will see the benefits of working an honest program in recovery. We will celebrate all of your successes in life and we will support you when things are difficult.

If you are honest and determined, YOU CAN DO THIS! We will help you each step of the way!

APPENDIX

LOCAL RULE 24.03 - ELIGIBILITY FOR KANE COUNTY DRUG COURT

- (a) Only defendants who apply for admission to the KCDRC will be considered for admission.
- (b) No defendant shall be admitted to the KCDRC unless he or she is a **resident of Kane County**. Once admitted, continued Kane County residency is required unless the KCDRC Judge orders otherwise.
- (c) A defendant shall be **excluded** from KCDRC if any one of the following apply:
 - (1) The crime is a crime of violence as set forth in 24.03 (c) (4) of this subsection.
 - (2) The defendant denies his or her use of/or addiction to drugs.
 - (3) The defendant does not demonstrate a willingness to participate in a treatment program.
 - (4) The defendant has been convicted of a crime of violence within the past ten (10) years excluding incarceration time, including, but not limited to; first degree murder, second degree murder, predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, armed robbery, aggravated arson, arson, aggravated kidnapping, kidnapping, aggravated battery resulting in a great bodily harm or permanent disability, stalking, aggravated stalking, or any offense involving the discharge of a firearm.
 - (5) The crime is a driving under the influence of alcohol offense under 625 ILCS 5/11-501(a) (1) or (a) (2).
 - (6) The defendant is a registered sex offender.
 - (7) The defendant is an active gang member.
 - (8) The prosecutor does not agree to the admission of the defendant who:
 - (A) Is charged with a Class 2 or greater felony violation of:
 - i. Section 401, 401.1, 405, or 405.2 of the Illinois Controlled Substances Act;
 - ii. Section 5.5.1 or 5.5.2 of the Cannabis Control Act;
 - iii. Section 15, 20, 25, 30, 35, 40, 45, 50, 55, 56 or 65 of Methamphetamine Control and Community Protection Act.
 - (B) Has previously, on three (3) or more occasions, completed a drug court program, been discharged from a drug court program, or been terminated from a drug court program.
 - (9) The defendant is not moderate-high to high criminogenic risk or does not have high behavioral health treatment needs as determined by the use of validated risk assessment tools and clinical assessment tools.
 - (10) The defendant has been charged with drug dealing offenses primarily for purposes of financial gain and not to support their addiction.
 - (11) No defendant shall be admitted to the KCDRC if, at the time of plea of guilty, felony charges are pending alleging a crime which would make the defendant ineligible to enter the KCDRC, under 24.03 (c) (4).

How To Apply To The

Kane County Drug Rehabilitation Court (KCDRC)

1. Fill out the KCDRC Application with the defendant and go over the Consent Agreement and Addendum with him/her.
2. List the person's address and telephone number at the bottom of the application. If the client is in jail, write that on the application. It is very important that the address and phone number are accurate on the application or the process will be delayed significantly.
3. The applicant **MUST** be a Kane county resident to apply to the program.
4. Submit the completed application to the Presiding Judge for KCDRC on a Tuesday at 9:00 am and obtain a 2-3 week continuance for status on admission.
5. Advise your client that a member of the KCDRC staff will interview him/her about their drug/alcohol history and will conduct an assessment before the next date.
6. Before the client can enter the KCDRC program, the KCDRC team will review the application and assessment and determine if it is appropriate for the client to be admitted into KCDRC. The results of this determination will be communicated to the client's attorney.
7. Advise your client that if he/she is approved and the treatment recommendation is inpatient residential treatment, he/she may remain in jail until a bed is available at a residential facility.
8. After submission of the application in court, if the client is out of custody, take the client and a copy of the completed application to Adult Court Services on the first floor of the Judicial Center and set an appointment for the interview/assessment with the KCDRC staff.

A copy of the KCDRC Participant Handbook is available for reference in the Kane County Law Library.

Defendant _____ Case Number _____

KANE COUNTY DRUG REHABILITATION COURT PROGRAM (KCDRC)

APPLICATION FOR ADMISSION TO THE
KANE COUNTY DRUG REHABILITATION COURT

(Your responses on this form cannot be used against you in any criminal prosecution.)

I, _____, having a date of birth of _____, and having read the Consent to Participate and Addendum approved for KCDRC, represent as follows:

1. I understand the terms of the Consent to Participate and the Addendum including the immediate sanctions provisions.
2. I have reviewed the Consent to Participate and Addendum with my attorney _____.
3. I am a resident of Kane County, Illinois.
4. I am currently charged with an offense of _____, a Class _____ felony.
5. I am addicted to _____.
6. I am/am not (circle one) currently being held in the Kane County Jail.
7. I want to participate in and successfully complete treatment through the KCDRC and am willing to follow all treatment recommendations.
8. If accepted, I will sign the Consent to Participate and Addendum and abide by all of its terms.

Defendant/Applicant

Attorney for Defendant/Applicant

Date: _____

ADDRESS: _____

CITY: _____

PHONE: _____

KCDRC Application
Effective March, 2016

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 16TH JUDICIAL CIRCUIT
COUNTY OF KANE

THE PEOPLE OF THE STATE OF ILLINOIS

VS.

CASE NO. _____

DEFENDANT

CONSENT TO PARTICIPATE

KANE COUNTY DRUG REHABILITATION COURT PROGRAM (KCDRC)

- _____ 1. I understand that I have no legal right to participate in the Kane County Drug Rehabilitation Court Program. I have reviewed this Consent to Participate with my Attorney and I hereby knowingly and voluntarily execute this Consent to Participate which allows me to participate in KCDRC.
- _____ 2. I agree to participate in and cooperate with any and all treatment recommendations, including, but not exclusively, any mental health or substance abuse assessments and/or treatment recommended by the KCDRC Team, which consists of the Judge, Local PSC Coordinator, Prosecutor(s), Public Defender or Defense Counsel, Court Services, Treatment Provider(s), Case Manager(s), and any other personnel designated by the KCDRC Team or identified by my treatment providers in my treatment plan.
- _____ 3. I understand that it is essential that all members of the KCDRC Team, including the Judge, communicate as a team and share information regarding my participation in the KCDRC, including compliance with treatment, and I agree to them doing so. Upon my entry into the KCDRC, I consent to the KCDRC Assistant Public Defender representing me at KCDRC staffings and at court status review hearings unless I have privately retained counsel. I understand that my privately retained counsel will be required to represent me at all staffings and court status review hearings. In the event that my privately retained counsel is unable to attend staffings and/or court, I understand that my attorney will arrange for other counsel to appear on my behalf.
- _____ 4. I agree to adhere to all components of my treatment, including attending all counseling sessions, treatment programs, taking my medication as prescribed, engaging in activities as recommended by the KCDRC Team, including sobriety based self-help meetings and cooperation with home visits by KCDRC Team members.

____5. I agree to remain drug and alcohol free (except for approved prescribed medications) and to submit to random drug testing at the discretion of the KCDRC Team or any treatment provider and agree to the disclosure of the results to the KCDRC Team.

____6. I agree to appear in court as required. I understand that my court hearings will be open to the public and an observer could connect my identity with the fact that I am in treatment. I consent to this type of disclosure to a third person.

____7. I agree to reside in Kane County and to keep the KCDRC Team advised of my current address and telephone number, employment status, and any new arrests at all times while in the program.

____8. I agree to sign any and all releases of information consenting to the disclosure of information to the KCDRC Team. I understand that if I refuse to comply with signing a release when requested, it may be grounds for termination from KCDRC.

____9. I agree to be truthful, cooperative and respectful with the KCDRC Team.

____10. I understand that based upon any report (written or oral) of my violation of any rules of my KCDRC probation, contract or of this Consent to Participate, the KCDRC Judge may: authorize a warrant for my arrest; impose any sanction, including jail time if ordered by the Judge; adjust my treatment plan; or modify or revoke any conditions of my probation or bond. My violation(s) may result in proceedings being initiated seeking my termination from the KCDRC and these proceedings could either be resolved in KCDRC or be referred back to the originating court.

____11. I understand that my alcohol, drug and/or mental health treatment records are protected by Part 2 of Title 42 of the Code of Federal Regulations (C.F.R), and HIPAA; Illinois Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110 *et seq.*; 45 C.F.R. Parts 160 & 164. I understand that I may revoke this Consent to Participate at any time except to the extent that action has been taken in reliance on it. In any event, this Consent to Participate expires upon the termination of the probation I am serving in this case or the termination of all proceedings with regard to this cause of action as named above.

____12. I understand that I may voluntarily withdraw from the KCDRC Program in accordance with KCDRC procedures. I understand that there may be consequences, actual or potential, which will result from my withdrawal.

____13. I understand that at the discretion of the presiding KCDRC Judge, for purposes of research and/or education, other persons may be permitted to attend the KCDRC Team meetings where communication as to my case will occur.

_____14. I understand that language help is available and if I need assistance, it is my responsibility to inform the court I need help.

I UNDERSTAND THAT THE KANE COUNTY DRUG REHABILITATION PROGRAM MAY BE AN OPPORTUNITY FOR ME TO AVOID CONVICTION, JAIL AND/OR PRISON AND TO HELP ME OBTAIN TREATMENT AND MOVE FORWARD WITH MY LIFE. I ALSO UNDERSTAND THAT ALL MEMBERS OF THE KANE COUNTY DRUG REHABILITATION COURT WANT TO SEE ME SUCCEED AND ARE HERE TO HELP ME.

Defendant

Name (Print or Type)

Defense Counsel

Assistant State's Attorney

Date

Date

Judge

Date

Signature of Interpreter (If Applicable)

Defendant _____

General Number _____

**ADDENDUM TO CONSENT TO PARTICIPATE IN
KANE COUNTY DRUG REHABILITATION COURT PROGRAM (KCDRC)
(PURSUANT TO 730 ILCS 166/1 et seq.)**

The Kane County Drug Rehabilitation Court team wants you to be successful in KCDRC and in life. During your KCDRC probation, KCDRC team members will work hard to support you and the efforts you make towards recovery. The KCDRC team will assist you in obtaining substance abuse treatment, appropriate mental health treatment and access to other needed services. Team members will meet with you regularly to provide encouragement, advice and support. Educational and employment assistance will be provided to you when necessary. Positive recreational and social activities will be provided to you and your family. You will be rewarded when you are in compliance with KCDRC requirements and held accountable and sanctioned for any violations of KCDRC rules. It is a goal of the KCDRC to help you satisfy the terms of your probation and to allow you to lead a sober, law-abiding and productive life.

Defendant and the Court agree that all of the following conditions and rules of KCDRC will apply to this case, and defendant waives certain rights as contained within this agreement. (Defendant is to initial each paragraph below.)

I. General Provisions

____ 1. Along with all other terms and conditions ordered by the Court, I understand that in order to be successfully discharged, I must: complete a minimum of 12 consecutive months immediately prior to discharge without the use of any prohibited substances; complete all court ordered treatment requirements; pay all fines, costs, fees, and restitution no later than 30 days prior to the above initial sentencing end date; and maintain acceptable full-time employment with a legally verifiable job or be enrolled full time in an acceptable educational program or have verified documentation of permanent disability benefits.

____ 2. I agree to follow all terms and conditions of KCDRC as well as all terms and conditions contained in the Orders of Probation entered with this Agreement.

____ 3. I agree that the terms, conditions, rules and procedures of the KCDRC program may be changed during the term of my participation, either to comply with changes in the law or to improve the overall success of the program. Such changes will be provided to me in writing. If I am unwilling to follow such changes, I will be offered the opportunity to voluntarily terminate my participation in KCDRC and be sentenced according to the Criminal Code. At that sentencing hearing, either failure to comply with the KCDRC program or substantial compliance by me with the KCDRC program as originally agreed may be given substantial consideration by the Court.

____ 4. I agree that my sentencing end date of KCDRC may be extended, without requiring that a petition be filed to find me in violation of the terms of KCDRC, (a) when such extension is necessary for me to fulfill the discharge requirement of a minimum of 12 consecutive months without use of prohibited substances, (b) as part of a negotiated sanction, or (c) when it is necessary to give me enough time to successfully complete any term of my treatment program. In any event, when a petition or motion is filed, I agree to waive personal service of said motion or petition.

II. Assessments and Treatment:

____ 1. I agree that *prior* to obtaining any prescription medications, I will provide my doctors, dentists or psychiatrists with a letter requesting non-narcotic and non-addictive prescriptions, and to have the letter signed by the medical provider and to return the letter to KCDRC staff within forty-eight (48) hours of obtaining the signature and prescription.

____ 2. I agree to notify KCDRC staff within twenty-four (24) hours of receiving a new prescription or medication from a doctor, dentist or psychiatrist, whether or not the prescription is in writing, and whether or not I receive the prescribed medication in the form of samples from the doctor or psychiatrist or from a pharmacy.

____ 3. I agree to take any medications prescribed for me as instructed by all medical providers, including all doctors, dentists, and psychiatrists and will sign releases for each of my medical providers to communicate with the KCDRC staff. I agree to submit to testing to verify medication compliance.

____ 4. I agree to seek non-narcotic and non-addictive alternatives when available throughout my participation in the KCDRC program with the advice of my prescribing medical providers.

III. Use of Alcohol, Drugs, and Other Substances and Testing for their Presence:

____ 1. I agree not to use or possess alcohol or any illegal drug.

____ 2. I agree not to possess or use any prescription drug for which I do not have a valid prescription from a licensed provider to whom I have made full disclosure of my addiction.

____ 3. I agree not to abuse any over-the-counter medication. I understand that abuse is defined as taking dosages in excess of label guidelines, taking an over-the-counter medication designed for a condition which I do not have, and taking an over-the-counter medication in a manner in which it was not designed to be ingested (such as crushing and inhaling a medication designed to be taken orally with liquids).

____ 4. I agree not to intentionally inhale or ingest any mood-altering substance such as paints, glues, gasoline, kerosene, aerosol sprays, any other household or industrial product, any designer, synthetic, or organic substance, whether or not prohibited by any statute or ordinance.

____ 5. I agree not to intentionally or knowingly remain in the presence of any other individual who is using or possessing any illegal drug or prescription drug in an unauthorized manner or any mood-altering substance as listed above.

____ 6. I agree to submit samples for urine, blood, breath, hair or other approved testing for the presence of alcohol and drugs or intoxicating substances of any kind, as often as requested by the KCDRC staff.

____ 7. I agree that if I miss or refuse a drug test, this may be considered by the Judge to be a positive result, and I may be given the same sanction(s) as I could be given for a positive test result. This includes failure to provide a urine specimen after a reasonable waiting period.

____ 8. I agree that a "dilute" drug test may be considered by the Judge to be a positive result, and I may be given the same sanction(s) as I could be given for a positive test result.

____ 9. I agree to not use any over-the-counter medication or other substances which may interfere with drug testing and I agree to use only those non-prescription medications approved for use in KCDRC. I will be provided with a list of approved medications as well as a list of substances I must not use while in the KCDRC program.

____ 10. I agree to the presumptive admissibility in any proceeding of the results of any drug or alcohol test.

____ 11. I agree that I will be allowed to review a copy of the written report of my confirmatory laboratory test for any result.

____ 12. I understand my prescriptions from all medical providers, including doctors, dentists, and psychiatrists will be monitored by KCDRC staff throughout my participation in the program.

____ 13. I agree that any prescribed psychotropic or medically assisted treatment for addiction medications I receive will be based on medical necessity as determined by a treating physician with expertise in addiction psychiatry, addictions medicine or a closely related field.

____ 14. I agree to provide regular written reports from my medically assisted treatment prescribing physician as often as directed by the KCDRC staff.

____ 15. I understand that at any time I may be incarcerated by the court for a safety detention if it is determined that I am a risk to myself or the public due to my substance abuse.

____ 16. I agree that a safety detention incarceration may continue, at the discretion of the Judge, until recommended treatment becomes available.

Defendant _____

General Number _____

IV. Cooperation with Judge and KCDRC Staff:

____ 1. I agree to attend all regularly scheduled court appearances, as well as all other required court appearances as ordered by the Judge or as directed by KCDRC staff. I agree that failure to attend court appearances may result in the issuance of a warrant, and that upon my arrest the Judge may impose immediate sanctions, and that those sanctions may include immediate incarceration in the Kane County Jail.

____ 2. I agree to permit KCDRC staff to visit me at my residence and employment or anywhere else necessary to perform their duties.

____ 3. I agree that KCDRC staff may search my residence, personal property, vehicle, or my person for the presence of prohibited substances or alcohol, without cause and without first obtaining a search warrant.

V. Violations, Sanctions, and Termination from KCDRC:

____ 1. I agree that the Judge at staffing may, without prior notice, receive evidence including but not limited to reports or proffers from KICDRC professionals, that:

- a) I am not benefiting from education, treatment, or rehabilitation; or
- b) I have engaged in criminal conduct, whether or not that conduct has resulted in charges against me, which makes me unsuitable for the program; or
- c) I have otherwise violated the terms and conditions of the program or sentence; or
- d) I have been charged with a new offense in any jurisdiction in which the criminal conduct is alleged to have occurred after my entry into KCDRC.

____ 2. I agree that an alleged violation of the KCDRC rules will result in an immediate hearing to determine if a sanction is appropriate.

____ 3. I agree that if I relapse there may be a therapeutic adjustment in my treatment to a higher level of care including residential treatment, structured living arrangements, additional counseling or treatment sessions.

____ 4. I agree that upon receipt of evidence or proffers that I have been discharged unsatisfactorily from treatment, have used illegal substances or have violated any term of my KCDRC probation and my personal safety or the safety of the community is at risk as a result of my behavior, the Judge may issue a warrant for my arrest without any prior notice to me and without the filing of a written petition to revoke bail or probation.

____ 5. I agree that the total cumulative jail time I may serve over the course of my KCDRC participation is limited to 180 actual days. I understand that time I serve on the case before pleading guilty and being ordered to complete the program is not included in the calculation of the 180-day maximum.

Defendant _____

General Number _____

____ 6. I agree that if I reach the maximum total incarceration time for sanctions, and have further rule violations, I will be terminated from participation in KCDRC and my case will be set for sentencing hearing under the Criminal Code, unless I request to remain in the program and agree to waive the maximum incarceration time.

____ 7. I agree that time spent on electronic home monitoring, house arrest, or GPS monitoring is not considered jail time and is not included in the calculation of my 180-day maximum incarceration time.

____ 8. I agree that during my participation in KCDRC, if the Judge orders a sanction, I will have the right to file or have my attorney file a Motion to Reconsider Sanction. I have the right to be represented by an attorney at the hearing on the Motion to Reconsider Sanction. A form "Motion to Reconsider Sanction" will be provided to me in the KCDRC handbook and is available in the courthouse library.

____ 9. I agree, the Judge will not involuntarily terminate me from KCDRC, unless I have been given notice in writing of the alleged violation(s) and have an opportunity to defend against the alleged violation(s). The following circumstances may result in my involuntary termination:

- a) I am not benefiting from education, treatment, or rehabilitation; or
- b) I have engaged in criminal conduct, whether or not that conduct has resulted in charges against me, which makes me unsuitable for the program; or
- c) I have otherwise violated the terms and conditions of the program or sentence; or
- d) I have been charged with a new offense in any jurisdiction in which the criminal conduct is alleged to have occurred after my entry into KCDRC.

____ 10. I agree that I may at any time, for any reason, request to be voluntarily terminated from participation in the KCDRC program. A request to voluntarily terminate from KCDRC may constitute a violation of my probation sentence.

____ 11. I agree that if I am terminated from KCDRC, whether voluntarily or involuntarily, my case will be set for a sentencing hearing under the Criminal Code. I understand that any hearings regarding my termination or sentencing subsequent to termination will proceed before the KCDRC Judge. The fact that the KCDRC Judge may have knowledge of my participation in KCDRC will not automatically disqualify the KCDRC Judge from presiding over these hearings.

____ 12. I understand that I may be subject to neutral discharge from KCDRC if I have remained substantially compliant with the KCDRC program rules, but after having exhausted reasonable efforts, I am unable to complete program requirements to qualify for a successful discharge. A neutral discharge shall terminate my sentence and discharge me from further proceedings in the original prosecution.

____ 13. I agree that all successful and neutral discharge decisions shall be made by the KCDRC team collaboratively.

Defendant _____ General Number _____

Defendant

Name (Print or Type)

Defense Counsel

Assistant State's Attorney

Date

Date

Judge

Date

Signature of Interpreter (If Applicable)

TREATMENT CONTACT LIST

NAME	ADDRESS	PHONE	
AID	1230 N. Highland Ave Aurora	630-966-4305	Mental Health / Outpatient Treatment
Breaking Free / Project Safe	120 Gale St Aurora, IL 60506	630-897-1003	Intensive Outpatient treatment
Cornell Interventions	22221 W. 64th Street Woodridge, IL 60517	630-968-1586 FAX 630-968-6477 OFF	Inpatient Treatment
Discovery House	220 College DeKalb, IL 60115	815-756-5277	Halfway house
Ecker Center	Elgin	847-742-1371 fax 847-695-0484	Mental Health / Outpatient Treatment
Gateway Aurora	400 Mercy Lane Aurora IL 60505	630-897-7539 FAX 630-966-7400 OFF	Inpatient / Outpatient Treatment
Gateway Lakevilla	25480 W. Cedarcrest Lane Lake Villa IL 60046	847-356-7391 FAX 847-356-8205 OFF	Inpatient Treatment
Gateway Foundation Westside	3828 West Taylor Street Chicago, IL 60624	773-826-2707 FAX 773-826-1916 OFF	Inpatient Treatment
HAS	1949 N. Humboldt Chicago, IL 60647	773-252-0527 FAX 773-252-2666 OFF	Inpatient Treatment
Haymarket	932 W. Washington Chicago, IL 60607	312-226-0047 FAX 312-226-7984	Inpatient Treatment
In Roads	150 JFKennedy Memorial Dr Carpentersville, IL 60110	847-844-1982	Intensive Outpatient Treatment
Latino Treatment Center	54 S. Grove Ave Elgin, IL 60120	847-695-9155	Intensive Outpatient Treatment
Lazarus House	214 Walnut Street St. Charles, IL 60174	630-587-2144	Shelter
LSSI	675 Varsity Drive Elgin, IL 60123	847-741-3248 FAX 847-741-2600 OFF	Inpatient Outpatient Treatment
LSSI	415 W. Golf Road Suite 61-63 Arlington Heights, IL	847-640-7954	Intensive Outpatient Treatment
Oxford House	555 Ashland Aurora, IL 60505	630-800-2044	Recovery House
Renz - Elgin	2 American Way Elgin, IL 60120	847-742-3559 FAX 847-742-3545 OFF	Intensive Outpatient Treatment
Renz - St. Charles	309 Walnut St. Charles, IL 60174	630-513-6886	Intensive Outpatient Treatment
Rosecrance - Adult	3815 Harrison Rockford IL 61108-7631	815-229-9560 FAX 815-391-1000 OFF	Inpatient Treatment
Serenity House	891 S. Route 53 Addison, IL 60108	630-953-9241 FAX 630-620-6616 OFF	Halfway house / Recovery Homes

Share	1776 Moon Lake Blvd Hoffman Estates, IL 60194	847-882-4299 FAX 847-882-4181 OFF	Inpatient Treatment
Stepping Stones	1621 Theodore Street Joliet, IL 60435	815-723-7138 815-722-4498	Halfway house / Recovery Home
TA - Aurora	635 North Elmwood Dr Suite A Aurora IL	630-264-0700	Intensive Outpatient Treatment
TA - Elgin	165 Division St Suite 510 Elgin IL	630-264-0700	Intensive Outpatient Treatment
Tools for Life	26 S. Stolp Ave Aurora IL 60506	630-906-1200	Intensive Outpatient Treatment
Womens Program House	South Elgin	630-267-7543	Recovery House
Womens Residential Services	24647 N. Milwaukee Ave Vernon Hills, IL 60061	847-984-5635 FAX 847-377-7841 OFF	Inpatient Treatment
Womens Treatment Center	140 North Ashland Chicago 60607	312-850-9095 FAX 312-850-0050	Inpatient treatment

KANE COUNTY DRUG REHABILITATION COURT MEETING SHEET

DEFENDANT NAME: _____

SPONSOR: _____

SPONSOR PHONE NUMBER: _____

DATE: _____ START TIME _____ END TIME _____

MEETING LOCATION: _____ OPEN _____ CLOSED _____

CHAIRPERSON: _____ CHAIR PHONE # _____

CHAIRPERSON SIGNATURE: _____

MEETING TOPIC: _____

SUMMARIZE MEETING: _____

DATE: _____ START TIME _____ END TIME _____

MEETING LOCATION: _____ OPEN _____ CLOSED _____

CHAIRPERSON: _____ CHAIR PHONE # _____

CHAIRPERSON SIGNATURE: _____

MEETING TOPIC: _____

SUMMARIZE MEETING: _____

DATE: _____ START TIME _____ END TIME _____

MEETING LOCATION: _____ OPEN _____ CLOSED _____

CHAIRPERSON: _____ CHAIR PHONE # _____

CHAIRPERSON SIGNATURE: _____

MEETING TOPIC: _____

SUMMARIZE MEETING: _____

YOUR NAME: _____

DRC UA VERIFICATION SHEET

[illegible]

***** Forging or lying about any portion of this form will result in immediate court actions.**

NAME _____

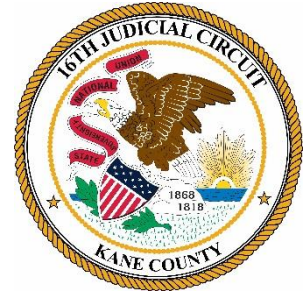
**Kane County Drug Rehabilitation Court
Employment Search
Verification List**

Time	Date	Name of Company	Name of person contacted	Address and phone # of company	Results
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

*** Forging or lying about any portion of this form will result in immediate court actions.

16TH JUDICIAL CIRCUIT

KANE COUNTY COURT SERVICES



Dear Healthcare Provider,

The Kane County Drug Rehabilitation Court exists within the community to provide assistance to individuals with substance abuse problems who are facing criminal charges. The Drug Court Team consists of a Judge, Assistant States Attorney, Public Defender, Administrators, Probation Officers, and treatment providers. A treatment plan is developed for each participant. As a participant in the Kane County Drug Rehabilitation Court, your patient has certain responsibilities to comply with his/her court orders with the ultimate goal of achieving success in the program.

Since all Drug Court Participants have an addiction to drugs and alcohol, the Drug Court team is very concerned about any medication that participants might be taking that is habit forming or narcotic based. It is the goal of Drug Court to provide support to all participants to remain clean and sober. We ask every participant to discuss pain management or other medical treatment with their healthcare provider to determine whether there are non-narcotic, non-addictive alternatives to any medication that might be prescribed. We ask for your assistance in this regard.

Each participant is required to disclose **ALL** prescribed medications. Therefore, we respectfully request that the attached "Medication Receipt" be filled out by the physician and/or facility. Should you have any questions about Kane County Drug Rehabilitation Court, please feel free to contact the Drug Court team at (630)406-7191.

Thank you for your time and attention,

Kane County Drug Court Team



MEDICATION RECEIPT

I, _____, am a Kane County Drug Court Participant and have a history of chemical dependency. Please provide the following information on my behalf to remain compliant in with the Drug Court Program.

Printed Name of Physician

Signature of Physician

DEA #

Date

Medical Facility

Medical Facility Phone Number

Medical Facility Address

Medication(s) Prescribed	Diagnosis	Metric Qty.	Days Supply	Refill?
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

Pharmacy Prescription Sent

To _____

16TH JUDICIAL CIRCUIT
KANE COUNTY COURT SERVICES



Dear Healthcare Provider:

The Kane County Drug Rehabilitation Court (DRC) is an extensive program that works with individuals with substance dependence issues who are facing criminal charges. The DRC Team consists of a Judge, Assistant State's Attorney, Public Defender, Administrators, Probation Officers as well as treatment providers. The Kane County Drug Rehabilitation Court is requesting additional information regarding the medically-assisted treatment of a Drug Court Participant under your care. It is imperative that we have a detailed account of this treatment in order to properly monitor the continued sobriety of this individual.

The information we are requesting is as follows:

- Date individual became a patient
- Referral Source
- Medication to be taken (i.e. Suboxone, Methadone, etc.) along with dose information
- What other alternatives have been explored and why this particular medication is the best choice for this particular individual
- Safety plan to monitor potential abuse/misuse of this medication
- Treatment plan (include ancillary services to be utilized including counseling, self-help meetings, etc.)
- Expected length of MAT treatment with projected end date
- Prognosis
- Curriculum Vitae or other indication of DEA licensure for providing the medication prescribed as well as knowledge of addiction and treatment identified.

NOTICE TO RECEIVING AGENCY, FACILITY OR PERSON: The client's record is privileged information, which is protected by various State and Federal laws. Such information may not be disclosed to other persons or entities, including those within the organization wherein the client is employed, without a separate written authorization from the client. Any information obtained will be impounded in the court file and not subject to public record.

If you have any questions about the information that is necessary or about DRC itself, please do not hesitate to contact the Drug Court Team at 630-406-7179.

Thank you for your time and attention,

The Kane County Drug Rehabilitation Court Team

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
KANE COUNTY, ILLINOIS
KANE COUNTY DRUG REHABILITATION COURT**

PEOPLE OF THE STATE OF ILLINOIS)

Plaintiff)

vs.)

General Number _____

_____,)
Defendant)

DEFENDANT'S MOTION TO RECONSIDER SANCTION

NOW COMES the defendant, _____, and states
as follows:

1. Defendant is a participant in the Kane County Drug Rehabilitation Court (DRC).

2. On _____ Defendant was given the following sanction:

3. Defendant requests that the Court reconsider the sanction imposed.

4. Defendant requests that a copy of this motion be sent to his/her attorney:

5. Defendant requests that a copy of this motion be sent to the State's Attorney's Office.

WHEREFORE, defendant respectfully requests that this Honorable Court hold a hearing to reconsider the sanction imposed upon me within five (5) court days after the file stamp of this motion by the Clerk of the Circuit Court.

Defendant

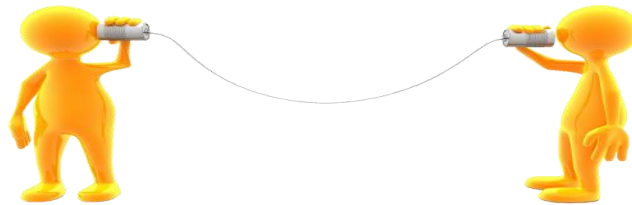
Attorney at Law

Witness (where there is no attorney)

Date

WE ARE ALWAYS A PHONE CALL AWAY

DRUG COURT STAFF OFFICE AND CELL NUMBERS



	Office	Cell
Emily Saylor	630-232-5849	630-878-8084
Alicia Klimpke	630-406-7179	331-452-5189
Toyya Cole	630-897-9557	630-461-9232
Dave Copher	630-406-7191	630-461-6842
Laurie Kling	630-232-5813	630-742-1752
Kade Connell	630-232-5884	630-461-9279
Deb McEllin	630-406-7191	630-230-9554