

## Walworth County Drug Court

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### **DEFENSE REVIEW PACKET**

**Purpose:** The Defense Review is an important part of the Walworth County Drug Court (WCDC) Program participant referral process. The main purpose is to provide the potential Drug Court participant with accurate and thorough information so that he/she can make an informed decision about applying for acceptance into the WCDC. The Defense Review also identifies additional qualifying or disqualifying criteria that may not have been known or addressed during the preceding Legal Screening process.

**STEP 1:** Review the **Participant Waiver and Agreement** with the applicant and obtain his/her initials after each section of the contract and his/her signature at the end of the contract. Proceed to Step 2. *A blank contract/copy is provided for the individual for their records.*

- If the individual declines to sign the contract, proceed to Step 4.

**STEP 2:** Review the **Consent for Disclosure and Exchange of Confidential Substance Abuse Treatment Information** with the applicant. Obtain his/her signature at the bottom of the consent and proceed to Step 3. *A blank contract/copy is provided for the individual for their records.*

- If the individual declines to sign the consent form, proceed to Step 4.

**STEP 3:** Please review the **Notice of Drug Court Referral** form with the applicant and obtain his/her signature at the end of the notice. Proceed to Step 4. *A blank contract/copy is provided for the individual for their records.*

- If the individual declines to sign notice, proceed to Step 4.

**STEP 4:** Please complete the **Eligibility Checklist for Defense Attorneys/Referrals** form. Review the information and complete the form. Be sure to check all appropriate boxes. Proceed to Step 5.

**STEP 5:** Please return the completed/corrected Defense Review Packet, including the Participant Contract, Consent for Disclosure and Exchange of Confidential Substance Abuse Treatment Information, Notice of Drug Court Referral form, and checklist to the Walworth County District Attorney.

Thank you for your assistance in the process of determining your client's eligibility for the Walworth County Drug Court Program. Please contact the District Attorney or the Treatment Court Coordinator with any questions or concerns.

Walworth County Drug Court

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STATE OF WISCONSIN

CIRCUIT COURT

WALWORTH COUNTY

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STATE OF WISCONSIN

Plaintiff

NOTICE OF DRUG COURT REFERRAL

vs.

Case No. \_\_\_\_\_

Defendant

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Notice is hereby given that the State of Wisconsin and the above named Defendant appearing [Pro se or by counsel as noted below] have agreed to refer the defendant to the Walworth County Treatment Court Coordinator, for a screening, assessment, and clinical evaluation for eligibility of the Drug Court Program.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

State of Wisconsin By

District Attorney Daniel Necci

Defendant

Attorney \_\_\_\_\_

Counsel for Defendant

Original: District Attorney

Copies: Treatment Court Coordinator, Defendant, Defense Attorney

**NOTICE TO DISTRICT ATTORNEY:** Copy of this form, a copy of the criminal complaint, and the legal history form to be emailed/faxed/interofficed to the Treatment Court Coordinator.

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Walworth County Drug Court  
1800 County Rd NN  
Elkhorn, WI 53121

Phone: 262-741-7039  
Fax: 262-741-7057  
katie.behl@wicourts.gov

Walworth County Drug Court

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**TO BE COMPLETED BY WALWORTH COUNTY DISTRICT  
ATTORNEY'S OFFICE**

**INSTRUCTIONS:** Please complete the following:

1. Run the above defendant's criminal history.
2. Answer the questions below.
3. Sign and print your name in the blank labeled "Reviewer's Information"
4. Send this packet back to the Treatment Court Coordinator.

\_\_\_\_\_ is (Check One):  
Defendant Name

Eligible for Drug Court.

Ineligible; Reason:

\_\_\_\_\_  
\_\_\_\_\_

**REVIEWER INFORMATION**

Signature: \_\_\_\_\_ Review Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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### **ELIGIBILITY CHECKLIST FOR DEFENSE ATTORNEYS/REFERRALS**

1. Can my client show proof of residency in Walworth County<sup>1</sup>?  YES  NO
    - check NO if your client is not a resident of Walworth County
    - check NO if your client is not able to provide supporting documentation of residency
  
  2. Is my client a legal resident of the United States of America?  YES  NO
    - check NO if your client is not able to provide supporting documentation of residency
  
  3. Does my client have a new, non-violent criminal case in Walworth County that is specific to a Possession of Schedule I or II?  YES  NO
    - check YES if your client has not yet been sentenced
  
  4. Does my client have a non-violent<sup>2</sup> criminal history?  YES  NO
    - check NO if your client's pending offense(s) is of a violent nature
    - check NO if your client has violent felony convictions
    - check NO if your client has convictions involving the use of a dangerous weapon
    - check NO if your client has convictions for sexual offenses, stalking, arson, or kidnapping
  
  5. Is my client free from pending charges in other jurisdictions?  YES  NO
- 

If you have answered YES to all of the above questions, your client *may* be a candidate for the Walworth County Drug Court. The next step is to complete the WCDC Defense Review Packet and turn all paperwork into the District Attorney's Office. The District Attorney will approve/deny applications and forward all eligibility materials to the Treatment Court Coordinator for screening and assessment.

Please note: As a general rule, individuals with pending charges for delivery of, or possession with intent to deliver, controlled substances will not be considered for the WCDC Program. Additionally, individuals with prior convictions for the delivery of, or possession with intent to deliver, controlled substances may be considered on a case-by-case basis with the approval of the Walworth County District Attorney.

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<sup>1</sup> Proof of residency is defined in the WCDC as a valid driver's license or state ID showing Walworth County residence. Additional acceptable documents include paystubs or earning statements, utility/phone bills in defendant's name, leases, and correspondence from probation/parole.

<sup>2</sup> A violent offender is defined as a person to whom one of the following applies: (a) The person has been charged with or convicted of an offense in a pending case and, during the course of the offense, the person carried, possessed, or used a dangerous weapon, the person used force against another person, or a person died or suffered serious bodily harm; (b) The person has one or more prior convictions for a felony involving the use or attempted use of force against another person with the intent to cause death or serious bodily harm.

# Walworth County Drug Court

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## PARTICIPANT WAIVER AND AGREEMENT

I, \_\_\_\_\_, will enter a guilty plea on \_\_\_\_\_,  
(name) (date)  
in case number \_\_\_\_\_. I understand that by entering into the Walworth County  
Drug Court Program, I am bound by its terms:

1. As a condition of my sentence to the Walworth County Drug Court (WCDC), I agree to the terms set forth in this agreement.
2. I have entered a guilty plea. As a condition of the plea agreement, I am being sentenced to participate in the WCDC and will be subject to a term of probation of 24 months which could be extended if I fail to complete the program in that term.
3. I understand that upon entering my plea of guilty and being accepted in to the WCDC, my attorney will not further assist me unless my participation in the program is terminated through a probation violation.
4. I agree to complete diagnostic evaluations and participate in a treatment program dealing with my substance abuse problem as ordered by the WCDC. I further agree to pay all program fees as directed.
5. The WCDC Judge, Treatment Court Coordinator, Prosecutor, Public Defender, Probation Agent, Treatment Representatives, Court staff, program evaluator, and WCDC Team members will be informed of my involvement in counseling, alcohol and/or drug use testing results and my overall progress in the program, I will, therefore, consent to a full disclosure of all records, reports and test results compiled by individuals involved in my treatment, counseling, and waive all privileges.
6. I agree to appear in court on all scheduled court dates and to attend all appointments scheduled through my Probation Agent and Treatment Provider. I understand that I must report to my Probation Agent and that my Probation Agent or any other court or police officer may make unscheduled home visits. Further, I understand that I may be subject to search and seizure as a participant in the WCDC without the requirement of probable cause or a search warrant.
7. I agree I will not use, possess or associate with persons who use or possess any controlled substance or illegal drug, such as marihuana, heroin, cocaine, methamphetamine, PCP, LSD, or any chemical substitutes. I will not use or possess alcohol. I will not use or possess any drugs without a prescription. I will not possess any drug paraphernalia. I understand that I am not permitted to use controlled substances, unless it is absolutely medically necessary that I do pursuant to the orders of a physician. I agree to advise all treating physicians of my participation in the WCDC prior to receiving any type of treatment. I agree to ask all treating physicians for a letter confirming that I have disclosed my addiction problem, my participation in the WCDC, and of my request to seek non-narcotic medications. I will provide a physician's letter to the WCDC if I am prescribed any narcotic medications. I agree not to use over the counter medications that are prohibited by the court which may result in a false positive drug/alcohol test. I understand that failure to abide by these conditions may jeopardize my continued participation in the program.

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9. I agree to be tested for the presence of drugs and/or alcohol as often as requested by the WCDC Judge, Probation Agent, or Treatment Provider. Testing may be accomplished by a preliminary breath test, urinalysis, or other method selected by the WCDC Team. I understand that if I fail to participate in a test; it will be treated as a positive test. I further understand that positive or adulterated test results or failure to participate in necessary testing may result in sanctions for my conduct at the discretion of the WCDC Judge.
10. I understand that my continued participation in the WCDC is solely at the discretion of the WCDC Judge. Violations of this agreement, program participation conditions, probation order, or any other conditions required by my Probation Agent and or WCDC Judge may result in an increase of the intensity of treatment options and/or sanctions, up to termination from the program and revocation of probation.
11. I waive my right to due process regarding a determination of a violation, sanction, or extension of this contract, including the right to an attorney, notice of any violation, a hearing, a neutral decision maker at same, confrontation and cross-examination of witnesses, and production of evidence at such hearing, and appeal.
12. I understand that before court reviews, a team consisting of representatives from the district attorney, public defender, law enforcement, treatment, probation, Treatment Court Coordinator, and the WCDC Judge, will meet and discuss my case. I do not object to such persons meeting with the Judge for this purpose without my presence or that of my attorney. I do not object to such persons reading and discussing my review report regarding my progress in treatment.

### **General Provisions:**

1. I agree that I am a Walworth County resident, and will live in Walworth County for the duration of the drug court program, unless the Judge and Drug Court Team grant me the permission to live outside of Walworth County.
2. I agree not to leave the state of Wisconsin without obtaining permission from the Judge and Drug Court Team. I understand that I must make a written request to leave at least a week before the anticipated trip if it is not an emergency and could be subject to urine/breath tests immediately before and after returning to Walworth County. I understand that in the event of a work related emergency, I must present the request to the Drug Team and the Judge will advise me of approval or denial to be excused from treatment or court date. I understand in the event of a non-work related emergency, I must present a short handwritten statement of the emergency to the treatment provider when possible. The treatment provider will present the request to the Drug Court Team and the Judge will advise of approval or denial.
3. I may not participate in Drug court if I am currently an affiliated gang member. Therefore, I affirm that I am not a gang member.
4. I understand that if I enter this program and fail to complete it, I may be barred from future participation.
5. I understand that I may not possess any weapons while I am in Drug Court. I will dispose of any and all weapons in my possession, and disclose the presence of any weapons possessed by anyone else in my household. Failure to dispose and/or disclose may result in termination from Drug Court and possible prosecution for any illegal possession of any weapon.

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6. I agree to inform any law enforcement officer I may come in contact with I am in Drug Court.
7. Upon my successful completion of the Drug Court, the District Attorney's Office will make a motion to dismiss the Drug Court charge(s) or follow through with any previously agreed arrangement in ATRs or Sentencing after Revocations, unless there is objection from the court.

### **Treatment and Assessment:**

1. I agree to execute the Consent for Disclosure of Confidential Substance Abuse Information. I understand that any information from this release will be kept apart from the Court file.
2. I understand that my individual course of treatment may include residential treatment, intensive outpatient, one-on-one counseling, education, and/or self-improvement courses such as anger management, parenting or relationship counseling.
3. I understand that my treatment plan may be modified by the treatment provider of the Walworth County Drug Court Team as circumstances arise, and I agree to comply with the requirements of any such modifications.
4. I agree to participate in and successfully complete all substance abuse treatment programs, psychological therapies, educational programs and vocational training the Judge and Drug Court Team orders, and will sign releases to permit all providers to communicate with the Judge and Drug Court Team.
5. I will inform all treating physicians/nurse practitioners that I am a recovering addict and give the treating health care professionals the Doctor's Note found in the Participant Handbook. If a treatment physician wishes to treat me with narcotic or addictive medications or drugs or medication containing alcohol after I have disclosed I am an addict and handed them the Doctor's Note, I must disclose this to my treatment provider and inform the Drug Court Team.
6. I agree to take all medications prescribed for me by my treating physician and/or psychiatrist, and will sign releases for my treatment physician or psychiatrist to communicate with the Judge and Drug Court Team.
7. I agree that I will not withdraw from any treatment provider (residential or IOP) without prior approval of my treatment provider and the Drug Court Team. If I leave without permission of drug court a no bond warrant will be issued for my arrest.

### **Use of Drugs and Other Substances and Testing:**

1. I understand that I will be tested for the presence of drugs or alcohol in my system on a random basis according to procedures established by the Drug Court Team. I understand that I will be given a location and time to report for my drug test. I understand that it is my responsibility to report to the assigned location at the time given for the test. I understand that if I am late for a test, or miss a test, it will be considered positive and I may be sanctioned.
2. I understand that substituting, altering, diluting or trying in any way to change my bodily fluids for purposes of testing could be grounds for immediate termination from Drug Court.
3. I understand a diluted urine test will be interpreted as a positive test.
4. I understand that I may dispute positive test results, by that re-testing by a laboratory will be at my expense if it is positive.

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5. I agree to be drug and alcohol tested at any time by a police officer, probation officer, treatment provider, case manager, the Drug Court Team, or at the request of the court or any agency designated by the court.
6. I agree to be responsible for what goes into my body that may affect drug test results. Before taking medication of any kind, I will check with the pharmacist or Drug Court Team to ensure that it is non-narcotic, non-addictive and contains no alcohol. I will inform the Drug Court Team, team and treatment provider for any and all medications, prescribed or over-the-counter.
7. 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 designed to be ingested (such as crushing and inhaling a medication designed to be taken orally with liquids).
8. I agree to furnish the Drug Court Team verification from my physician for any prescribed medication in advance of testing to reduce the claims of cross-reactions. I understand that any medication that is prescribed must be reported to the Drug Court Team and my substance abuse treatment provider. (Except in cases of a certifiable medical emergency).

### **Cooperation with Judge and Drug Court Team:**

1. I agree to follow all Courtroom Rules as in the Participant Handbook.
2. I understand that during the course of the Drug Court program, I will be required to attend court sessions, treatment sessions, submit to random drug/alcohol testing, and remain clean, sober, and law-abiding. I agree to abide by the rules and regulation imposed by the Drug Court Team. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program.
3. I understand that if I miss a court date without prior permission from the Drug Court Team a no-bond warrant for my arrest may be issued.
4. I understand that participation in the Walworth County Drug Court program involves a minimum time commitment of 48 weeks with a 6 month period of aftercare. I understand that to graduate, I must have a minimum of 180 days drug/alcohol free and a minimum of 16 weeks in Phase III.
5. I agree to meet with the Walworth County Drug Court Team as often as directed.
6. I agree to permit the Drug Court Team to visit me at my residence and employment and anywhere else necessary to perform their duties.
7. I agree to keep the Drug Court Team, treatment provider and law enforcement liaison, if any, advised of my current address and phone number at all times and whenever changed. My place of residence is subject to the Drug Court approval, and I will not leave Walworth County without prior approval from the Judge and Drug Court Team.

## Walworth County Drug Court

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### **Other Program Requirements:**

1. I agree to pay court costs, fines, and/or restitution as ordered by the Judge and Drug Court Team prior to graduation and completion of the program. Such payments shall be in cash, cashier's check, money order, or credit card to the Clerk of Courts Office.
2. I agree to participate in community service work program, as ordered by the Judge and Drug Court Team.
3. I agree to abide by electronic home monitoring or house arrest if ordered by the Judge and the Drug Court Team.
4. I agree not to be in any business where selling alcohol is its primary purpose (bars, taverns, etc.).

### **Violations, Sanctions and Termination from the Walworth County Drug Court:**

1. I understand that sanctions may include time in custody, increased testing, community service and such other sanctions as listed in the Participant Handbook I have been given and as may be deemed appropriate by the Drug Court Team.
2. I agree that the Judge may, without prior notice, receive evidence including but not limited to reports from the Drug Court Team, that:
  - a. I am not performing satisfactorily in my assigned program; or
  - b. I am not benefiting from education, treatment, or rehabilitation; or
  - c. 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
  - d. I have otherwise violated terms and conditions of the program or sentence; or
  - e. I have any reason become unable to participate in the program; or
  - f. I have been charged with a new felony offense in any jurisdiction in which the criminal conduct is alleged to have occurred after my entry into the Walworth County Drug Court.
3. I agree not to engage in any formal or informal gambling (casinos, betting on horses, etc.).
4. I agree that upon receipt of such evidence, the Judge may impose an immediate sanction, including jail time, without having to give me prior notice and without the filing of written petition to revoke bail. The Judge may impose additional, but is not limited to, sanctions as outlined in the Participant Handbook.

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**Participant' Signature**

**Date**

Walworth County Drug Court

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**CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE  
TREATMENT INFORMATION**

**Participant's Name:** \_\_\_\_\_ **Case#:** \_\_\_\_\_

I have read or had explained to me the Notice to Patients pursuant to 42 C.F.R. § 2.22 regarding the disclosure of my substance abuse treatment information and hereby consent to the release of the approved substance abuse treatment information between: the Walworth County Drug Court (WCDC) Judge, Prosecutor, Public Defender, Probation Agent, Treatment Representative, Law Enforcement Representative, WCDC Team, program evaluators, Court staff, contracted random drug testing agencies, and \_\_\_\_\_.

I further understand consent to the release of this information to other WCDC participants or member of the public while in open court during any WCDC session. Additionally, I authorize the above parties to communicate and disclose to one another my diagnosis, urinalysis results, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, and: \_\_\_\_\_.

Data will be collected on participants and participant progress in the WCDC. This data will be used by the Wisconsin Department of Justice and the Federal Bureau of Justice Assistance to help evaluate the WCDC. Personal information will not be disclosed publicly and is stored in a secure database with restricted access. For the purpose of analysis, data will be de-identified.

The purpose of, and need for, this disclosure is to inform the court and all other named parties of my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance and progress in accordance with the program's monitoring criteria. This information may be released through verbal, written or electronic communication.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the program and revocation of my probation for the above referenced case, such as the discontinuation of all court supervision and/or, where relevant, dismissal of the charges and/or, where relevant, the assignment of this case to a division other than the WCDC.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of the information may re-disclose it only in connection with their official duties.

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**Participant's Signature**

**Date**

*Notice to patients pursuant to 42 C.F.R. § 2.22*

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. See 42 U.S.C. § 290DD-3 for federal law and 42 C.F.R. Part 2 for federal regulations. Revised July 2014.

WALWORTH COUNTY DRUG COURT SENTENCING GUIDELINES

**\*\*DO NOT DELAY IN ENTERING THIS PROGRAM.  
THE WALWORTH COUNTY DISTRICT ATTORNEY'S OFFICE MAY  
WITHDRAW OR WITHHOLD AN OFFER TO PARTICIPATE IN DRUG  
COURT AT ANY TIME FOR ANY REASON. FAILURE TO ACCEPT  
THIS OFFER WILL PREVENT ELIGIBILITY  
ON FUTURE DRUG CASES\*\***

**To participate in this program you must first complete a drug court screening and assessment. Please contact the Treatment Court Coordinator at [262-741-7039](tel:262-741-7039) to schedule.**

**All defendants must show proof of acceptance into Drug Court before plea/sentencing. All defendants must have a Walworth County residence and have the ability to show proof of residency.**

1. Two years of probation with a withheld sentence. As a condition of probation, the participant will be ordered to serve five days of jail without Huber. *\*This time must be served immediately after sentencing\**. One year of conditional jail time will be imposed and stayed to be used at the discretion of the court and Huber privileges may be granted. Other conditions include court costs, a \$500 program fee, and comply with the rules and regulations of Walworth County Drug Court.
2. All participants must read and sign a consent for disclosure of treatment information.
3. All participants must read and sign the participant waiver and agreement.
4. Defendant **MUST** follow all Drug Court Program, Jail, and Probation rules with no violations. Any violation of rules or failure to adhere to treatment requirements could mean removal from the Drug Court program, revocation of probation, and an **immediate imposition of a jail sentence**.
5. Conditions of participation will include drug/alcohol screens and complete, meaningful compliance with ALL treatment programming and attendance at Drug Court sessions. This includes a requirement of no alcohol or drug use.
6. Upon successful completion of the program, the defendant's conviction will be expunged. If the defendant is not eligible for expunction, then the State will move to reopen and dismiss the case.

**For more information about the Drug Court program, please contact the State Public Defender's Office at [262-723-3212](tel:262-723-3212).**

### **Incentives**

- Minimum jail sentence;
- Minimum court costs;
- Monetary savings;
- Access to quality treatment;
- Large support system for WCDC team members;
- Ability to complete GED through partnership with Gateway Technical College;
- Reduction/Dismissal of charges with successful program completion.

The first step to determine your eligibility for Drug Court is through a screening and assessment appointment.

Do not delay in scheduling this appointment!

Katie Behl  
*Treatment Court Coordinator*

Walworth County Judicial Center  
1800 County Rd. NN  
PO Box 1001  
Elkhorn, WI 53121  
262-741-7039  
[katie.behl@wicourts.gov](mailto:katie.behl@wicourts.gov)

William Arreola  
*Drug Court Clinician*

Walworth County Health and Human Services  
W4051 County Rd NN  
PO Box 1005  
Elkhorn, WI 53121  
262-741-3305

## **Walworth County Drug Court**

## Overview

*Mission Statement: The mission of the Walworth County Drug Court is to enhance public safety, to reduce prison and jail populations, and to reduce recidivism by effectively partnering with government agencies and community resources to focus non-violent, drug offender rehabilitation.*

The Drug Court Team is here to help you and support you throughout the program. They not only want you to successfully complete our program, but also help you get over your addiction and start the road to recovery.

The Team consists of the Drug Court Judge, Hon. David Reddy, as well as:

- Prosecuting Attorney representative,
- Defense Attorney representative,
- Probation Agent(s),
- Treatment Provider(s),
- Treatment Court Coordinator,
- Law Enforcement representative,
- Corrections representative.

Together, they help you rebuild your life free from addiction, one day at a time.

## What to Expect

A trained substance abuse counselor will conduct an intake, and your best treatment options will be explained. You will have regular court sessions, weekly probation visits, group treatment sessions multiple times per week, and frequent random drug and alcohol testing.

Treatment is the cornerstone of the Walworth County Drug Court. It is vital to attend every treatment appointment and to ensure that treatment begins as soon as possible. Your treatment progress heavily dictates how well you are doing in the program.



For most, Drug Court is an alternative to substantial jail or prison time.

## Responsibility and Accountability

Responsibility and accountability are two of the most important components of drug court. It will be your responsibility to obey all the rules of drug court. You are expected to keep all your appointments with treatment, probation, and the Drug Court Team.

It is required to attend all Drug Court hearings; unexcused absences will not be tolerated, and will result in sanctions by the Court.

### HONESTY

Honesty is a **key component** of the Drug Court program and in your recovery. You may not be able to control your addiction or other life events, but you can always control being honest. Lying to anyone will result in sanctioning; you must report any relapses or non-compliant behavior as soon as possible.