

## CHARLOTTEVILLE-ALBEMARLE THERAPEUTIC DOCKET PARTICIPANT AGREEMENT

I \_\_\_\_\_, having been accepted for participation in the Therapeutic Docket, on a charge of \_\_\_\_\_ agree to abide by the following program requirements.

- 1) I will plead guilty in General District Court. However, my \_\_\_\_\_ guilty plea will be taken under advisement or my \_\_\_\_\_ sentencing after having pled guilty will be withheld while I participate in the Therapeutic Docket. If I complete the program successfully, my charge will be: 1) \_\_\_\_\_ dismissed, 2) \_\_\_\_\_ reduced to \_\_\_\_\_ with a sentence of \_\_\_\_\_, or 3) \_\_\_\_\_ on the original charge I will receive a suspended sentence of \_\_\_\_\_.
- 2) If I fail to successfully complete the Therapeutic Docket program, I understand I will be: \_\_\_\_\_ Referred back to General District Court for final sentencing, or \_\_\_\_\_ Referred back to General District Court for a finding of guilt and final sentencing.
- 3) I will appear before the Therapeutic Docket Judge two (2) times a month unless instructed otherwise.
- 4) I will comply fully with all treatment recommended by Region 10, and I agree to refrain from the use of alcohol and illegal drugs while participating in the Therapeutic Docket. I must also take ANY medication prescribed by my physician.
- 5) I will follow the instructions of the Judge, my case manager and the treatment staff.
- 6) I will submit to urine testing as required by the treatment team.
- 7) I understand that the Court may require me to seek and maintain employment, or receive employment counseling as part of my participation in the Therapeutic Docket.
- 8) I will keep any and all appointments with my therapist or case worker.
- 9) I understand that if I abscond from Therapeutic Docket supervision and my whereabouts are unknown for more than 120 days, I will automatically be terminated from the program.
- 10) I understand that failure to comply with the requests of the treatment team, missing appointments with my case workers and therapists, not taking my medication as prescribed, failure to appear before the Therapeutic Docket Judge, new criminal offenses or other violations of this agreement could result in sanctions which may include demotion of a phase, a higher level of treatment, jail time, or termination from the

program.

- 11) I will sign any consent or release forms necessary for the case manager, treatment staff, Judge, or program evaluator to monitor my progress in the Therapeutic Docket and they may release such information to whoever they deem appropriate for professional purposes.
- 12) Before I will be able to complete the program successfully, I will be required to pay my treatment fees in full and must have consistently paid on court costs and fines. I will provide the receipt to my case manager EACH time a payment is made.
- 13) I will not change my residence without first notifying my case worker.
- 14) As part of participation in the Therapeutic Docket, I agree to make an appointment with my case manager for an exit interview six months after completing the program.
- 15) Therapeutic Docket is constantly working to improve its programs. I understand that I may be contacted at intervals in the future to help the Therapeutic Docket gauge its degree of success after graduation.

I have read the above, or have had the above read and explained to me, and by signature below I agree to the program requirements set forth.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant

I have reviewed this document with the defendant.

\_\_\_\_\_  
Counsel

I have reviewed this document.

\_\_\_\_\_  
Commonwealth's Attorney

I have approved of this agreement.

\_\_\_\_\_  
Judge

The Therapeutic Docket admitting offense is:

Result on successful completion of Therapeutic Docket is: