

**IN THE TWENTY-FIRST JUDICIAL DISTRICT INTERVENTION COURT**  
**COUNTY OF \_\_\_\_\_**

**STATE OF MISSISSIPPI**

**VS.**

**CAUSE NO. \_\_\_\_\_**

**DEFENDANT**

**INTERVENTION COURT TREATMENT, ATTENDANCE,  
AND FINANCIAL OBLIGATION ACKNOWLEDGMENT**

Intervention Court is an alternative to incarceration. Intervention Court participation is expected to be approximately two (2) years, but not more than five (5) years, and could be longer, if residential treatment is necessary.

Phase 1 – Treatment Oriented (6 months) - residential or intensive outpatient depending on assessment.

Phase 2 – Begin on Life Skills and Changing Addict Mentality (6 months).

Phase 3 – Continued Life Skill Development (6 months).

Phase 4 – Transition to Living Out of the Program (6 months).

Advancement through Intervention Court is based upon individual progression. However, relapses, sanctions, or other situations may extend the time in Intervention Court. Participants are required to:

- Attend substance abuse treatment (outpatient and/or in-house treatment, depending on assessment (at his/her own expense or unless grant funding is available).
- Submit regular and random alcohol/drug-testing (as required).
- Participate in recovery support meetings (minimum of 3 times per week; depending on the phase (maximum of 7 per week)
- Appear in Court on every Tuesday of the month or as directed.
- Meet with Court Case Manager, Agent(s), Counselor, as required.
- Pay all fines, restitution, Drug Court fees and any other fees as ordered by the Court.

- Perform Community Service as directed by the Court and/or the Intervention Court's staff.

#### Treatment:

Each Participant will be assessed by a treatment provider who will provide a recommendation to the Intervention Court determining the Participant's treatment needs. Treatment costs may vary based upon the care provider, length of your stay and services offered and received. All costs are the responsibility of the Participant to pay, unless funding is available from the Intervention Court

Some treatment centers only accept cash payments while others take Medicaid or private insurance. There are some facilities that are free or offer charity beds for residential treatment. The Intervention Court Case Manager and Coordinator will assist as we can to help the Participant find suitable treatment services, but, again, all treatment costs will be the responsibility of the Participant to pay, unless funding is available from the Intervention Court.

#### Additional Financial Obligations:

- Intervention Court Fees: Participant pays \$50 a month for the duration of the participant's stay in Intervention Court Program.
- Contesting an Alcohol/Drug Tests: Any confirmation request on a alcohol/drug test is the responsibility of the participant.
- Court Fines and/or Restitution: These fees are ordered by the sentencing Judge at the time of plea. Minimum monthly amounts are determined by the sentencing judge or the intervention court coordinator.
- Ankle (GPS or Alcohol) Monitoring Fee: These fees are ordered by the sentencing Judge upon finding that additional monitoring is necessary when other, more lenient sanctions have not accomplished the desired behavior of the participant. The cost of the monitoring to be paid by the participant.
- Sanctioned Fees: These fees are ordered by the intervention court Judge in the amount of \$25 to \$75 upon finding that you have failed to abide with the rules and regulations of the intervention court program.
- Accrual Fees: These intervention court fees are added to your account if I am in the program beyond the two (2) years. The fees will accumulate at the rate of \$50.00 each month if you are in the intervention court program beyond two (2) years. This will accrue until you have completed or are terminated from the Program.

Admission to Intervention Court will not be denied because of current inability to pay fees and other required costs. Ability to pay is assessed on an on-going basis and participants are expected to pay and/or reimburse fees and costs as they gain employment or other means that may change their ability to pay. Upon successful completion of all requirements including graduation, the Intervention Court related criminal charge will be dismissed. First time offenders' records will be dismissed and expunged, except in Driving Under the Influence (DUI) cases.

I understand the attendance, treatment, and financial obligations required for participation in Intervention Court.

ENTERED by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CEDRIC SEALS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IN THE TWENTY-FIRST DISTRICT INTERVENTION COURT  
COUNTY OF \_\_\_\_\_**

**RE:** \_\_\_\_\_

**CAUSE NO.** \_\_\_\_\_

**FAITH BASED TREATMENT WAIVER**

The Twenty-First District Intervention Court has recommended that I participate in a program for the treatment of substance use disorder. I understand that the Twenty-First District Intervention Court may not compel me to participate in any treatment program having a religious component unless I have also been offered a non-religious program alternative.

I understand that I have the right to choose not to participate in a faith-based treatment program, and I will not receive any sanction or retaliation from the Twenty-First District Intervention Court for choosing to do so.

**(Please check one of the following)**

I freely choose to participate in the following treatment program with a religious component:

Program Name \_\_\_\_\_

I freely choose to participate in the following non-religious treatment program, which was offered to me as an alternative:

Program Name \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intervention Court Staff/Witness Signature

\_\_\_\_\_  
Date

**IN THE TWENTY-FIRST JUDICIAL INTERVENTION COURT  
COUNTY OF \_\_\_\_\_**

**STATE OF MISSISSIPPI**

**VS.**

**CAUSE NO. \_\_\_\_\_**

**DEFENDANT**

**WAIVER AND AUTHORIZATION  
CONSENT FOR DISCLOSURE AND EXCHANGE  
OF CONFIDENTIAL SUBSTANCE ABUSE INFORMATION**

I, \_\_\_\_\_, do hereby consent to and authorize the disclosure and exchange of confidential substance abuse information and consent to the communication by and between the Twenty-First District Judicial District Intervention Court, the employees, agents or representatives of the intervention court; Honorable Jannie Lewis-Blackmon, any other Circuit Court Judge, the Mississippi Department of Corrections' Agent(s), any and all law enforcement agencies within the state of Mississippi or any other jurisdiction outside of the state of Mississippi; any and all drug and alcohol treatment facilities (inpatient or outpatient), the employees, agents or representatives of the treatment facilities in connection with the Twenty-First Judicial Intervention Court program.

I understand that matters relating to my case and compliance, or noncompliance will be discussed in open court.

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 and my treatment attendance, prognosis, compliance, and progress in accordance with the intervention court program's monitoring criteria.

The extent and nature of this disclosure will include evaluation results and recommendations, abstinence status, attendance records, progress reports and diagnosis, discharge summary, aftercare plans, prognosis, results of urinalysis, Breathalyzer and/or lab tests, and cooperation with treatment programs relating to and regarding the above-named individual.

I understand that my record may contain information regarding the diagnosis or treatment of mental health issues. I give my specific authorization for these records to be disclosed.

I understand that my record may contain information regarding testing, diagnosis, or treatment of HIV/AIDS, or of sexually transmitted diseases. I give my specific authorization for these records to be disclosed.

I authorize this information to be transmitted by any secure means, including letter, phone, and fax or electronic means.

Disclosure of this confidential information may be made only as necessary for, and pertinent to, hearings and/or reports concerning my participation in the Intervention Court program.

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 participation in the intervention court program upon my successful completion of the intervention court requirements or upon my sentencing for violating the terms of my intervention court participation, at which time this consent will automatically terminate.

I understand that recipients of this information may disclose it only in connection with their official duties.

A photocopy of this waiver and authorization will be considered to be as effective and valid as the original.

\_\_\_\_\_  
SIGNATURE OF DEFENDANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INTERVENTION COURT COORDINATOR

\_\_\_\_\_  
DATE

**IN THE TWENTY-FIRST JUDICIAL INTERVENTION COURT  
COUNTY OF \_\_\_\_\_**

**ORIENTATION ACKNOWLEDGMENT FORM**

As each requirement is reviewed, have an intervention court staff member and the participant initial.

- | Court Staff | Participant |   |
|-------------|-------------|---|
| _____       | _____       | (1) specific eligibility requirements for intervention court participation.   |
| _____       | _____       | (2) the services offered by the certified intervention court directly or through referral.  |
| _____       | _____       | (3) the requirements for successful completion of intervention court, including a description of the scheduling and attendance requirements for court dates, chemical testing, reporting, appointments with case managers or treatment providers, self-help other group meetings, and other regularly scheduled requirements. |
| _____       | _____       | (4) conduct and behavior that could result in sanctions or termination from from intervention court.  |
| _____       | _____       | (5) possible sanctions for non-compliance with intervention court requirements.   |
| _____       | _____       | (6) information about the treatment providers used by the intervention court.   |
| _____       | _____       | (7) information about any costs to participants for the monthly fee, chemical testing, treatment expenses, and the procedure and schedule for paying costs; and,  |
| _____       | _____       | (8) copies of the Participant Handbook and other information explaining all the rules for invention court.  |

I acknowledge that I have received an explanation of the above items and that I understand the information that was provided to me.

\_\_\_\_\_  
Participant Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intervention Court Staff Witness

\_\_\_\_\_  
Staff Witness Printed Name

\_\_\_\_\_  
Date

**IN THE TWENTY-FIRST JUDICIAL DISTRICT INTERVENTION COURT**

**NOTICE OF RIGHTS OF CONFIDENTIALITY**

References 42 C.F.R. §2.22

The confidentiality of substance use disorder participant records maintained by the Twenty-First Circuit Intervention Court Program is protected by federal and state law. Generally, the Twenty-First Circuit Intervention Court Program cannot say to a person outside the program that a participant attends the program, or disclose any information identifying a participant as having substance use disorder, 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 the federal law and regulations by the Twenty-First Circuit Intervention Court 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 participant either at the intervention court 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.

I understand that my treatment provider records may also be protected under the federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Section 160 & 164. I also understand that such HIPAA protections may not apply to a re-disclosure by recipients of information disclosed pursuant to a waiver of these rights.

As a participant in the Twenty-First Circuit Intervention Court Program, you are provided this Notice of Rights of Confidentiality to advise you of your rights of confidentiality and the disclosure of confidential information. You may elect to waive your rights to confidentiality as defined within this notice by signing the **CONSENT FOR DISCLOSURE OF SUBSTANCE USE DISORDER TREATMENT INFORMATION**, which provides the necessary consent from you to allow the disclosure of confidential information as provided in section (1), "The patient consents in writing," of this Notice.

**THIS NOTICE OF RIGHTS OF CONFIDENTIALITY WAS PROVIDED:**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

Witnessed:

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**



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COUNTY OF \_\_\_\_\_**

**STATE OF MISSISSIPPI**

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**CAUSE NO. \_\_\_\_\_**

**DEFENDANT**

**PARTICIPANT'S AGREEMENT/CONTRACT TO PARTICIPATE IN THE  
INTERVENTION COURT PROGRAM**

I, \_\_\_\_\_, the defendant in the above styled and numbered case, have pled guilty to the charge(s) of \_\_\_\_\_, and I have been adjudicated and sentenced for the above crime or the Court has withheld acceptance of the guilty plea and entered an Order of Non-Adjudication to allow me to participate in the Twenty-First Judicial District Adult Intervention Court Program, subject to the following conditions: (After reading each line, please initial it).

\_\_\_\_\_ 1. I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

\_\_\_\_\_ 2. I understand that by signing this document I agree to complete the Twenty-First District Intervention Court Program located in \_\_\_\_\_ County, Mississippi.

\_\_\_\_\_ 3. I understand that the program is designed to be completed within two years, the specific completion date to be determined by my progress within the program. I understand that the maximum length of the intervention court program is five years.

\_\_\_\_\_ 4. I understand that by signing this document I consent to and authorize the Sixth District Intervention Court staff to obtain my criminal history Information Center (NCIC) and perform an assessment.

\_\_\_\_\_ 5. The intervention court program is designed to be completed in four (4) Phases. The following requirements must be met to progress through each phase. I understand that I will have a Treatment Plan and I must fulfill the objective in the different phases.

\_\_\_\_\_ PHASE I: During this phase, there is an orientation to the treatment process, completion of an intake, and inpatient referrals are made if necessary. If

the assessment determines intensive inpatient treatment is a necessity, I understand that I will be sent to treatment of the program. Upon released from a treatment facility, I understand that I must attend aftercare treatment as well as on-staff counseling (individual/group) sessions. All fees are assessed and applied to Participant's account in the Clerk's Office. Otherwise, I am required to attend AA/NA Meetings weekly, court weekly, counseling sessions as scheduled, submit to all urine screens and verify attendance weekly when reporting to court, unless otherwise stated on my order. I must remain sober from all mind- or mood-altering controlled substance(s). Phase I will last a minimum of six (6) months.

\_\_\_\_\_ PHASE II: During this phase, course of treatment which includes counseling (individual and group) sessions as scheduled. I will attend court bi-weekly or as ordered by the court and AA/NA Meetings weekly or as ordered by the court and provide verification of attendance of meetings when appearing for court. I am required to meet all financial obligations in this phase, maintain employment, submit to all urine screens, and keep all curfews. I must seek a sponsor and continue to keep in contact with him/her. I must remain sober from all mind- or mood-altering substance. Phase II will last a minimum of (6) months.

\_\_\_\_\_ PHASE III: Attend court as ordered, counseling sessions, my AA/NA meeting weekly, meet my financial obligations, keep in contact with my sponsor, remain employed and I must remain sober from all mind- or mood-altering substance. Phase III will last a minimum of (6) months.

\_\_\_\_\_ PHASE IV: I must continue the same course of treatment as ordered by the court, appear in court as ordered, attend my AA/NA meetings, remain alcohol drug-free. I must keep in contact with my sponsor. I must remain sober from all mind- or mood-altering substance. I understand that phase will last a minimum of (6) months but can it last longer until I graduate the program.

\_\_\_\_\_ 6. I understand that I am entering this program as a result of the following (check all that applies): Guilty Plea Condition of Probation Violation of Probation

\_\_\_\_\_ 7. I will participate in the Twenty-First District Intervention Court Program as directed by the Court, including complying with my recovery treatment plan, complying with my supervision plan, and paying all court ordered fines and fees. If I am sent to an Inpatient facility, I must follow their rules.

\_\_\_\_\_ 8. I understand that any time after the execution of this agreement and any phase of the program, it is discovered that I am ineligible, I may be terminated from the program and criminal proceedings will be reinstated.

\_\_\_\_\_ 9. Each participant fees are calculated based on all costs ordered by the Court, such as court costs, intervention court fee, assessment fees, restitution, fines, prosecutor fees, alcohol/drug testing result contesting fees, treatment costs, monthly ignition interlock fees and other similar court costs, if applicable.

\_\_\_\_\_ I understand that my case(s) might be in the counties of Holmes, Humphreys, and Yazoo counties, I must pay all court ordered fees within the specific county. **REMINDER: ALL COURT ORDERED** must be paid according to the county in which you were sentenced.

\_\_\_\_\_ **NOTE:** All court cost must be paid within 30 days or as ordered by the Court and all other court ordered fees (fines, restitution, prosecution) fee will be paid monthly in addition to the intervention court fees. A statement that will be provided to me during the orientation.

\_\_\_\_\_ **INTERVENTION COURT FEES** must be paid in the amount of \$50.00 per month. I understand if my charge(s) is in the other aforementioned counties, I understand that an account has set up in the \_\_\_\_\_ County Circuit Clerk's office to pay my intervention court fees. Your fees will be accrued by phase and payable in full before eligible to move to another phase or as ordered by the court. I understand that failure to pay the required monthly amount will stall me in the phases.

\_\_\_\_\_ Monies to be paid directly to Third Party Provider(s): I understand that I am responsible for all treatment costs if funds are not available through a grant or the intervention program.

\_\_\_\_\_ **OTHER COURT ORDERED COSTS:** If the Court orders me to wear a Global Positioning System (GPS) or an Alcohol Monitoring Devices, I am responsible for the cost of those units. I understand if the cost changes and I understand that I am responsible for that amount.

\_\_\_\_\_ **MISSED REFUSAL AND NO-SHOW TESTING.** I understand that a missed, refusal or no show for a urinalysis test or any other test requested or submitting an insufficient or adulterated urine sample will be the equivalent of a positive test and I may be subject to the sanctions as a test which actually tested positive from alcohol/drugs.

\_\_\_\_\_ If I contest the results of an alcohol/drug screen, I can request a Confirmation of the results. I am responsible for the costs to obtain a confirmation. I understand I must also pay shipping and handling cost.

\_\_\_\_\_ 10. I understand that I will be required to submit to breathe, saliva, urine, or any other chemical analyses to detect the presence of alcohol, narcotics, or other controlled substances. I agree to furnish an unadulterated, undiluted specimen upon request.

\_\_\_\_\_ 11. During my participation in the intervention court program, I will be honest with the Intervention Court staff and treatment providers about my alcohol and drug use.

\_\_\_\_\_ 12. I agree to keep the Intervention Court staff, and treatment providers informed of my address and telephone number, class schedule, place of employment and my work schedule, and I must report any changes within 24 hours of my knowledge of the change(s).

\_\_\_\_\_ 13. I agree that I will not use nor possess alcohol, any illegal controlled substances such as marijuana, heroin, cocaine, methamphetamine, PCP, or LSD, etc. I will not use nor possess other drugs (including pain medications and mood-altering medications) without approval from the Court. I will provide the staff with a copy of all medications prescribed by a physician.

\_\_\_\_\_ 14. I agree to voluntarily waive my Fourth Amendment right to a search of my person, property, or vehicles, my cell phone(s) and other electronic device(s) and its contents at any time without reluctance or delay by my agents, field officers or any law enforcement officer assisting them.

\_\_\_\_\_ 15. I have signed a consent form waiving confidentiality of any substance use disorder treatment, medical treatment, or social service records. I understand that signing this confidentiality waiver is a condition for me to enter the program.

\_\_\_\_\_ 16. I understand Court proceedings are held in an open court and with the discussion of my case in the public courtroom, it is possible that an observer could connect my identity with the fact that I am in treatment as a condition of participation in the intervention court program. I am consenting to this disclosure of information relating to my case and compliance in the intervention court program.

\_\_\_\_\_ 17. Any violations in the intervention court program can result in sanctions being imposed against me which may include, but are not limited to, increased treatment, supervision requirements, increase in attendance of my self-help meetings, increased community service requirements, and jail time.

\_\_\_\_\_ Continued violation of program rules can ultimately result in my termination from the intervention court program, revocation of probation, and/or sentences(s) and I can be sentenced to the Mississippi Department of Corrections.

\_\_\_\_\_ 18. Upon successful completion of the intervention court program, including the payment of any fines and fees, it will result in a dismissal of the charge and the charges shall be expunged if there is an order of Non-Adjudication with the exception of a DUI conviction.

\_\_\_\_\_ 19. Upon successful completion of the intervention court program, including the payment of any fines and fees assessed, and I was given a sentence such as probation or post release supervision, I understand that the charge(s) cannot be expunged through the intervention court, but my probation or post release supervision will result in termination of said probation or post release supervision

\_\_\_\_\_ 20. I understand that in addition to other requirements ordered by the Court, I must have a minimum of twelve (12) months of clean alcohol/drug screen of any and all controlled substances (including prescription drugs) and to test free of alcohol for this same period in order to successfully complete the program.

\_\_\_\_\_ 21. I will sign a consent form waiving confidentiality of any medical treatment or social service records for purposes of my participation in the intervention court.

\_\_\_\_\_ 22. I have had the opportunity to review this participation agreement with counsel and fully understand my rights and responsibilities in the intervention court program. I freely and voluntarily consent to entering this program.

**SO AGREED UPON BY:**

\_\_\_\_\_ Defendant's Printed Name

\_\_\_\_\_ Signature of Defendant

\_\_\_\_\_ Date

\_\_\_\_\_ Attorney's Printed Name

\_\_\_\_\_ Attorney's Signature

\_\_\_\_\_ Date

**RECEIVED BY:**

\_\_\_\_\_ Coordinator or Staff Printed Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

**IN THE TWENTY-FIRST JUDICIAL DISTRICT INTERVENTION COURT**

**Specimen Collection Training Acknowledgment Form**

I, \_\_\_\_\_, have received a copy of the Twenty-First District Intervention Court's policy and procedure for specimen collection and chemical testing procedures.

Pursuant to Section 19 of the Mississippi Adult Intervention Court's policy, employee(s), who are designated as a specimen collector and/or who drug tests participants, must have training, and experience the following: (1) the administration of chemical tests;(2) specimen collection; (3) chain-of-custody and documentation procedures; and (4) confidentiality of specimen collection and chemical test results.

This document attests that I have fulfilled all of the aforementioned requirements and training.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**IN THE TWENTY-FIRST JUDICIAL DISTRICT INTERVENTION COURT**  
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I understand the attendance, treatment, and financial obligations required for participation in Intervention Court.

ENTERED by:

\_\_\_\_\_  
 Defendant's Printed Name                      Signature of Defendant                      Date

CEDRIC SEALS  
 Intervention Court Coordinator or Staff                      Printed Name/Signature                      Date

**IN THE TWENTY-FIRST JUDICIAL DISTRICT INTERVENTION COURT**

**INCENTIVES DOCUMENTATION AND GIFT CARD DISTRIBUTION RECEIPT**

I, \_\_\_\_\_ received the following incentive  
\_\_\_\_\_. Reason for incentive: while participating in the 21st District  
Intervention Court Program for the month of \_\_\_\_\_.

My signature below confirms that I have received the incentive detailed below. If the  
incentive is a gift card, the last 4 digits of the gift card will be listed below.

GIFT CARD NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Court Personnel

\_\_\_\_\_  
Date

Executed documents provided to participant and retained within the intervention court office's participant file.