

**STATE OF MINNESOTA
COUNTY OF HENNEPIN**

**DISTRICT COURT
FOURTH JUDICIAL DISTRICT**

State of Minnesota
v.

Case # 27-CR-_____
SILS # _____
Charge _____

Hennepin County Veterans’ Court Participant Agreement

The purpose of the Hennepin County Veterans’ Court is to promote public safety and assist and support veterans and their families by creating a coordinated response through collaboration with the veteran’s service delivery system, community-based services, and the criminal justice system. I have been offered and have accepted the opportunity to participate in this program.

I, _____, VOLUNTARILY AGREE TO THE FOLLOWING:

1. I will attend and complete any treatment program and/or support group, including AA/NA that I am referred to by the Court. I agree to be supervised by persons designated by the Court. I will obey all rules of the treatment program and/or support group, provide verification of my participation, and pay all required fees.
2. I will submit to urine, breath and other drug testing as ordered by the Court. I will not manipulate the results of any testing of me. I will control the intake of fluids so as not to dilute any urine sample. I will cooperate during random home visits by probation officers, police officers, or other authorized agencies, including breath testing and cursory searches of my person and residence.
3. I will appear for all court dates, treatment meetings, probation officer meetings, classes or other scheduled appointments as ordered by the Court, and I will be on time.
4. I will comply with the terms and conditions of my sentence and any other rules designated by Probation or members of the Team. I will read the Veterans’ Court participant handbook and abide by the rules in the handbook.
5. I agree to keep the Court and treatment providers informed of my current address and phone number(s) and to report all address and phone changes to my probation officer before I make the changes.
6. I will not use or possess alcohol or any mood-altering substances while participating in the program. Furthermore, I understand that I must have prior permission from Court staff before taking any prescribed medication. I will provide verification of prescriptions to my probation officer before any use of medication. Except in the case of a life-threatening medical emergency, I will only use one physician, one pharmacy, and one hospital while in Veterans’ Court and I will advise any health care professionals who treat me that I am chemically dependent.
7. The Court may impose immediate sanctions for non-compliance with conditions of the program.
8. I understand I have the right to a formal hearing before sanctions are imposed.
9. I agree to the terms set forth by the Hennepin County Veterans’ Court, and understand that if I do not follow the Court rules I will be terminated from the program. I have received a copy of this Participant Agreement and the Participant Handbook and agree to its terms and conditions. I also understand that full compliance will fulfill the original Court order and may result in early termination of my probation or placement on administrative probation.

DATE _____
Defendant

DATE _____
Defendant’s Attorney

White – Court

Canary-Probation

Pink- Defense Counsel

Goldenrod- Prosecutor