



Webb County Veterans Treatment Program

PARTICIPATION AGREEMENT

The State of Texas vs. _____

Cause or Booking No(s). _____

Offense (s) _____

Agreement between the Parties: _____

Webb County Veterans Treatment Program (WCVTP) is a drug, alcohol, and psychological intervention program. This program is designed to provide an early opportunity for changing negative behaviors through court monitoring, urinalysis testing, case management, community outreach, mental health treatment, and substance abuse education and treatment referrals. They are also a cost effective alternative to traditional criminal case processing.

This contract is specifically for your involvement in the Webb County Veterans Treatment Program (WCVTP)

If you agree to participate in the program, and comply with all requests, sign at the end of the contract and initial each of the following paragraphs as they are explained to you, namely:

- 1.) I understand that testing will continue throughout my entire participation in the Webb County Veterans Treatment Program. I will voluntarily submit to random drug testing or any other type of chemical substance testing whenever requested by the "Random Automated Testing Telephone System," a community supervision officer of the court, WCVTP Staff, for detecting subsequent use of

alcohol and/or controlled substances. If a Urine Analysis (“UA”) is not provided on the set day, an automatic positive UA will result and I will be sanctioned accordingly. INITIALS _____

- 2.) I agree to pay fees up to ***\$500 for WCVTP*** as directed by the court or by a Community Supervision officer of the court, to cover the cost of my participation in the program. An initial payment of \$50 are due within 90 days of admission into the program and is to be remitted by money order or cashier’s check made payable to the Webb County Veterans Treatment Program. Payment. I further understand that unless I have completely paid all my programs fees, I will not be allowed to graduate. INITIALS_____

- 3.) I agree that I will not violate the laws of this state, or any other state of the United States, or any other subdivision of these jurisdictions during this period of deferment, or any regulations established in this contract. I agree that should any such violations occur, the WCVTP may revoke this agreement at the **committee’s** discretion. Any new felony or misdemeanor charge and/or new arrest involving a weapon, a violent offense or sexual offenses as set forth in Chapter 21, Title 5 of the Texas Penal Code may result in termination from the program. INITIALS_____

- 4.) My home address is _____, in Webb County, Texas and I am (employed) (unemployed). I will not change my place of residence without first giving written notice to the WCVTP staff within five (5) days prior to such a change, **or within 5 days thereafter if the move was unintended.** I further understand that, if I plan to move outside of Webb County, I must first get permission from the court to do so. The (5) days is not a grace period but a deadline to report a new home address in writing. Notice of a change in address is and always will be required. INITIALS_____

- 5.) I will fully participate in and successfully complete all of the phase plan requirements as set forth by my assigned case manager and/or Community Supervision officer and by the courts. INITIALS_____

- 6.) I will participate in any evaluation or assessment procedure designed to determine the extent and level of my involvement with chemical abuse/dependency and/or mental health treatment. INITIALS_____

- 7.) I understand that I have a 14 day opt out period after **being orientated** in the WCVTP where I can choose to withdraw from the program and there will be no penalties. If I choose to opt out, I understand that I may re-enter the regular criminal court system where prosecution may proceed and I will forfeit any fees already paid. INITIALS_____

- 8.) I will participate in cognitive skill building activities, education, individual/group and/or family therapy counseling, and/or treatment programs that I am directed to attend by the Webb County Probation Department and/or by the Webb County Veteran’s Treatment counselor(s), which will facilitate crime-free behavior and a productive demeanor. INITIALS_____

- 9.) I will abstain from the use of controlled and addictive chemicals and will adopt a drug - free lifestyle, and make such social adjustments and changes as necessary to maintain drug-free and crime-free behavior. This includes obtaining appropriate employment that is conducive to recovery

and is not a business whose primary services include serving alcoholic beverages. I understand that the staff will make reasonable efforts to help me secure appropriate employment. I will not possess or consume any alcoholic beverages. Participants with chronic pain requiring use of prescription medication (opiate, narcotic and /or benzodiazepine medications) are required to notify his or her doctor or physician of his or her treatment for drug addiction and obtain an alternative medication that is not addictive **within 5 days of either entering the program or initially receiving the prescription.** I also must disclose any prescription drug I have been prescribed **that is still in my possession or which could be obtainable by me** to the Webb County Veterans Treatment Program Committee **within 5 days of either entering the program or initially receiving the prescription** that has been labeled as a dangerous drug defined by the Texas Health and Safety Code §483.001 (2). I understand that I must discontinue all addictive medications that have not been prescribed by a doctor, licensed by the state of Texas, who has knowledge of my addiction or face termination. INITIALS_____

- 10.) **I will avoid places and persons of harmful or disreputable character, including places where alcohol, controlled substances and dangerous drugs are possessed, sold or used and not associate with persons who possess, sell or use, alcohol, controlled substances and dangerous drugs as well as not associate with persons who have criminal records who are not in the treatment program unless they are either married to or share at least 1 of the same parents as me or have been cleared in writing with my case manager and the same has been attached to this contract as an exhibit.** INITIALS _____
- 11.) I acknowledge and agree that in order to recover from any form of addiction avoiding places where alcohol is sold is prudent to my recovery. INITIALS _____
- 12.) I acknowledge that I can be a customer at a restaurant that sells alcohol but may not be at the bar or order any alcoholic beverages. INTIALS_____
- 13.) I acknowledge that I cannot frequent or be present at any establishment that represents itself as a "BAR", "CANTINA", "PUB", "LIQUOR STORE", or whose **primary** business is to sell alcohol or that derives 51% or more of its income from the sale of alcoholic beverages. INITIALS _____
- 14.) I will appear at all WCVTP Court proceedings directed by the Judge **or** by any of its agents. Notice of my appearance date may be mailed, emailed or texted at the participants request at the above address, unless I have given written notice of a new home address, email or phone number **within 5 days of any court proceeding.** If I have given such written notice **to my case manager, program coordinator or the director in the event the case manager is not available,** then written notice to the new address, email or phone number shall be sufficient. If I do not appear in court as directed, I understand a warrant may be issued for my arrest. **When present in court and a sanction is accepted against me by the judge, I understand I** must abide by the pronounced sanction. **From time to time, when the judge is not available, sanctions cannot be handed down by the WCVTP committee and announced by the WCVTP director. The Judge needs to be present to execute a sanction. I understand I must obey these pronounced sanctions as well, at least until the next court proceeding, at which time I may appeal to the judge for reconsideration.** INITIALS_____

- 15.) In addition, I understand that if I fail to contact the WCVTP for 15 consecutive days, I will be placed on absconder status, which may result in my arrest. It may also result in the unsuccessful discharge from the program, and termination/dissolution of **ALL WCVTP CONTRACTUAL PROMISES**. INITIALS _____
- 16.) I further understand and agree that in the event I violate one or more of the terms of this agreement, the court may revoke my bond and I may be detained **in jail**, until such time as the court will agree to reinstate my bond. It may also result in the unsuccessful discharge from the program, and termination/dissolution of **ALL WCVTP CONTRACTUAL PROMISES**. INITIALS _____
- 17.) I understand and agree that should I violate any term of this agreement the District Attorney may revoke this agreement, petition to lift my personal bond and may proceed to prosecute the original charges levied against me. It may also result in the unsuccessful discharge from the program, and termination/dissolution of **ALL WCVTP CONTRACTUAL PROMISES**. INITIALS _____
- 18.) In consideration for this agreement, at the **successful completion** of the Webb County Veterans Treatment Program, **if your case has not been filed by the State, it will be formally not accepted for prosecution by the State; if the State has filed your case, but no plea of guilty nor no contest plea has been made by you, nor any finding of guilt by the judge or a jury has been made, the State will recommend dismissal of your case to the judge; and if the state has filed your case, and such a plea of guilty or no contest plea has been made, regardless as to whether or not a finding of guilt has been made or delayed by the judge, and you are on community supervision, your case will be terminated early, as long as you are eligible. Excluding any future changes to the law, deferred adjudication sentences may be immediately eligible; regular community supervision sentences are eligible after one-third or two years of the supervision, whichever is less. Any conditions of community supervision, which were ordered along with WCVTP participation must be complete before you are eligible. Any conditions of community supervision, which existed before you entered WCVTP and were not expressly waived and evidenced and attached to this contract as such, must also be complete before you are eligible.** INITIALS _____
- 19.) In some cases, there will be **NO OFFER** from the Webb County Assistant District Attorney. In such cases, I am aware that I will be doing the WCVTP for the counseling and treatment help given in this program. INITIALS _____
- 20.) WCVTP will terminate **after the WCVTP Director's approval** if the participant is in probation already and his/her Probation will be early terminated. INITIALS _____
- 21.) WCVTP will terminate **after the WCVTP Director's approval** if the participant is in a Pre Trial Diversion Program already and his/her PTD will be successfully completed. INITIALS _____
- 22.) In consideration of the opportunity to participate in the WCVTP, the undersigned participant agrees to release, waive, discharge, and not sue Webb County, its officers, employees, and servants, including, but not limited to, the Webb County District Courts, the Webb County Veterans Treatment Program staff and volunteers, from all claims, demands, or causes of action of any kind whatsoever arising out of participant's participation in the program. This does not create a

warranty; either expressed or implied, other than what is stated in this the Webb County Veterans Treatment Program participation agreement. INITIALS _____

23.) In addition, I request that my **WEBB COUNTY VETERANS TREATMENT PROGRAM** case(s) not be presented to the Webb County Grand Jury for indictment during my participation in the program unless Grand Jury presentation is deemed necessary by an approaching statute of limitations, or if my case has been indicted, I request that the case be reset for non-trial settings during my participation in the Webb County Veterans Treatment Program. I understand that my case may be presented to the Grand Jury if I am terminated from the program, either by the judge or by an administrative termination. I waive any rights I may have to a speedy trial in this case. I waive any right to require the State to be ready for trial or to proceed to trial on this case, or to have an indictment returned by a grand jury on this case within the time limits established under Article 17.151 Texas Code of Criminal Procedure, the Texas or United States Constitution, or any other statute. INITIALS _____

24.) I understand that the court may ask me to **volunteer** as a mentor in the WCVTP Alumni group during Phase III and/or after completing the WCVTP program, **for up to at least a year after my graduation from WCVTP**. INITIALS _____

All Programs will adhere to the following promotion and/or graduation requirements as applicable to each participant.

In order to graduate, I must have met each of the following criteria:

1. Should have been in the program **for 13-18 months**; unless stated otherwise in this contract and/or approved by the WCVTP Director;
2. Should have completed all drug /alcohol and/or mental health treatment;
3. Should have a current AA/NA sponsor and show proof of having worked the 12 steps (if applicable);
4. Should have no violations for three (3) months prior to your scheduled graduation date;
5. Should be in Phase 3 and have maintained abstinence from all drugs, including prescription medications within the meaning of paragraph 9 of this contract, and alcohol for a minimum of six consecutive months before graduation;
6. Should have completed all sanctions involving affirmative conduct from previous violations;
7. Must have completed a written plan and /or exit interview detailing plans to remain clean and sober;
8. Must have completed all community service hours; and
9. Should be employed or in school and have all Webb County Veterans Treatment Program Court fees, and restitution paid in full.
10. This WCVTP Contract, Regulations, Directives, Paragraphs, Punishments, Promotions, and Graduation Criteria may be subject to waivers from the WCVTP's Director.

INITIALS _____

This agreement shall become effective after WCVTP Staff intake, or WCVTP's Director's approval, or after signing this contract, or after attending orientation in court, whichever happens first. This contract will expire upon either my successful completion of all Webb County Veterans Treatment Program or after my termination therefrom.

WCVTP Participant's Signature

Date

WCVTP Attorney

Date

OFFER EXTENDED

NO OFFER AT THIS MOMENT

Assistant District Attorney for the WCVTP Program

Date

Presiding Judge

Date

YOU ARE COURT ORDERED TO ATTEND YOUR VETERANS COURT EVERY OTHER WEEK UNTIL FURTHER NOTICE FROM THE COURT.