

# PARTICIPANT CONTRACT

## MACOMB COUNTY CIRCUIT COURT DRUG COURT

Participant Name \_\_\_\_\_

Case Number(s) \_\_\_\_\_

Date \_\_\_\_\_

1. I request admission to the Macomb County Circuit Court Drug Court Program. I agree to plead guilty to the charge or charges I am facing in this case or these cases.
2. I understand that I will be placed on probation or my existing probation order may be extended and that I am being sentenced to participate in the Drug Court program as part of my probation. I agree a probation order will be entered consistent with this contract and the Order of Admission to Drug Court. I understand that failure to comply with Drug Court requirements and/or failure to complete the program will be a violation of my probation.
3. If I am successful, I understand that I will be discharged from probation with improvement. There are no further promises made to me unless they are listed here:

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

4. I understand that the admitting judge may make another disposition of my charge(s) in his or her discretion.
5. I agree to abide by the rules and conditions of the Drug Court Program as outlined in the Participant Handbook and my Individual Treatment Plan, as they may be changed from time to time.
6. I agree that photographs may be taken of me upon admission and as I progress through the program.
7. I acknowledge having received a copy of the Participant Handbook.
8. I have discussed my initial treatment and agree to the Individual Treatment Plan recommended in my assessment. I understand that it may and will be amended from time to time.

9. As a contribution to my treatment and rehabilitation and as a partial offset to the cost of the Program, I agree to pay:

Drug Court Fee, \$300.00.

Reimburse Testing Costs.

Reimburse Treatment Costs.

Repay any court appointed counsel and/or defense costs

Other: \_\_\_\_\_  
\_\_\_\_\_

I understand that I can pay these costs over time, consistent with my ability to pay.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Defense counsel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prosecuting attorney

\_\_\_\_\_  
Drug Court Judge

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date