

STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE 16<sup>TH</sup> 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)**