

**TRAVIS COUNTY FAMILY DRUG TREATMENT COURT CLIENT AGREEMENT**

1. I understand that participation in the Travis County Parenting in Recovery/ Family Drug Treatment Court (“PIR” or “Drug Court”) is voluntary. I understand that once I sign the agreement, I cannot later request to be discharged from PIR. All discharges from PIR are within the sole discretion of the judge.
2. I agree to submit to regular and/or random testing for use of drugs and/or alcohol by a provider acceptable to the Court. I understand that a missed, refused or dilute test may be considered to be positive for drugs or alcohol.
3. I agree to notify the Drug Court Coordinator and any person conducting a drug or alcohol test of all over-the-counter and/or prescription medication that I take.
4. I understand that it is my responsibility to assure any food or drinks that I consume during this program are free of alcohol or any other substance that may cause me to test positive or dilute on a drug test.
5. I agree that in the event of a missed drug test I will immediately notify my attorney and the Drug Court Coordinator, and drug test the following day.
6. I understand that, while I am participating in PIR, I cannot socialize or spend time with known drug users or those in possession of or using drugs.
7. I agree to attend all Drug Court hearings related to my case, unless I am excused by the judge. I understand that PIR is a way for me to complete the services required by my CPS case.
8. I agree to complete all services related to my treatment program to the satisfaction of the Court.
9. I understand and agree that my participation in PIR is projected to last 12 to 18 months, but this time may be extended if the Court determines it necessary.
10. I agree to keep the Drug Court Coordinator advised of my current address and phone numbers at all times during my participation in the PIR program.
11. I agree to reside in Travis County or a contiguous county while my PIR case is pending, unless given specific permission by the judge to move away from the region.
12. I agree to seek written permission from the Drug Court Team and the judge if I am going to travel outside the county overnight.
13. I understand that, as part of my participation in PIR, I will be asked to sign releases of information for service providers (such as therapists, treatment providers, and medical professionals). Information obtained through these releases and information about my case will be shared among the professionals on the PIR Team and service providers.
14. I understand that PIR exchanges participant personal information (such as criminal history, CPS history, mental health, etc.) with organizations that provide funding for PIR. I understand I will not be identified personally when this information is exchanged.

- 15. I understand that information revealed during Drug Court hearings is confidential. I agree not to share information that I learn about other PIR participants during Drug Court hearings.
- 16. I understand that any statements or disclosures made regarding abuse or neglect of a child, of my own or anyone else's, will be reported to Child Protective Services as required by law. All Drug Court team members are mandated reporters.
- 17. I acknowledge that I have been provided with the Travis County Parenting in Recovery / Family Drug Treatment Court Participant Handbook. I agree to familiarize myself with the provisions in the Participant Handbook, including these sections:
  - "Rewards and Consequences" (describing consequences for violation of court orders)
  - "PIR/FDTC Drug Testing Policies"
  - "PIR/FDTC Policy for Participants Taking Potentially Addictive Medication"
  - "PIR/FDTC Policies for Recovery Meetings and Sponsorship"

I agree to abide by the terms of these provisions.

- 18. I understand that I may be contacted following my discharge from the PIR/FDTC program to participate in alumni events and to collect information about my progress in recovery.
- 19. I have been offered the opportunity to discuss each paragraph of this Agreement with the attorney designated by the Court to represent parents in the PIR Program. By my signature below, I acknowledge that I understand all of my rights and obligations expressed above, and have no further questions regarding my rights and obligations. I agree to join the Parenting in Recovery/Family Drug Treatment Court program and to abide by all the terms of this contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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