



Washington County Drug Court

206 W Tabernacle St, St. George, Utah 84770

Testing Center (435)656-7521



TRACKER ORIENTATION PACKET

TO: _____

Clients Name

READ THIS FIRST!

WELCOME TO DRUG COURT. THIS IS YOUR ORIENTATION PACKET. PLEASE READ THE INSTRUCTIONS BELOW IN ORDER TO KNOW WHAT TO DO WITH THIS PAPERWORK.

INSTRUCTIONS/STEPS:

- 1- FILL OUT THE WASHINGTON COUNTY DRUG COURT INITIAL QUESTIONNAIRE.**
(BE HONEST IN YOUR ANSWERS. DISHONESTY CAN LEAD TO ARREST).
- 2- READ THE U/A CENTER RULES.**
- 3- REVIEW THE MAP TO SEE WHERE YOU CAN PARK AND WHERE YOU ARE ALLOWED TO WALK WHEN AROUND THE U/A CENTER**
- 4- READ THE TRACKER AGREEMENT, DO NOT SIGN UNTIL TOLD TO DO SO AND ONLY AFTER YOU MEET WITH THE TRACKER FOR YOUR TRACKER ORIENTATION.**
- 5- READ THE HANDBOOK AND COMPLETE THE DRUG COURT ENTRY TEST**
- 6- READ THE CURFEW EXTENSION/OUT OF TOWN PAPER.**
- 7- READ THE INCOME VERIFICATION FORM. DO NOT SIGN UNTIL TOLD TO DO SO.**
- 8- PUT THE SHEET WITH THE PHONE NUMBERS IN HANDY PLACE FOR QUICK REFERENCE.**
- 9-BE ON TIME TO YOUR ORIENTATION APPOINTMENT, WRITE DOWN YOUR QUESTIONS, BRING THIS PACKET OF PAPERS, COME PREPARED TO SPEND AN HOUR AND A HALF WITH US, AND TO DRUG TEST.**

****YOUR ORIENTATION IS SCHELDUED FOR**

_____ 20_____ AT _____ : _____ AM/PM
month day year

UA Center sitting Area

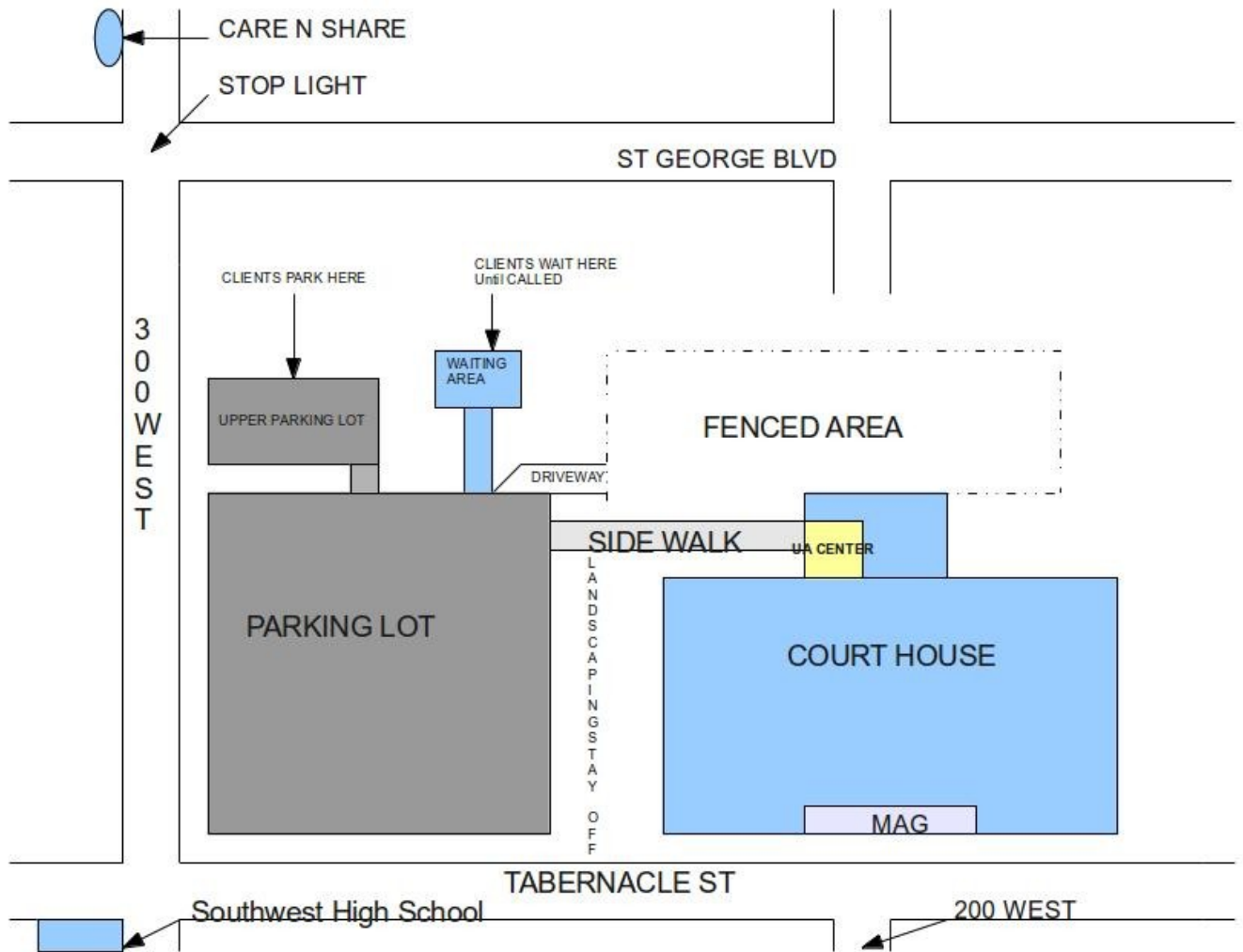
(Door marked "not an entrance", west side towards the back [next to black iron fence] of the court house building towards the rear) - **DO NOT ENTER IF THE DOOR IS OPEN!**

206 W Tabernacle St.

St. George, Utah 84770

CALL IF YOU HAVE PROBLEMS FINDING US OR HAVE OTHER QUESTIONS.

DEPUTY TIBBITTS 272-3431, DEPUTY GATES 705-4336, DEPUTY RICHARDSON - 767-8227
SGT. BOWEN - 656-5613



WASHINGTON COUNTY DRUG COURT

Participant Handbook

Washington County Drug Court

206 W Tabernacle St.

St. George, Utah 84770

Phone: 656-7521

Welcome to the **Washington County Drug Court program**. This participant handbook will provide overall information, answer general questions, and inform you of the rules of the Drug Court. **As a participant, you will be required to follow the instructions contained in this handbook, the orders given to you by your Drug Court Tracker and the Court, and comply with the treatment plan designed for you with your counselor.** Participants are encouraged to share this handbook with their family and friends.

Mission Of The Drug Court

Felony Drug Court: The Washington County Fifth District Drug Court program will provide a judicially supervised rehabilitation program for offenders where substance abuse has been a significant contributing factor in their criminal activity. Through close supervision, intensive counseling, and education, addicts will change their lives to become drug free, sober, and responsible citizens, parents, and family members. Our objective is to reduce the societal impacts and direct costs of substance abuse in Washington County.

Family Drug Court: The Washington County Family Drug Court program establishes an integrated, court-based collaboration that protects children in Washington County from abuse and neglect precipitated by parental substance abuse through timely decision making, coordinated services, treatment, and safe and permanent placements. The mission of this drug court is to stop the cycle of abuse and neglect in families by providing children and parents with the services and skills needed to live productively in the community and to establish a safe, healthy environment for their families. This goal is to be accomplished by providing a cost-effective continuum of strength and family based treatment and ancillary services for children and parents; interventions are gender-specific, culturally and developmentally appropriate. Court processes are expedited to aid parental compliance with court orders and ancillary services by facilitating the court's ability to modify court orders as cases progress. Collaborative relationships among allied agencies are fostered through weekly Drug Court staffing meetings.

Description of the Drug Court

The Drug Court is a court-supervised, comprehensive treatment program for drug-using Defendants. This is a voluntary program that includes regular appearances before the assigned Drug Court Judge. Treatment includes individual and group counseling, and may include life skills, anger management classes, and parenting classes. Active participation in community support groups (such as 12-step recovery groups, church groups, or other groups that promote and support recovery) is a key component of the Drug Court. Drug Court participants will be given regular and random urine tests to determine whether they are abstaining from illicit and illegal drugs. Treatment is provided by a licensed substance abuse treatment provider. The treatment provider will help you with referrals for job training, education and skills assessment, and life skills classes as needed.

Entry into Felony Drug Court: Following arrest (if you are eligible), you will be offered a choice of prosecution of the pending charge(s) or participation in Drug Court. You may request entry into the Drug Court through your Defense Attorney. Participation in Drug Court requires that you enter a guilty plea to be held in abeyance. If you successfully complete the Drug Court program, your plea will be withdrawn. If you are accepted into the Drug Court program, your attorney may continue to represent

you in the Drug Court. Failure to successfully complete the program will result in reinstatement of your guilty plea and sentencing. Some participants may be referred to Drug Court as a result of probation violation. Participants must also score on the High Risk/High Need quadrant of the Risk and Needs Triage (RANT™). Offenders with a criminal history of violence may be eligible for Drug Court if determined clinically appropriate.

Entry into Family Drug Court: A prospective applicant for The Family Drug Court, represented by council, discusses the drug court option with Division of Child and Family Services staff and if interested, completes an application. The application is considered by the Juvenile Court Judge at a scheduled hearing. If approved, the potential participant is referred for a comprehensive assessment to the Southwest Behavioral Health Center. The Juvenile Court Judge may exclude a potential participant if it is determined that the participant poses a substantial safety risk to the staff or other participants. Clients may elect to receive substance abuse treatment with a private treatment provider and not participate in Drug Court. Applicants choosing to participate in Drug Court sign a participant agreement to be formally admitted into the program. Their reunification plan, developed by the Division of Child and Family Services (DCFS) staff includes a component to participate in Family Drug Court. As the participant complies with the plan and progresses in treatment, they are often re-united with their children, assuming all other service plan components are satisfied.

Judge Jeffery C. Wilcox will serve as the Felony Drug Court Judge. Judge Michael O. Leavitt will serve as the Family Drug Court Judge. Participants will be assigned to Judge Wilcox's or Judge Leavitt's calendar whichever applies and will continue to appear before that Judge during the program. The final determination of entry into the Drug Court program will be made by the Drug Court Team.

Drug Court Monitoring and Supervision

As a Drug Court participant, you are required to appear in Drug Court on a regular basis. At the beginning of your treatment program, you will be required to appear weekly.

During your participation in Drug Court, you are required to provide urine, blood, hair, saliva, or other tests deemed necessary. You must also submit to Breathalyzer tests for alcohol when/if ordered to do so by the Judge, Trackers, or Treatment Provider. Information on Drug Testing schedules will be available on the Drug Court line (656-7521). This is at the discretion of the Trackers, and can change without notice.

The Judge may ask you, treatment providers, and your Drug Court Tracker questions about your progress and your needs when you appear in Drug Court. If you are doing well, the Judge will encourage you and help you progress to the next phase in the program. If you have missed counseling, community support groups, have shown a positive drug test, or failed to progress in some other fashion, the Judge may sanction you. The Judge may also change the treatment program according to your needs and progress.

Failure to appear in Drug Court will likely result in a warrant and incarceration. If you have any questions about your scheduled appearances, contact your Drug Court Tracker or the Court Clerk at (435) 986-5700.

Warrants and/or new arrests could result in your termination from the Drug Court program. Other violations which may subject you to termination from the program include repeated positive drug tests, missing or appearing late for Court or counseling, any violation of the Drug Court plea agreement or

Drug Court rules, and any violence or threat toward Court staff, treatment staff, or other participants. All decisions regarding termination will be made by the Drug Court Judge after consultation with the Drug Court Trackers and the Drug Court Team.

As you succeed in Drug Court and advance through the phases, your Court appearances and counseling obligations will decrease.

Drug Court Program Rules

As a Drug Court participant, you must comply with the following rules:

1. **Attend all court appearance and treatment sessions.** Treatment sessions include individual and group treatment sessions, self-recovery groups, education sessions, case management sessions, and other meetings as ordered. If you are unable to attend a scheduled session, you must contact the treatment provider and your tracker as soon as possible.
2. **Be on time.** If you are late, you may not be allowed to participate in the treatment session or court hearing and you will be in violation of the Drug Court rules.
3. **Do not make threats towards other participant or staff or behave in a violent manner.** Violent or inappropriate behavior will not be tolerated and will be reported to the court. This may result in termination from the program.
4. **Do not possess** any drugs, paraphernalia, alcohol, any other illicit mind / mood altering substance (such as spice, bath salts), weapons, or anything that promotes or advertises drugs, alcohol, or gang affiliation.
5. **Dress appropriately** for court and treatment sessions. You must wear a shirt, pants, dress, or skirt of a reasonable length. Shoes must be worn at all times.
6. **Inappropriate sexual behavior or harassment will not be tolerated.** Intimate relationships with other Drug Court clients or other clients at the treatment provider are not appropriate.
7. **If you have police contact, you must let the officer know you are a Drug Court Participant.** You must also notify your Drug Court Tracker of any contact with law enforcement for any reason within 12 hours.
8. **You must tell your health care provider that you are a Drug Court participant before receiving any prescriptions.** You must also report any prescribed medication to your Drug Court Tracker and Treatment Provider. Obtaining prescriptions for similar drugs from more than one health care provider (unless approved by the Court) may be grounds for sanction. You must sign a release if the Judge, Drug Court Tracker, or Treatment Provider determines that it is necessary to contact your health care provider to clarify whether the prescription is warranted.
9. **Appear for drug tests as scheduled and when ordered** by the Judge, your Drug Court Tracker, or the Treatment Provider. Testing is done randomly. To facilitate this process you will be assigned a “color code”. Each day you will call the UA Center between 8:00am and 10:00am at 656-7521. The phone message will tell you the color of the day. If that color is the same as the one assigned to you, you will need to report for drug testing at the time given. Come alone to the testing site; do not bring children,

friends, or pets. Be prepared to give a urine sample as soon as you arrive at the test site. A diluted or adulterated sample is grounds for sanction or removal from the program. If you do not give a sample as order, the court will consider the test positive.

10. **Pay your Drug Court fees** (determined by your income) on time at the Washington County Treasurers Office, 197 E Tabernacle Street, St. George, Utah. Fees must be paid Mondays by 3:00pm. Be prepared to show your receipts to the Judge, Drug Court Trackers, and Treatment Provider when asked.
11. **You are not allowed to make any extreme changes to yourself.** No new tattoos, no new body piercings, or hair color changes. However, at the discretion of the Judge, Trackers, and/or Treatment Providers you may be asked to make necessary changes to conform to the rules. You may also be given permission to change hair color.
12. **Obey all provision of the Drug Court plea agreement, this handbook, and the Tracker Agreement.**

Drug Court Fees

As a Drug Court participant, you agree to pay a fee (determined by your income) per week for the duration of the time that you are involved with Drug Court. This fee is less than the fine amount normally assessed for felony drug charges. Your total fee will cover only a portion of the cost of your Drug Court drug testing and treatment. The remainder is paid by the Drug Court through funding provided by the State of Utah. **Payment of Drug Court fees will be made at the Washington County Treasurers Office, 197 E Tabernacle Street, St. George, Utah, MONDAYS BY 3:00 P.M.** Be prepared to show your receipts to the Judge, Drug Court Trackers, and Treatment Provider when asked.

Treatment Procedures

The Drug Court has arranged for Drug Court participants to obtain treatment at a licensed substance abuse treatment facility, Southwest Center, 474 W 200 N., St. George, Utah or you may obtain treatment at another licensed treatment provider as ordered by the Court. You will be assessed for the severity of your addiction to determine both your eligibility for the Drug Court program and to help design your treatment plan. The treatment program includes assessment, evaluation, individual and group counseling, equine therapy, relapse prevention, random drug screens, community support groups, and other services that may include vocational rehabilitation, family counseling, medical services, education, recreational, spiritual and community support services.

There are typically three phases of treatment beginning with either residential treatment or intensive outpatient treatment. Movement through the phases is individually based on need and readiness. Usually the phases of Drug Court correspond with the phases of treatment, but this is not always the case and decisions are made on an individual basis.

Drug Court Phases

The three phases of Drug Court are:

Phase I

- A comprehensive substance abuse evaluation through Southwest Behavioral Health Center
- Treatment as recommended
- Attendance at community support groups (at least two meetings per week). Signature sheet from these meetings must be turned in to a tracker weekly.

To advance to Phase II, the participant must achieve the following:

- Regular attendance at individual and group counseling sessions (as recommended by the Treatment Provider)
- At least 10 consecutive weeks of negative drug tests
- Be current with Drug Court fees
- Obtain Full-time employment (or school or volunteer work, if approved by treatment provider).
- Obtain drug/alcohol free living conditions
- Be recommended for advancement by the Staffing Team

Phase II

- Individual counseling (as recommended)
- Group treatment (as recommended)
- Family support group (as recommended)
- Vocational skills training (if needed)
- Educational skills training (if needed)
- Attendance at community support groups (at least two meetings per week). Signature sheet from these meetings must be turned in to a tracker weekly.
- Be current with Drug Court fees
- Start Life Skills Class or Parenting Class (as recommended)

To advance to Phase III, a participant must achieve the following:

- Regular attendance at individual and group counseling sessions (as directed by Treatment Provider)
- At least 16 consecutive weeks of negative drug tests
- Be current with Drug Court fines and fees
- Enroll in GED classes (if you do not have a diploma or GED)
- Maintain a drug-free living environment
- Maintain Full-time employment (or school or volunteer work, if approved by treatment provider).

- Find reliable transportation
- Be recommended for advancement by the Staffing Team

Phase III

- Individual counseling (as recommended)
- Relapse prevention (as recommended)
- Family support group (as recommended)
- Vocational training (if needed)
- Educational training (if needed)
- Attendance at community support groups (at least two meetings per week). Signature sheet from these meetings must be turned in to a tracker weekly.

Completion of Phase III will ready the participant for graduation; a participant must achieve the following:

- Attendance at community support groups (at least two meetings per week). Signature sheet from these meetings must be turned in to a tracker weekly.
- Regular attendance at individual and group counseling sessions as directed by the Treatment Provider
- At least 28 consecutive weeks of negative drug tests
- Be current with Drug Court fees
- Maintain a drug-free living environment
- Obtain your GED or High School Diploma
- Maintain Full-time employment (or school or volunteer work, if approved by treatment provider).
- Complete Life Skills Class successfully
- Have participated in Drug Court at least one year
- Be recommended for graduation by the Staffing Team

Confidentiality

Federal law requires that participant privacy be protected. The treatment provider has developed guidelines and procedures which comply with federal law and protect participant confidentiality. Each Drug Court participant must sign a release authorizing the Drug Court Team to receive information about the participant's progress in treatment. Information about the participant's attendance, drug tests, employment, living conditions, and general progress in the Drug Court program may be discussed in open court. When you graduate from the Drug Court, you may ask that your court file be sealed.

Your confidential information will be kept confidential except as provided by:

- Your Family and Felony Drug Court ("Drug Court") and Tracker Agreement provisions regarding release of confidential information.
- Disclosure allowed by court order or court rule.

- Any Federal and State law and regulations requiring disclosure of confidential information about a crime committed by You or by any other Drug Court client(s) or any threat by You or any other Drug Court client(s) to commit any such crime.
- Federal and State law and regulations regarding required disclosure of information about suspected child, elder or disabled person(s) abuse and neglect.
- Written consent to release confidential alcohol/drug treatment information.
- Any expressed intent to attempt or commit suicide.

Note: Your alcohol and/or treatment records are protected under the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part II, and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 456 C.F.R. Parts 160 and 164, and cannot be disclosed without your consent unless otherwise provided for by the Code of Federal Regulations or by your Drug Court Agreement.

Sanctions

Failure to appear in Drug Court will likely result in a warrant and incarceration. If a participant cannot appear in Court, he or she must notify the Court Clerk immediately. The following actions may result in sanctions:

- Absence from treatment groups and/or individual treatment sessions, community support groups, or job counseling
- Failure to report to the Drug Court Tracker
- Failure to progress or cooperate with Court, DCFS, or Treatment Workers
- Failure to promptly pay Drug Court fees
- Violation of the Drug Court rules listed in Participant Handbook
- Positive drug test
- Failure to meet curfew requirements
- Manipulation of the system
- Dishonesty

Minor violations may result in non-judicial sanctions. Non-judicial sanctions may be imposed by the Drug Court Tracker and/or Treatment Provider and may include:

- Attendance at additional recovery support meetings
- Essay assignments
- Community service
- Curfew
- Increased attendance at Drug Court sessions
- Increased frequency of drug testing
- Increased level of treatment

A non-judicial sanction may include other sanctions as outlined in the plea agreement.

Repeated violations and major violations may result in judicial sanctions. Judicial sanctions include:

- Demotion to a prior Drug Court progress phase

- Additional incarceration
- Any non-judicial sanction

Other judicial sanctions may be imposed at the discretion of the Judge and may include any other sanction allowed by law.

Probationary Status

Drug Court Participants who have repeatedly been sanctioned by the Court may be placed on probationary status. Probationary status shall be under such terms and for such length of time as deemed appropriate by the Staffing Team and the Court. This status can include additional testing requirements, temporary return to a prior phase, increased 12-step meeting requirements, increased tracker involvement, and such other terms as deemed reasonable to accomplish the needs of the Participant.

New charges, warrants, and/or new arrests could result in termination from the Drug Court program.

Other violations which may result in termination from the program include:

- Repeated positive drug tests
- Missing or appearing late for Court or counseling
- Any violation of the Drug Court plea agreement or Drug Court rules
- Any violence or threat toward court staff, treatment staff, or other participants

All decisions regarding termination of participants from Drug Court will be made by the Drug Court Judge after consultation with the Drug Court Team. ***Tampering with urine samples or the drug testing process may result in termination from the Drug Court program.***

Incentives

Incentives are just as, if not more, important as are sanctions to individuals participating in the Drug Court program. They may include:

- Acknowledgment of accomplishments such as compliance with treatment program, completion of GED, or obtaining a job
- Gift certificates for a local restaurant or recreational activity
- A presentation of a diploma for graduation from each phase of the program and/or the program itself.
- Key chain with program slogan for each Phase advancement

Conclusion

The Drug Court program in Washington County is designed to heal drug addicts and help you achieve total abstinence from illicit and illegal drugs and alcohol. The program is designed to promote self-sufficiency and a return to the community as a productive and responsible citizen. The program is

voluntary. The Judges, The County Prosecutor, Drug Court Trackers, DCFS workers, and all of the Counselors on the treatment staff, as well as the recovering addicts in AA and NA are here to help you, but in the end, it is your choice whether or not to live drug-free. We want you to succeed.

Sanctions Matrix

Curfew	Interim Group / Phase 1	Phase 2	Phase 3
1 st Offense	1 ½ hour earlier curfew	3 hour earlier curfew	House arrest
2 nd Offense	3 hour earlier curfew	House arrest	Jail
3 rd Offense	House arrest	Jail	Jail

Leaving after Curfew	Interim Group/ Phase 1	Phase 2	Phase 3
1 st Offense	House arrest	House arrest	House arrest
2 nd Offense	Jail	Jail	Jail
3 rd Offense	Possible OSC	Possible OSC	Possible OSC

Missed SBHC Service	Interim Group / Phase 1	Phase 2	Phase 3
1 st Offense	2 hours Com. Service	4 hours Com. Service	Phase 2 tracking
2 nd Offense	4 hours Com. Service	Phase 1 tracking	Jail 48 hours
3 rd Offense	Com. Service & Research Paper	Jail 48 hours	Jail 96 hours

Positive UA	Interim Group / Phase 1	Phase 2	Phase 3
1 st Offense	Test every day, 7 in 7	Test every day, 7 in 7	Test every day, 7 in 7
2 nd Offense	Test every day, 7 in 7, Research paper	48 Hours	48 Hours
3 rd Offense	48 Hours	96 Hours	96 Hours

(If the trackers/counselor feel there is a safety risk when found positive, trackers will take the client to jail)

Missed UA/Failure	Interim Group / Phase 1	Phase 2	Phase 3
1 st Offense	Test every day	Test every day	Test every day
2 nd Offense	Test every day, Research paper	48 Hours	48 Hours
3 rd Offense	48 Hours	96 Hours	96 Hours

(If the trackers/counselor feel there is a safety risk when found positive, trackers will take the client to jail)

Matrix-Not in possession	Interim Group / Phase 1	Phase 2	Phase 3
1 st Offense	Check in everyday @ SBHC 1 week	8 hours Com. Service	House Arrest
2 nd Offense	8 hours Com. Service	House arrest	48 hours
3 rd Offense	House arrest	48 hours	48 hours

Fees	Interim Group/Phase 1	Phase 2	Phase 3
\$60-100	1 ½ hour earlier curfew	2 hour earlier curfew	4 hour earlier curfew
100-300	2 hour earlier curfew	3 hour earlier curfew	4 hour earlier curfew
300 +	House Arrest	House Arrest	House Arrest

Association	Interim Group / Phase 1	Phase 2	
1 st Offense	4 hours Com. Service	4 hours Com. Service	
2 nd Offense	8 hours Com. Service	8 hours Com. Service	
3 rd Offense	12 hours Com. Service	12 hours Com. Service	

(Community Service will be assigned by the Drug court team)

This list is not all inclusive other sanctions may be imposed. Not all behaviors that may be sanctioned are included here. Sanctions needing immediate attention may be imposed by the by counselors, trackers and/or Judge.

Incentives:

Clapping in court → Thumbs up → Candy bar → Gift Cards → Tickets for local events.

Front of the court calendar (those clients with no sanctions that week) then leave.

Front of UA line if employed

One week fees waived at the time of phase advancement (If fees are current)

Recovery books for meeting recovery support requirements for entire phase

Foods given at group and in the UA line (randomly for group incentive)

Extension of curfew for clients in good standings

Birthday cards

Graduation cards and certificate, wrist band, t-shirt, shaking the Judge's hand, trackers, and counselors hands at graduation

Recovery coins, wristband for advancement of phases and graduation,

Acknowledging sobriety/clean time

Activity once a month if no violations have been received that month (with trackers and counselors present). Clients given formal invitation to be presented at the door.



Drug Court Entry Test

Due back by: ___/___/___, Tracker Init: ___

Name: _____

Date: ___/___/___

1. How many Phases are there in the Drug Court Program? _____
2. When are you required to call the U/A Center phone to hear if you are to provide a urine sample that day? _____
3. True or False (Circle one): Failure to appear for the Drug Court, court sessions will likely result in a warrant and incarceration.
4. If you have any questions about your scheduled appearance in any Drug Court court session, who do you contact? 1. _____ 2. _____
At what phone numbers? 1. _____ 2. _____
5. True or False (Circle one): Warrants and or new arrests could result in your termination from the Drug Court program.
6. Other violations which may subject you to termination from the Drug Court program include Repeated:
 1. _____
 2. _____
 3. _____
7. True or False (Circle one): Court Appearances and counseling obligations will decrease as you succeed in the Drug Court program and advance through the phases.
8. Name the *twelve(12)* Drug Court Rules. (Condense your answers)
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____

(Continue on next page)

9. _____
10. _____
11. _____
12. _____

9. List two(2) items that you may not posses based on Drug Court program Rules

1. _____ Extra Credit: Name the other two(2) 3. _____
2. _____ 4. _____

10. In Drug Court Program Rule number nine(9), what are you "assigned" to facilitate random drug testing? _____

11. **Currently** the number of weeks generally required in completing the following phases are:

Phase I: _____

Phase II: _____

Phase III: _____

12. **Currently** to advance to phase II, you must have how many weeks of negative drug tests:

13. **Currently** to advance to Phase III, you must have _____ weeks of negative drug tests?

14. To move up from each Phase, you must be current with your drug court _____.

15. Name four Drug Court violations which may result in sanctions:

1. _____
2. _____
3. _____
4. _____

16. True or False (Circle one): Repeated sanctions may cause you to be placed on a probationary status.

17. Name three(3) violations that may result in termination from the Drug Court Program:

1. _____

2. _____

3. _____

18. The Drug Court Program is designed to _____ drug _____ and help you
_____ total _____ from _____ and _____
and to promote _____ and a return to the _____ as a _____
and responsible _____.

19. Curfew for those in **Phase I** is: _____ P. M.

20. For Curfew in **Phase I**, you must call in after _____ P. M. and before _____ P. M.

21. The telephone number to call for curfew is : _____.

22. To determine the "color" for the day, you must call _____ between
_____ A. M. and no later than _____ A. M.

23. Name three Drug Court Trackers (First names are okay):

1. _____ 2. _____ 3. _____

24. The Drug Court Tracker's cell phone numbers are: 1. _____

2. _____ 3. _____

25.. True or False (Circle one): You may leave the State of Utah or Washington County at any time.

26. True or False (Circle one): If you are involved for any reason in a law enforcement contact, you must tell the officer you are out with, you are in Drug Court.

27. You have _____ to notify your Tracker of any change of employment.
(Circle one):

1. Three(3) days

2. 36 hours.

3. 24 hours.

4. 12 hours.

5. You never have to notify your Tracker.

28. Circle one) I have / have not: Checked with my Tracker to determine where it is permissible to park my vehicle or if I smoke, where smoking is or is not allowed.

Extra Credit: How many hours do you have to notify your Tracker of law enforcement contact? _____



Washington County Drug Court

INITIAL QUESTIONNAIRE

Welcome to Washington County Drug Court. Please fill out this form completely and truthfully. Every blank must have something in it. Write N/A if not applicable.

Personal , Emergency Contact, Employer Information:

Last: _____ First: _____ Middle: _____ DOB: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____ Phone: () _____ - _____ CELL # _____ - _____

Is your place of residence owned by a relative (Do they share your DNA)? (Circle) Y N Are they a family friend (Circle) Y N

or another drug court client? (Circle) Y N If you answered yes to the above Who? _____

Emergency Contact: _____ Relationship: _____

EC Address: _____ City: _____ State: _____ Zip: _____ Phone: () _____ - _____

Employer Name: _____ Employer Phone: () _____ - _____ Your Supervisors Name: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Job Description: _____ Job Site Phone: () _____ - _____ Supervisor Work Phone: () _____ - _____

Is your employer/supervisor a relative (Do they share your DNA) (Circle) Y N or are they another drug court client (Circle) Y N Family Friend? Y N

Do you own your own business? (Circle) Y N If so, How Many? ____ (Fill in box below. If more than two continue on back)

Business Name:	Business Address:	Business Phone Number:

Rent/own any Off site Storage Unit(s) or building(s)? (Circle) Y N If so, How Many? ____ (Fill in box below. If more than two continue on back)

Storage Unit/Building Name:	Storage Unit /Building Address:	Unit Number	Building Phone Number:

Drivers License Info:

DL #: _____ DL State: _____ D L's Expiration Date: ____/____/____ DL Valid? (Circle) Y N DL DENIED? (Circle) Y N

DL SUSPENDED (Circle) Y N Why DL Suspended/Denied? _____

Warrants, Courts , Other:

Do you have or do you know if you have any outstanding warrants (Circle) Y N If so, Where? _____ Explain? _____

Do you owe any outstanding court fees, restitution, or fines? (Circle) Y N If so, Where? _____

Explain? _____

Would there be any reason for Immigration (ICE) to be looking for you or have an interest in you (Circle) Y N

Vehicles:

Vehicle Make: _____ Vehicle Model: _____ Vehicle Year: _____ Vehicle Color: _____

Vehicle Plate #: _____ State Vehicle is Registered _____ More than one vehicle Y N (Additional Vehicles write on back)

Other, Miscellaneous:

Please tell us of any aliases or other names you have ever used in the past, (maiden names) including gang monikers.

List any addresses you have lived at in the past 2 years:

I certify that all of the forgoing is true and accurate. I recognize and acknowledge that if I make any false statements herein, it may be grounds for immediate arrest, incarceration, and termination from the drug court program.

Signature: _____ Date Signed: ____/____/____

Office Use Only: Otn: _____ Case#: _____ Entered Into Spillman: _____ Entered Track Sheet: _____ Warrants: _____ DL Check: _____

Tracker assigned at orientation: _____ Tracker giving Orientation: _____



Washington County Drug Court

206 W Tabernacle St., St. George, Utah 84770

Testing Center (435)656-7521

TRACKER/CLIENT AGREEMENT



I, _____, agree to be directed and supervised by Tracker's of the Washington County Drug Court, and to be accountable for my actions and conduct to the Court. I further agree to abide by all conditions of probation as ordered by the Court, the drug court handbook, and set forth in this agreement, consistent with the laws of the state of Utah. I further understand that a violation of this agreement and/or any conditions thereof, or any new charges for a crime, may result in action by the Court causing my discharge from the Drug Court Program, or other action by the Court.

Truthfulness: Be cooperative, compliant and truthful in all dealings with the Drug Court staff

Conduct: Obey all State, Federal and Municipal Laws. If arrested, cited or questioned by a Police Officer; notify your assigned Tracker within 12 hours.

Not possess, own, handle, or use a cell phone without the written permission of a Tracker.

Not abscond from Tracker supervision.

Grooming: Agree not to make any extreme changes to myself. This is understood to include no new tattoos, no new body piercings, or hair color changes. However, at the discretion of the Judge, Trackers and/or Treatment Providers you may be asked to make necessary changes to conform to the rules.

Visits: Permit visits to my place of residence, my place of employment or elsewhere by Trackers of the Court for the purpose of ensure compliance with the conditions of this agreement and probation.

Reporting: Call the curfew line **656-6589**, to check in every night after 8:30pm, but before set curfew unless previously approved by their Tracker. The following curfews are: **Phase 1-10:00pm, Phase 2-11:00pm and Phase 3-12:00am.**

To report any missed work or counseling sessions to your assigned Tracker as soon as possible, within 12 hours from the missed session or work schedule. Report other Drug Court clients misconduct to my assigned Tracker within 12 hours of my becoming aware of the misconduct.

Residence: Obtain permission from your assigned Drug Court Tracker before establishing and residing at a residence or any change thereof. Obtain and maintain a working land line telephone in the residence.

Travel: Not leave Washington County, even briefly, without approval from your assigned Tracker.

Weapons: Not possess, have under control, or on the premises where residing, any explosives, firearms, or dangerous weapons as defined in UCA 76-10-501 or any other item which could be construed as a weapon or anything you are instructed by your Tracker not to possess.

Chemical Analysis: Abstain from the illegal use, possession, control, delivery, production, manufacture, purchasing, arrange to distribute, or distribution of controlled substances or alcoholic beverages. And submit to testing, to include but not limited to; urine, blood, saliva, hair, breath, or other tests deemed necessary by your Tracker or the Court.

Client is responsible for determining if they have testing each and every day by calling the **UA Center 656-7521 after 8:00 am, but before 10:00 am. (BLUE-NO TESTING, RAINBOW-EVERYONE TESTS.)**

Searches: Permit Trackers to search your person, residence, vehicle(s), storage unit(s), business's owned or under my control, or any other property under my control without a warrant, at any time, day or night, to ensure compliance with the conditions of this agreement. It is understood the Trackers may use K- 9, other searching aids, or other Police Officers to conduct such searches.

Association: Not knowingly associate or correspond with any person who is involved in a gang, criminal activity, or who has been charged with or convicted of a felony without approval from your Tracker.

Employment: As approved by your Tracker, obtain, maintain verifiable, and lawful full-time employment (32 Hours per week minimum) or attend school. Your Tracker must authorize any change in employment or school status.

Court Decorum: Make all Court appearances as required, be appropriately dressed, and be on time. Be respectful to others in attendance by not carrying on conversations with others, using verbal and none verbal communication with in-custody inmates or others. Obey the directives of the bailiffs and Trackers of the court.

Fees: Agree to pay the Drug Court fees as determined by your monthly wages

I have read, understand and agree to be bound by this agreement. If I violate any of the conditions of this agreement, the Court may revoke my probation or take other actions against me. This agreement is subject to change if deemed necessary by the Drug Court Tracker's.

Client:_____ **Tracker:**_____

Dated this _____ day of _____, 20__

Trackers: Dep. Endter 656-6521, Dep. Feltner 656-6526, Dep. Richardson 656-6537
Drug Court Sergeant – Dan Kroff 656-6577.



WASHINGTON COUNTY DRUG COURT FEE AGREEMENT

I _____, have received my Tracker Orientation on ____/____/____,
Write Name
and agree to begin making weekly payments to the Drug Court on ____/____/____ at the Washington
County Treasures Office at 197 East Tabernacle each and every week on **Mondays** thereafter. I agree
to pay \$_____ every week thereafter or until told otherwise by my tracker, the Court or
the clerks of the Treasures Office. It is understood my fee's are on a sliding scale based upon my
income and may be adjusted up or down accordingly by my Tracker or the Court. I agree to notify my
tracker of any changes to my income within 12 hours. I agree I will notify my tracker of any and all
income earned, including any under the table income. Under the table income is defined as income
earned and not reported to a State or Federal agency. I acknowledge that if I fail to notify my tracker of
any changes to my income, may result in sanctions up to including termination (arrest) from the Drug
Court Program.

Signed: _____ Date: ____/____/____

Witness (Tracker): _____ PO Number: _____

Tracker use only. Do not write in box below

Client has Copy (init) _____ Copy Forwarded to Treasurer's Office File (init) _____. Filed:(init) _____

Washington County Drug Court

Drug and Gang Information Form

Name:		Phone:	() -	
Address:			() -	
What drugs did you use?				
How much		How often		How did you use?
When you purchased drugs, where specifically did it take place?				

Drug Information

Previous Suppliers:

Based on your previous drug usage, complete the following information about people you have purchased illegal drugs from in the past.

Suspect Name:		Alias:	
Physical Description:			
Suspects Address:			
All Phone #s for Suspect:			
What type of drug?		Where from?	How Often?
Vehicles:			
Largest Quantity:		Smallest Quantity:	
How were drugs packaged:			
How do they conceal them?			
Transportation: ie, drive, walk, bus or friends...			

Suspect Name:		Alias:	
Physical Description:			
Suspects Address:			
All Phone #s for Suspect:			
What type of drug?		Where from?	How Often?
Vehicles:			
Largest Quantity:		Smallest Quantity:	
How were drugs packaged:			
How do they conceal them?			
Transportation: ie, drive, walk, bus or friends...			

Suspect Name:		Alias:	
Physical Description:			
Suspects Address:			
All Phone #s for Suspect:			
What type of drug?		Where from?	How Often?
Vehicles:			
Largest Quantity:		Smallest Quantity:	
How were drugs packaged:			
How do they conceal them?			
Transportation: ie, drive, walk, bus or friends...			

Suspect Name:		Alias:	
Physical Description:			
Suspects Address:			
All Phone #s for Suspect:			
What type of drug?		Where from?	How Often?
Vehicles:			
Largest Quantity:		Smallest Quantity:	
How were drugs packaged:			
How do they conceal them?			
Transportation: ie, drive, walk, bus or friends...			

Suspect Name:		Alias:	
Physical Description:			
Suspects Address:			
All Phone #s for Suspect:			
What type of drug?		Where from?	How Often?
Vehicles:			
Largest Quantity:		Smallest Quantity:	
How were drugs packaged:			
How do they conceal them?			
Transportation: ie, drive, walk, bus or friends...			

Suspect Name:		Alias:	
Physical Description:			
Suspects Address:			
All Phone #s for Suspect:			
What type of drug?		Where from?	How Often?
Vehicles:			
Largest Quantity:		Smallest Quantity:	
How were drugs packaged:			
How do they conceal them?			
Transportation: ie, drive, walk, bus or friends...			

Dealer Information:

Please list the largest supplier you know for each of the drugs listed.

Marijuana:

Suspect Name:		Alias:	
Physical Description:			
Suspects Address:			
All Phone #s for Suspect:			
What type of drug?		Where from?	How Often?
Vehicles:			
Largest Quantity:		Smallest Quantity:	
How were drugs packaged:			
How do they conceal them?			
Transportation: ie, drive, walk, bus or friends..			

Methamphetamine:

Suspect Name:		Alias:	
Physical Description:			
Suspects Address:			
All Phone #s for Suspect:			
What type of drug?		Where from?	How Often?
Vehicles:			
Largest Quantity:		Smallest Quantity:	
How were drugs packaged:			
How do they conceal them?			
Transportation: ie, drive, walk, bus or friends..			

Heroin:

Suspect Name:		Alias:	
Physical Description:			
Suspects Address:			
All Phone #s for Suspect:			
What type of drug?		Where from?	How Often?
Vehicles:			
Largest Quantity:		Smallest Quantity:	
How were drugs packaged:			
How do they conceal them?			
Transportation: ie, drive, walk, bus or friends..			

Cocaine:

Suspect Name:		Alias:	
Physical Description:			
Suspects Address:			
All Phone #s for Suspect:			
What type of drug?		Where from?	How Often?
Vehicles:			
Largest Quantity:		Smallest Quantity:	
How were drugs packaged:			
How do they conceal them?			
Transportation: ie, drive, walk, bus or friends.			

Pills / Ecstasy:

Suspect Name:		Alias:	
Physical Description:			
Suspects Address:			
All Phone #s for Suspect:			
What type of drug?		Where from?	How Often?
Vehicles:			
Largest Quantity:		Smallest Quantity:	
How were drugs packaged:			
How do they conceal them?			
Transportation: ie, drive, walk, bus or friends.			

Gang Information

Do you know, or have you known in the past, any gang members/affiliates, or any persons involved in a criminal organization?			
	YES		NO

If you answered yes to the above question then complete the fields listed below for each individual.

Suspect Name:		Alias:	
Physical Description:			
Suspects Address:			
All Phone #s for Suspect:			
How do you know them?			
Do they sell or use drugs?			
Name of the Gang or Criminal Organization			
Vehicles:			

Suspect Name:		Alias:	
Physical Description:			
Suspects Address:			
All Phone #s for Suspect:			
How do you know them?			
Do they sell or use drugs?			
Name of the Gang or Criminal Organization			
Vehicles:			

Suspect Name:		Alias:	
Physical Description:			
Suspects Address:			
All Phone #s for Suspect:			
How do you know them?			
Do they sell or use drugs?			
Name of the Gang or Criminal Organization			
Vehicles:			

Suspect Name:		Alias:	
Physical Description:			
Suspects Address:			
All Phone #s for Suspect:			
How do you know them?			
Do they sell or use drugs?			
Name of the Gang or Criminal Organization			
Vehicles:			

Suspect Name:		Alias:	
Physical Description:			
Suspects Address:			
All Phone #s for Suspect:			
How do you know them?			
Do they sell or use drugs?			
Name of the Gang or Criminal Organization			
Vehicles:			



WASHINGTON COUNTY DRUG COURT

UA CENTER TESTING CALL-IN TIMES

8:00am-10:00am DAILY

656-7521

YELLOW/PHASE 1

GREEN/PHASE 2

RED/PHASE 3

RAINBOW/EVERYONE

BLUE/NO TESTING

NIGHTLY CALL-IN

(AFTER 8:30PM)

656-6589

**SAY YOUR NAME & PHASE TWICE
(NAME, PHASE...NAME, PHASE)**

NIGHT U/A's WILL BE ANNOUNCED ON THE CURFEW LINE

**IF there is a night u/a announced when you call in for curfew,
hang up and report to the UA Center at the designated time.**

Call in after you return from the night u/a, THEN say your name/phase twice.

INSTRUCTIONS FOR ONLINE FORMS

Trip plans, curfew extensions, change of address forms, and cell phone requests:

Go to the Sheriff's Office web page <https://news.washeriff.net/drug-court/>

TRACKERS

TIBBITS: 272-3431

GATES: 705-4336

RICHARDSON: 767-8227

SGT. BOWEN: 656-6513

CONFIDENTIALITY:

WHAT YOU SEE HERE,

WHO YOU SEE HERE,

WHAT YOU DISCUSS HERE,

SHOULD NEVER BE TALKED ABOUT
ELSEWHERE!!!!



Washington County Drug Court Curfew Extensions/Out Of Town Clipboard



Definitions: An Emergency is

- An actual or impending situation that may cause injury, loss of life, destruction of property or cause the interference, loss or disruption of an organization's normal business operation to such (or a person's life) an extent that it poses a threat
 1. A serious situation or occurrence that happens unexpectedly and demands immediate action.
 2. A condition of urgent need for action or assistance:
- Sudden unexpected onset of illness or injury which requires the immediate care and attention of a qualified physician, and which, if not treated immediately, would jeopardize or impair the health of the Member (client).

For Drug Court Clients an Emergency is

- The need to take a child, husband, or wife to the hospital just prior to or after curfew.
- The need to pick a child or spouse up from work just prior to or after curfew is in effect (Not always a valid reason)
- The need to stay at work after curfew (Not always a valid reason).
- A sudden death in the family requiring your immediate attention.
- Your house is flooding and you need to move to higher ground.
- Save a life, stop a fire, report a crime.

Examples Of A Non Emergency:

- You want to go to late movie.
- You would like to stay at your mothers house for the night.
- You need to get moving boxes before you go home.
- Anything you might have had time to put on the Trip plan/curfew clipboard but kept forgetting to.

Please be mindful of the trackers off time. Do not contact the tracker for a curfew extension just prior to the need of the extension or within 24 hours of the need of the extension unless it is an emergency. Please try and plan ahead for your extensions or out of town trips at least one week prior to your need of the extension. **You need to have most things grouped, tracked, and judged and then put your trip plan on the out of town clip board at the UA Center.** This is for your protection. Lack of planning on the clients part does not constitute an emergency on the Trackers part.

ATTENTION CLIENTS

MOST THINGS YOU WANT AND/OR NEED, REQUIRE YOU TO STEP THROUGH A THREE(3) STEP PROCESS. IF ANY OF THE FOLLOWING STEPS ARE NOT FOLLOWED THE REQUEST WILL BECOME VOID.

GROUP IT - TAKE YOUR ISSUES, TRIP PLAN, CURFEW EXTENTION, OR REQUESTS TO THE GROUP AND ASK THEIR PERMISSION FIRST. BLANK TRIP PLANS ARE AVAILABLE AT THE U/A CENTER OR SOUTHWEST CENTER. BLANK CURFEW EXTENSION FORMS AVAILABLE AT THE U/A CENTER.

TRACK IT - TAKE YOUR ISSUE UP WITH YOUR ASSIGNED TRACKER. GIVING A TRIP PLAN OR CURFEW EXTENTION REQUEST TO YOUR TRACKER WILL TAKE CARE OF THIS.

JUDGE IT - ONLY AFTER YOU HAVE GROUPED IT AND TRACKED IT, CAN YOU GO TO THE JUDGE AND ASK HIS PERMISSION.

ITEMS WHICH REQUIRE THIS PROCESS (AND THIS IS NOT THE ENTIRE LIST) ARE AS FOLLOWS:

- 1- LEAVING WASHINGTON COUNTY FOR ANY REASON.
- 2- OVERNIGHT VISITS TO FAMILY AND FRIENDS.
- 3- ANY CURFEW EXTENSIONS UNLESS THEY ARE EMERGENCIES .
- 4- INGESTION, TAKING, OR USE OF ANY OVER THE COUNTER OR PRESCRIBED DRUGS, OTHER THAN ASPIRIN, TYLENOL, OR IBUPROFEN.
- 5- QUESTIONS REGARDING CHANGES TO YOUR BODY INCLUDING HAIR COLOR, TATOOS, BODY PIERCINGS, SHAVING YOUR HEAD OR BODY, ETC.
- 6- ADDRESS CHANGES AND WHO IS IT OKAY TO ROOM WITH
- 7- REQUESTS TO MISS AN U/A.
- 8- REQUESTS FOR SPECIAL CONSIDERATION REGARDING WORK HOURS. ESPECIALLY IF THEY INTERFERE WITH COURT, U/A'S, GROUP, CURFEW TIMES, OR MEETINGS.
- 9- ASSOCIATING WITH A FELON AT WORK, AS A ROOMMATE, AS A PEN PAL, LOVE INTEREST OR AS A FRIEND.
- 10- ANYTHING ELSE WHICH WOULD PUT YOU INTO CONFLICT WITH ANY OF THE DRUG COURT RULES OR PROCEDURES.

PROTOCOL FOR NOTIFYING YOUR TRACKER WITHIN THE 12 HOUR TIME LIMIT IS AS FOLLOWS:

MISSED: Group, One On Ones, Police Contact, or Work, you can notify your tracker by phone.

ANY CHANGES: To your address (the place where you are physically living), employment, (to include changed supervisor information, physical location of the employment) to the phone numbers to your home, cell phone(s), or your work phone number(s), to your emergency contact information, storage unit(s) or locker number(s), to your vehicle information to include newly purchased autos, need to be made by filling out an address change form and turning it in.

INSTRUCTIONS FOR ONLINE FORMS

Trip plans, curfew extensions, change of address forms, and cell phone requests:

Go to the Sheriff's Office web page <https://news.washeriff.net/drug-court/>

Fill in the requested information **COMPLETELY, AND INCLUDE YOUR E MAIL ADDRESS.** After the information has been entered, click on “**submit.**” The form will be sent directly to the drug court general E-mail box which is accessible by all the trackers, and is reviewed daily. **WAIT FOR A TRACKER TO REPLY.** If your E mail address is not listed or the form is not filled out completely, there will be no reply and the request will not be considered.



Washington County Drug Court

Application for conditional use of cellular telephones



NAME: _____
(print)

Please use the following area to justify your personal need and intended use of the cellular telephone. Include if phone is intended for personal or occupational use and if it will be left at home or carried on your person. If more room is necessary write on back of this sheet. You will not be permitted to possess or use a cell phone with out receiving prior written approval from your tracker.

I understand that this application is only a request for permission to possess a cellular telephone. If granted use of a cellular telephone I agree to abide by the rules set forth by the Drug Court program regarding cellular phones. I also agree to abide by the conditions set forth in the Cellular Phone Addendum dated November 17, 2010 which is stated below. I understand that as a privilege, my ability to possess a cellular telephone will not affect the status of my financial obligations to Drug Court or the South West Center. I understand that any reports of the telephone interfering with the progress of myself or others in the program will result in loss of cellular telephone privileges. I also agree that if I am granted use of a cellular telephone I will supply the number to my tracker. If I am granted a telephone that it will be carried on my person at all times. I agree to answer calls from the Trackers at any time, no exceptions. I also agree that I will obtain a working land line telephone for the purpose of curfew call in. I understand that the cell phone will not be used to make my nightly curfew call in. Last, I understand that I will abide by any and all amendments to the policy, both verbal and written. **I further agree that I shall not erase or delete ANY information to include but not limited to; contact information, call history, text messages, or other phone logs. I agree that I will not in anyway tamper with my phone or other wise destroy it to prevent Trackers from gaining any evidential value from it.**

CELLULAR PHONE ADDENDUM

- I. Effective, November 17, 2010, all Drug Court clients who want or have a cellular phone shall comply with the following items and conditions set forth below in this Drug Court cellular phone addendum.
 - a. Fill out and complete the Drug Court cellular phone application
 - b. In addition to having a cellular phone, all Drug Court clients must have operating landline at their residence.
 - c. Upon request from the Drug Court Trackers, clients shall immediately give trackers access to all cellular phones and communication devices, including but not limited to contacts, call logs, text messages, voicemail, pictures, audio recordings, videos, contract(s), and monthly billing statement(s).
- II. Drug Court clients shall not possess a cellular phone/device without signing this addendum and complying with all terms listed above. Those found in possession of a cellular phone/device without a signed addendum and application shall be fined or arrested. The fine for unauthorized possession or use of a cell phone is sanctioned at \$20 fine for the first offense, \$100 fine for the second offense, and jail time for the third offense.
- III. I understand and agree to abide by all terms and conditions set forth in this Drug Court cellular phone application and addendum.

Client Signature

_____/_____/_____
Date

☐ Approved ☐ Denied
Conditions of use / Notes

Tracker Signature

_____/_____/_____
Date

Rev.B



Washington County Drug Court

206 W Tabernacle St, St. George, Utah 84770

Testing Center (435)656-7521

UA CENTER RULES



Understanding:

The Drug Court staff, Judge, or Trackers may withhold or deny any of the U/A services being provided to ANYONE at ANYTIME for cause until such a time as the matter can be brought before the Drug Court/Dora Judge. Drug Court Clients, Dora Clients and any other consumer of any of the UA Center's services agree to be governed by the following:

Conduct:

To be respectful, courteous, and polite when dealing with the Drug Court Trackers, staff of the Drug Court, other clients. Be respectful, courteous, and polite to other officers who may be called to assist at the U/A Center during the U/A collection procedure. Not touch, handle, or go near any of the office equipment, U/A testing machine, computers, routers, phones or other office machine or supplies unless specifically told to do so by a Tracker.

Law Abiding

To be law abiding while in or around the U/A Center.

UA Delivery Rules:

Agree to be directed by Drug Court staff in all ways concerning UA Delivery and to follow the directions of the observer.

Agree to follow proper U/A sample delivery procedures to include the following procedures :

1. You will be handed a cup and a pen. You must put your first name, last name and today's date on the cup.
2. Do not take anything into the UA Center with you, including back packs, hand bags, over coats, friends, relatives, or children.
3. The following procedures apply:
 - a. Client must be turned so observer can see you. Clients hands, arms, and body must be out of the way. (observer must be able to answer in a court of law he or she saw the urine leave the clients body).
 - b. Both males and female clients must pull their shirt(s) up above their belly button and hold them out of the way. Pants, skirts, shorts, and underwear must be pushed down past mid thigh and out of the way.
 - c. Both males and female clients must start their urine stream and then introduce the collection cup into their urine stream to collect urine. The collection cup must be half filled.
 - d. You will then be directed to either place the cup onto the collection rack(s) with the lid tightened
- or
- e. You will be told to leave the cup unopened on the table.
- f. The observer will dip your urine and drop it into a sample cup using a pipette.
- g. The observer will wait for the client to finish emptying his/her bladder.
- h. The client will seal his cup by twisting the lid onto it until it is tight.
- i. The client will watch the observer place the clients sample cup into the testing segment.
- j. The observer will call out the position on the segment where the clients sample cup is located.
- k. The client will print their name on the blank line on the sign in sheet which corresponds with the number called out.
4. Flush the toilet after giving sample, unless directed not to.
5. The client can now wash up utilizing the sink, hand soap, hand sanitizer provided and leave the U/A Center .

Waiting/Parking:

All Clients are responsible to know where they can park, stand, walk, smoke, or wait for the U/A to start, while in or around the U/A Center. Clients will not leave cups, bottles, cans or other litter around the U/A center.

Dress:

Modest, neat, and clean clothing shall be worn at all times while in and around the UA Center. The flying of gang colors; the wearing of pants or shorts low on the hips; to point at which reveals more than the top of the waist band of the persons underwear is not permitted. Hats should be worn with the center of the hat brim centered directly above the bridge of the nose of the wearer. Hats worn sideways or backwards are prohibited while in or around the UA Center. Clothes that are mutilated or immodest or would not be appropriate for wear to court are also prohibited. Any apparel revealing a bare midriff or bare shoulders, or cut low under the arms, is not permissible, including when raising arms. Tank tops, without a covering garment or t-shirt underneath are not permissible. Sleeveless shirts are not permitted. Dresses, shorts, skirts, shirts, and blouses should be modest in length and not revealing. Shorts and skirts should be medium in length and come to not more than six inches above the top of the knee cap in a standing position.