



The
Midland County Transitional Treatment Court
Participant Handbook

Adopted March 2023

Midland County Courthouse
500 N. Loraine
Midland, Texas 79701

All Rise Pledge

*Whenever one person rises out of addiction and crime, we **ALL RISE**
When a child is reunited with clean and sober parents, we **ALL RISE**
When the intergenerational cycle of drug addiction in a family is
broken and healing begins, we **ALL RISE**
Whether the charge is driving while impaired, theft, burglary, or any number
of other addiction-driven offenses, we **ALL RISE** when a Drug Court guides
the offender past the chaos and wreckage toward recovery*

In Transitional Treatment Court, these two words have an even greater meaning. These simple words capture the essence of what a treatment court does.

ALL RISE describes how instead of imprisoning an addict, treatment courts insert hope and support into the very lives of people who the traditional justice system says are hopeless.

Contents

I. WELCOME	1
II. OVERVIEW	2
III. CONFIDENTIALITY.....	2
IV. PROGRAM BENEFITS.....	3
V. DUTIES AND RESPONSIBILITIES.....	3
VI. COURTROOM BEHAVIOR AND RULES.....	4
VII. TRANSITIONAL TREATMENT COURT TEAM	5
VIII. PROGRAM PHASES.....	5
IX. GRADUATION	12
X. EARLY TERMINATION OF PROBATION	13
XI. TREATMENT	13
XII. INCENTIVES AND SANCTIONS	13
XIII. ALCOHOL AND DRUG TESTING.....	15
XIV. FEES.....	16
XV. GRIEVANCE POLICY	16
XVI. COMMUNITY RESOURCES.....	17
XVII. APPENDIX.....	18

I. WELCOME

A letter from Judge Elizabeth N. Rainey and Transitional Treatment Court Team Members

Welcome to the Midland County Transitional Treatment Court Program. The program was created to address serious problems that involve the disease of addiction. It is designed as a team approach to help the Participant through the program and comply with all requirements of the program and court orders. The team consists of: The Judge, Community Supervision Officers, Defense Attorney, Treatment Providers, Court Coordinator, Responsivity Tech, Monitoring Device Expert, and a Law Enforcement Officer. This team will be an essential part of providing the discipline required for the participants' success in addressing this very serious and debilitating disease.

You will be successful in this program if you follow these simple rules:

BE HONEST: We can work through almost any problem together if you are truthful with us. You will not succeed in this program if you are dishonest with us, yourself, or your family.

SHOW UP ON TIME: Respect the time of those who are trying to help you. If you are late to appointments, treatment, and Court hearings, it is a signal that you are not serious about this program.

ACCEPT RESPONSIBILITY: You are in this program due to your own actions. Take responsibility for what you have done and what you need to do. We will help you; however, sobriety is hard to achieve and maintain, especially when you don't want it for yourself.

Please know that you have support in this effort to attack the disease that has consumed your life. The program is designed to help you, but you must be committed to the program and its tasks. Working together, we can continue the success you have achieved thus far toward a safe, clean, and sober life.

Read this handbook carefully, it provides important information about the Transitional Treatment Court program and what is expected of you. It is your responsibility to be familiar with its contents. We encourage you to share this information with your family and friends who support your recovery.

Sincerely,

Elizabeth N. Rainey

Judge, Midland County Transitional Treatment Court

II. OVERVIEW

The mission of the Midland County Transitional Treatment Court is to enhance public safety as well as breaking the cycle of recidivism while reducing costs to the taxpayers by providing a judicially supervised regimen of treatment and innovative case management to substance-dependent offenders with the goal of returning sober, productive, law-abiding citizens to society.

This program was created to give people an opportunity to seriously address their addiction to drugs and alcohol and recover from their addiction. By choosing to enter the Midland County Transitional Treatment Court, you are choosing the best opportunity you will ever have to continue in the path to recovery following your successful discharge for a residential treatment facility. However, this program is not easy. In fact, there are far greater expectations on you than regular probation.

The Midland County Transitional Treatment Court is a 9-month program designed for adults with substance abuse issues who have successfully completed treatment at either a Substance Abuse Felony Punishment Facility (SAFPF) or Court Residential Treatment Center (CRTC). Much like the disease of addiction, it is the policy of the Midland County Transitional Treatment Court to provide equal opportunity to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law. In addition, Midland County Transitional Treatment Court will provide reasonable accommodations for qualified individuals with disabilities. ***However, if you don't believe you are addicted to alcohol or drugs, then you don't belong in this program.***

The Midland County Transitional Treatment Court uses a variety of treatment and rehabilitation methods in offering participants the opportunity to conquer drug addiction. You will receive intensive substance abuse treatment with the aid of innovative court supervision and community support services. The program also allows you to achieve educational, employment, and social goals. You will become a productive member of your community upon graduation of this program. By treating the addiction, there is a greater likelihood that you will remain drug-free and avoid further contacts with the criminal justice system.

III. CONFIDENTIALITY

Federal laws regarding confidentiality protect the records of all participants. We are prohibited from releasing written or verbal information without your written consent. However, there may be an emergency or legal circumstance that will not require your permission to release information such as:

1. The disclosure is allowed by a court order.
2. The disclosure is made to medical personnel in a medical emergency, or to qualified personnel for audit or program evaluation.
3. You commit or threaten to commit a crime, either at the program or against any court staff person, Team member, other program participant, or member of the community.
4. You are suspected of child abuse.
5. You are threatening homicide or suicide.

IV. PROGRAM BENEFITS

Upon successful completion of the Midland County Transitional Treatment Court program, you will obtain the following rewards:

- You will be clean and sober.
- You will have more job and educational opportunities.
- You will have better relationships with family and friends.
- You will have a better understanding of yourself.
- You will have a positive outlook on your life.
- You will be a contributing member of your community.

V. DUTIES AND RESPONSIBILITIES

While under the supervision of the Transitional Treatment Court Program, you will be responsible for adhering to all duties and responsibilities listed in your contract. *[Appendix A- Midland County Transitional Treatment Court Participant Contract]*

ESSENTIAL RULES FOR SUCCESS:

1. I will not use, possess, or consume any controlled substance, dangerous drug, marijuana, alcohol, or prescription drug not specifically prescribed to me by lawful prescription. *[Appendix B- MCDC Prescription Medication Notification]*
2. I must request permission from the Team before taking any over-the-counter drugs (cold remedies). Participants must refrain from eating any food products containing poppy seeds or creatine. *[Appendix C- MCDC Prohibited Substances List]*
3. I will not vape as vape cartridges contain alcohol and can interfere with urine analysis testing.
4. I will not drink energy drinks containing creatine as they can affect creatinine levels and interfere with urine analysis testing.
5. I will submit to any medical, psychological, psychiatric, educational, vocational, alcohol or other drug treatment program, including residential treatment, as directed by the Drug Court.

6. I must submit frequently to alcohol and other drug screening/testing. [*Appendix D- Medication and Drug Testing Policy*]
7. The results of my alcohol and other drug screens/tests will be reported to the Team, which includes Judge Rainey.
8. I will need to sign a consent form waiving confidentiality of any medical treatment or social service records to allow supervision of my case. [*Appendix E- Release of Information*]
9. I am responsible for keeping the Team, community supervision officers, surveillance officer, and treatment provider informed of my current address and telephone number(s), including any cellular number, and to report any changes immediately.
10. I shall obey all laws; you may be removed from the Program if you engage in any criminal act.
11. I may not leave Texas, or the county in which I reside, without written permission from the Transitional Treatment Court. Travel requests must be submitted one (1) week prior to travel date requested. Emergency requests will be reviewed on a case by case basis. [*Appendix F- Travel Request Form*]
12. I am responsible for calling the individual who I have the scheduled appointment (i.e. community supervision officer or counselor) to cancel and to reschedule all assigned appointments before the scheduled time.
13. I must show up for scheduled appointments on time. A missed appointment to the community supervision officer or counselor may be result in a sanction.
14. I am responsible for paying all fees in a timely manner.
15. I will not be permitted to participate in any treatment program activity while under the influence of alcohol or other drugs.
16. I must behave appropriately at all times
17. I am responsible for being informed about program announcements by reading all material given to me by the Team and the treatment program.
18. I will conduct myself in a respectful and proper manner when addressing the Court and Team members.
19. I will dress appropriately for all drug court matters.
20. I may not own, possess, or carry any type of weapon, including firearms.

VI. COURTROOM BEHAVIOR AND RULES

Weekly court sessions will take place at the Midland County Courthouse. These are open hearings in which the Judge and Transitional Treatment Court Team will individually address each Participant's progress within the Program. Each Participant will be represented by the Transitional Treatment Court Defense Attorney during these hearings.

The following are basic rules to remember:

1. When addressing the Judge, I shall approach the bench with the utmost respect for the position.
2. I understand that “appropriately dressed for court” requires that I comply with the following rules:
 - a. No tank tops, muscle shirts, crop-tops, or shirts with words or pictures;
 - b. No sagging (i.e. pants or shorts that hang below the waist);
 - c. No unbuttoned shirts;
 - d. No hats, caps, or bandanas;
 - e. No gang attire of any kind;
 - f. No shorts, even in the Summertime
3. I understand that I may not bring my phone, pager, or other electronic devices into the courtroom at any time. I understand that my electronic device may be taken by the bailiff if not properly silenced or utilized.

VII. TRANSITIONAL TREATMENT COURT TEAM

Transitional Treatment Court Team Members will work together in making decisions regarding your case and treatment plan. A Team staff meeting or “staffing” is held prior to court sessions. The staffing is attended by the entire Team, including treatment providers, and is used as an opportunity to discuss the progress or regress of all participants. The Transitional Treatment Court Team is compromised with the following members:

- Transitional Treatment Court Judge
- Transitional Treatment Court Coordinator
- Transitional Treatment Court Defense Counsel
- Transitional Treatment Court Community Supervision Officer
- Transitional Treatment Prosecutor
- Transitional Treatment Court Treatment Provider
- Transitional Treatment Court Law Enforcement Officer
- Transitional Treatment Court Evaluator/Data Manager
- Transitional Treatment Court Responsivity Tech
- Transitional Treatment Court Monitoring Device Expert

VIII. PROGRAM PHASES

The Midland County Transitional Treatment Court will be composed of five (5) phases and a post-graduation monitoring phase. Advancement from one phase to the other is not automatic and will be determined by the Transitional Treatment Court Team after review of your progress toward the goals you set with your probation officer for each phase in the Program. That means the length of each phase and the entire Program will be determined by your compliance to the

rules and treatment progress. In addition to the Program treatment requirements, additional services may be added by the Team. Additional services may include the following:

- Vocational/Educational training
- GED
- Literacy
- ESL
- Family counseling

ORIENTATION PHASE

Duration: Approximately 7-30 days depending on need

The purpose of the Orientation Phase (*referred to as Phase 0*), is to establish a baseline of treatment and supervision needs with the Participant. This Phase shall consist of the period between plea and beginning Phase 1.

PHASE TREATMENT REQUIREMENTS:

- Shall complete treatment intake
- Level of care will be determined after clinical assessment is completed
- Shall complete a full biopsychosocial clinical assessment
- Shall develop treatment plan with Drug Court Treatment Provider and the Drug Court Treatment Team (*Treatment Team*).
- Shall complete any recommended mental health screenings as needed

PHASE SUPERVISION REQUIREMENTS:

- Shall complete Court Orientation
- Shall complete probation intake
- Shall develop Supervision Plan with Transitional Treatment Court Community Supervision Officer
- Shall be present when home visits are conducted once per month
- Shall submit to urinalysis testing no less than twice per week
- Shall upload alcohol monitoring device data on a weekly basis (*if applicable*)
- Shall submit to unannounced drug and alcohol testing
- Shall abide by the 9:00 p.m.- 5:00 a.m. curfew
- Shall abide by travel restrictions and shall not spend weekends or overnight absences from home without the express permission from the Court
- Shall avoid people, places, and things that will impair recovery

PHASE ADVANCEMENT REQUIREMENTS:

- Development of treatment plan
- Development of supervision plan
- Completion of Court Orientation

PHASE 1- ACUTE STABILIZATION

Duration: No minimum or maximum duration; based solely on needs of participant

PHASE TREATMENT REQUIREMENTS:

- Shall proceed with treatment plan developed with the Transitional Treatment Court Treatment Provider; modifications shall occur as needed
- Shall attend group counseling sessions according to treatment plan
- Shall attend individual counseling session according to treatment plan
- Shall attend peer support groups according to treatment plan
- Shall attend recovery support groups according to treatment plan

PHASE SUPERVISION REQUIREMENTS:

- Shall appear weekly before the court for status hearing
- Shall proceed with supervision plan developed with the Transitional Treatment Court Community Supervision Officer; modifications shall occur as needed
- Shall report to the Transitional Treatment Court Community Supervision Officer once per week
- Shall be present when home visits are conducted once per month
- Shall submit to urinalysis testing no less than twice per week
- Shall upload alcohol monitoring device data on a weekly basis *(if applicable)*
- Shall submit to unannounced drug and alcohol testing
- Shall abide by the 9:00 p.m.- 5:00 a.m. curfew
- Shall abide by travel restrictions and shall not spend weekends or overnight absences from home without the express permission from the Court
- Shall avoid people, places, and things that will impair recovery

PHASE ADVANCEMENT REQUIREMENTS:

- Satisfactorily meeting the above requirements along with goals set forth in Supervision Plan established with and by the Transitional Treatment Court Community Supervision Officer as well as progression in Treatment Plan according to the Treatment Team
- Complete Phase Advancement Application

PHASE 2- CLINICAL STABILIZATION

Duration: No minimum or maximum duration; based solely on needs of participant

PHASE TREATMENT REQUIREMENTS:

- Shall attend group counseling sessions according to treatment plan
- Shall attend individual counseling session according to treatment plan
- Shall attend recovery support group meetings according to treatment plan
- Shall attend peer support groups according to treatment plan
- Shall attend prosocial activities a minimum of once per week

PHASE SUPERVISION REQUIREMENTS:

- Shall appear twice per month before the court for status hearings
- Shall report to the Transitional Treatment Court Community Supervision Officer once per week
- Shall be present when home visits are conducted once per month
- Shall abide by the 10:00 p.m.- 5:00 a.m. curfew
- Shall submit to urinalysis testing no less than twice per week
- Shall upload alcohol monitoring device data on a weekly basis *(if applicable)*
- Shall complete 10 community service hours per month *(if any hours remain from the court's original judgment)*
- Shall review the financial needs assessment and budget *[Appendix H- Financial Information Sheet]*
- Shall abide by travel restrictions and shall not spend weekends or overnight absences from home without the express permission from the court
- Shall avoid people, places, and things that will impair recovery

PHASE ADVANCEMENT REQUIREMENTS:

- Honesty with the court, forthcoming with struggles, and committed to change and remain crime free
- Make payments toward total court ordered fees and fines based on financial plan completed with Transitional Treatment Court Community Supervision Officer
- No outstanding balances owed to third party drug and alcohol monitoring providers
- Complete monthly community service hours
- Complete Educational Assessment *(if not previously completed)* *[Appendix I- Educational Assessment]*
- Complete pre-program Literacy Assessment *(if not previously completed)* *[Appendix J- Literacy Assessment]*

- Complete Phase Advancement Application
- Satisfactorily meeting the above requirements along with goals set forth in Supervision Plan established with and by the Transitional Treatment Court Community Supervision Officer as well as progression in Treatment Plan according to the Treatment Team

PHASE 3- PROSOCIAL HABILITATION

Duration: No minimum or maximum duration; based solely on needs of participant

PHASE TREATMENT REQUIREMENTS:

- Shall attend group counseling sessions according to treatment plan
- Shall attend individual counseling session according to treatment plan
- Shall attend recovery support group meetings according to treatment plan
- Shall attend peer support groups according to treatment plan
- Shall attend prosocial activities a minimum of once per week

PHASE SUPERVISION REQUIREMENTS:

- Shall appear twice per month before the court for status hearings
- Shall report to the Transitional Treatment Court Community Supervision Officer twice per month
- Shall be present when home visits are conducted once per month
- Shall abide by the 11:00 p.m.- 5:00 a.m. curfew
- Shall submit to urinalysis testing no less than twice per week
- Shall upload alcohol monitoring device data on a weekly basis *(if applicable)*
- Shall complete 10 community service hours per month *(if any hours remain from the court's original judgment)*

PHASE ADVANCEMENT REQUIREMENTS:

- Honesty with the court, forthcoming with struggles, and committed to change and remain crime free
- Complete monthly community service hours
- No outstanding balance with third party drug and alcohol monitoring providers
- Make payments toward total court ordered fees and fines based on financial plan completed with Transitional Treatment Court Community Supervision Officer
- Complete Phase Advancement Application

PHASE 4- ADAPTIVE HABILITATION

Duration: No minimum or maximum duration; based solely on needs of participant

PHASE TREATMENT REQUIREMENTS:

- Shall attend group counseling sessions according to treatment plan
- Shall attend individual counseling session according to treatment plan
- Shall attend recovery support group meetings according to treatment plan
- Shall attend peer support groups according to treatment plan
- Shall attend prosocial activities a minimum of once per week

PHASE SUPERVISION REQUIREMENTS:

- Shall appear twice per month before the court for status hearing
- Shall report to the Transitional Treatment Court Community Supervision Officer twice per month
- Shall be present when home visits are conducted once per month
- Shall abide by the 12:00 a.m.- 5:00 a.m. curfew
- Shall submit to urinalysis testing no less than twice per week
- Shall upload alcohol monitoring device data on a weekly basis *(if applicable)*
- Shall complete 10 community service hours per month *(if any hours remain from the court's original judgment)*

PHASE ADVANCEMENT REQUIREMENTS:

- Honesty with the court, forthcoming with struggles, and committed to change and remain crime free
- Complete monthly community service hours
- No outstanding balance with third party drug and alcohol monitoring providers
- Make payments toward total court ordered fees and fines based on financial plan completed with Transitional Treatment Court Community Supervision Officer
- Complete Phase Advancement Application

PHASE 5- CONTINUING CARE

Duration: No minimum or maximum duration; based solely on needs of participant; however, the total time of Phase 5 shall not be less than the time needed for the Participant to complete a total of 9 months minimum in the Program.

PHASE TREATMENT REQUIREMENTS:

- Shall attend individual treatment sessions according to treatment plan
- Shall attend recovery support group meetings according to treatment plan
- Shall attend prosocial activities a minimum of once per week
- Shall attend MCDC Alumni Group *(or other approved alternative)* meetings twice per month

PHASE SUPERVISION REQUIREMENTS:

- Shall appear once per month before the court for status hearing
- Shall report to the Transitional Treatment Court Community Supervision Officer once per month
- Shall be present when home visits are conducted once per month
- Shall submit to urinalysis testing no less than once per week
- Shall upload alcohol monitoring device data on a weekly basis *(if applicable)*
- Shall complete 10 community service hours per month *(if any hours remain from the court's original judgment)*

GRADUATION REQUIREMENTS

- Shall remain crime-free and sober for the duration of Phase 5 or 90 days whichever is shorter
- Submit to and pass a hair drug test to confirm 90-day sobriety requirement
- Submission to all drug screening/testing requirements
- Successfully complete treatment
- Satisfy payment to all third-party monitoring and testing providers
- Make payments toward total court ordered fees and fines based on financial plan completed with Transitional Treatment Court Community Supervision Officer
- Complete required community service hours
- Complete individualized aftercare/continuing care plans with input from the Drug Court Treatment Provider to be presented to the Interdisciplinary Team during the staffing session to review the Phase Advancement Application. The purpose of this plan is to assure the Participant will have continued linkages to community resources. The plan shall outline goals and objectives for the Participant to complete during the Continuing Care Phase.

- Complete Graduation Application
- Meet with Transitional Treatment Court Judge and Interdisciplinary Team to review Graduation Application

PHASE 6- POST GRAD PHASE

Duration: Six months

PHASE TREATMENT REQUIREMENTS:

- Shall attend MCDC Alumni Group meetings once per month

PHASE SUPERVISION REQUIREMENTS:

- Shall appear once per month before the court for status hearing
- Shall submit to urinalysis testing as directed by the Transitional Treatment Court Community Supervision Officer
- Shall complete 10 community service hours per month (*if any hours remain from the court's original judgment*)

PHASE ADVANCEMENT REQUIREMENTS:

- Submission to all drug screening/testing requirements
- Make payments toward total court ordered fees and fines based on financial plan completed with Transitional Treatment Court Community Supervision Officer
- Continue to complete required community service hours (*per original judgment if any remain*)
- Complete Exit Interview

IX. GRADUATION

Upon successful completion of Phase 5, participants will be eligible for graduation from The Program. Formal graduation ceremonies will be held two times per year at the Midland County area. Attendance at graduation ceremonies is mandatory for all Participants. Those Participants who successfully completed the Program during the previous quarter will be recognized for their accomplishments. Family, friends, and other honored guests should be encouraged to attend the celebration. During these ceremonies the graduating Participants will be required to share with attendees about their experiences in the Program and any other portion of their journey to sobriety they feel comfortable discussing.

X. EARLY TERMINATION OF PROBATION

Upon successful completion of the program and post-graduation phase, a participant may apply for early termination of their term of probation. The graduate must complete the Application for Early Termination and submit it to the Court Coordinator. While outstanding balances of fees and fines and/or remaining court ordered community service hours may not preclude graduation from the Transitional Treatment Court, outstanding balances will be considered as a factor in determining eligibility for early termination of probation.

XI. TREATMENT

You will be required to participate in treatment activities. A treatment program can include the following activities:

- Individual and group counseling
- Family counseling
- Mental Health evaluation and services
- Other treatment deemed necessary by the Transitional Treatment Court Team

A counselor will prepare a treatment plan to guide your recovery process. The problems to be addressed in the treatment plan may include, but is not limited to the following needs areas:

- Alcohol and/or other drug addiction
- Family problems
- Unstable employment history
- Lack of social network
- A lack of understanding of the legal consequences of your offense
- Medical and/or psychological problems
- Education insufficiencies

XII. INCENTIVES AND SANCTIONS

The Midland County Transitional Treatment Court uses a graduated scale of incentives and sanctions to manage your behavior. Weekly staffings and court hearings allow the Team to immediately address any violations of the Program. The Court will publicly acknowledge and reward accomplishments or issue immediate sanctions to address poor behavior.

SANCTIONS

Sanctions are used to address violation of compliance such as positive drug tests, failure to participate in the program, failure to appear, new charges, failure to perform community service, or failure to pay fees. Sanctions include, but are not limited to:

- Verbal admonishment
- Community service hours
- Additional reporting days (court or DCCSO)
- Additional drug/alcohol tests

- Additional home visits
- External monitor device unit (SCRAM, Sober-link, Interlock)
- Curfew
- Driving restriction (*if offense applicable*)
- House arrest
- Midland County Sheriff's Office Community Work Program
- Jail
- Placement in a residential treatment facility
- Case conference with Drug Court Team
- Termination from the Program

INCENTIVES

Incentives reward positive behavior and progress such as clean drug tests, good reports from treatment or probation, full participation in the Program, payment of fees, and completion of community service hours. Incentives may include any of the following:

- Verbal praise/positive affirmation
- Certificate of achievement
- Grocery gift card
- Incentive Coin
- All-Star Board Certificate
- Leaving court sessions early
- Bus Pass
- Waiver of drug and alcohol testing fees
- Approval for travel [*Appendix F- Travel Request Form*]
- Reduction in community service hours
- Extended Curfew [*Appendix G- Curfew Extension Request Form*]
- Work Permit [*Appendix P- Work Permit Request Form*]
- Driving privileges (*if offense applicable*)
- Removal of some or all court ordered or officer-imposed restrictions
- Recommendation for early discharge from community supervision

TRAVEL PERMITS

As part of the incentive portion of this program, you may be granted travel permits outside of Midland County. These requests must be submitted to your Community Supervision officer at least one week prior to requested travel dates. Each request will be presented to the Judge during staffing and a decision made based on the following: compliance with court requirements, providing all the necessary travel information on the Travel Request Form, and timeliness of the request. This process is also used for curfew extension requests. [*Appendix F- Travel Request Form*]

XIII. ALCOHOL AND DRUG TESTING

You will be required to submit to drug testing. Testing can be random or done at the request of the Judge, Law Enforcement Officer, Community Supervision Officers, or the Team throughout the entire process. A drug test will be observed and temperature tested.

You will be responsible for calling the UA phone line **EVERYDAY** to determine whether you are selected for testing each day. The phone number is 432-219-2622 or you can check online at my.averhealth.com. If told to submit to testing, you must appear at the Midland County Community Supervision and Corrections Department at 215 W. Industrial, Midland, Texas 79701. Please note these times are subject to change as announced in Court.

If a Team member requests a urine sample, you will have 20 minutes to provide that sample. If you are unable to produce a urine sample within 20 minutes, then a positive drug result will be reported to Judge Rainey, the Community Supervision Officer, and to the other members of the Team.

You must bring in all medication prescribed by a physician to the Community Supervision Officer/court. Prescriptions will be verified with your physician. Over-the-counter medications and medication taken without a prescription will not be accepted as a valid reason for specimens resulting in a positive drug screen/test. You must gain permission from the Court before taking any over-the-counter drugs containing alcohol or an illicit substance. You must abstain from eating any poppy seed and creatine food products. *[Appendix B- MCDC Prescription Medication Notification , Appendix C- MCDC Prohibited Substances List, and Appendix D- Medication and Drug Testing Policy]*

XII. COMPLIANCE CHECKS

You will be contacted by the Compliance Officer for the court either at your home, place of employment, or any other location you may be found. These visits are a normal part of the court's requirement to make sure you are doing what you should be doing, obeying curfew, and surrounding yourself with good influences. These visits are random and do not mean you are in trouble, so please do not attempt to hide, run, or avoid the Compliance Officer. During these visits the Compliance Officer may search your residence and vehicle, may take photos to report back to the court, and will consider any alcohol or drugs found to be yours. *[Appendix K- Compliance Check Policy]*

XIV. FEES

You will be responsible for paying a program fee in addition to other fees or restitution assessed by the Court. This program fee shall not exceed \$1,000 and shall be determined by your ability to pay. An individual may participate in the Drug Court Program regardless of their current ability to pay their fees.

XV. GRIEVANCE POLICY

Any Program Participant who feels that he or she has been abused, denied reasonable and appropriate care (neglected), or exploited by a staff member may file a complaint through the grievance process.

STEP ONE—INFORMAL DISCUSSION

The complaint procedure may start with a Participant's request made to the Transitional Treatment Court Coordinator for an informal discussion between the parties involved. *In the event the Complaint is against the Transitional Treatment Court Coordinator, the Drug Court Judge will designate an alternate at the time of event.* The Transitional Treatment Court Coordinator will schedule and facilitate the informal discussion. This request must be made within 10 calendar days of the incident or problem causing the grievance. The Transitional Treatment Court Coordinator will complete an incident form and respond to complainant within forty-eight (48) hours (excluding weekends and holidays). *[Appendix L- Midland County Transitional Treatment Court Grievance Policy: Incident Reporting]*

STEP TWO—COMPLAINT INVESTIGATION AND DECISION:

If no resolution is obtained through Step One, within 30 days of the incident, the person making the complaint should fill out a written complaint form and submit it to the Transitional Treatment Court Coordinator *[Appendix M- Midland County Transitional Treatment Court Grievance Policy: Written Appeal]*. The written complaint shall consist of a signed and dated statement specifying:

- (1) the nature of the action(s) or incident resulting in the complaint,
- (2) the staff member(s) against whom the complaint is being filed,
- (3) the relief requested and,
- (4) the complete name, and contact information of the complainant.

The Transitional Treatment Court Coordinator will review the complaint, complete an investigation, and forward the complaint and findings to the appropriate authoritative body for resolution: The Transitional Treatment Court Judge, the director of the Midland Judicial District Community Supervision and Corrections Department, or the current Administrative Judge for the Midland Judicial District. A formal written decision, reduced to a form designated by the

Transitional Treatment Court Program, will be provided to the participant within seven (7) business days from the date of their written complaint. *[Appendix N- Midland County Transitional Treatment Court Grievance Policy: Notice of Appeal Decision]*

STEP THREE—REFERRAL TO AN OUT-OF-AREA OMBUDSMAN

If no resolution is obtained through Steps One or Two, within five (5) days of the issuance of the decision concluding Step Two, the Transitional Treatment Court Coordinator will provide the participant, no later than forty-eight (48) hours (excluding weekends and holidays) after receipt of a written request, with the appropriate information and necessary forms, if any, to submit the grievance to the appropriate ombudsman process established by either the Office of Court Administration (OCA) or the Texas Department of Criminal Justice's Community Justice Assistance Division (CJAD) *[Appendix O- Specialty Courts Ombudsman Program]*

XVI. COMMUNITY RESOURCES

Midland County Transitional Treatment Court (TTC) offers a variety of services to enhance the success of Participants, including the following:

SUBSTANCE ABUSE TREATMENT SERVICES

TTC utilizes drug treatment providers to provide the most qualified services available. Both residential and outpatient services are available to serve Participant needs.

PROFESSIONAL THERAPY AND/OR PEER COUNSELING

TTC provides referrals to reliable medical and mental health care for Participants through local services. Participants can choose from pre-approved community support groups.

DRUG TESTING

Participants will undergo random urinalyses ranging from 2-4 times per week. The frequency of testing decreases with treatment progress.

EDUCATIONAL SERVICES

TTC requires an educational assessment in order to make referrals as needed for educational development. Local educational institutions and adult learning centers offer literacy programs, educational seminars, and GED tutoring.

LITERACY SERVICES

MCDC requires a pre and post program literacy assessment in order to make referrals as needed for literacy development.

SOBER LIVING FACILITIES

TTC has contracts available for sober living accommodations should the court feel a Participant would be well served in such an environment. In order for a participant to be eligible for financial assistance for sober living through the program, a participant must

agree to abide by the terms and conditions of the sober living facility, the Midland County Transitional Treatment Court Sober Living Agreement, and successfully complete the additional family/life skills counseling services provided by the sober living facility.

EMPLOYMENT SERVICES

TTC may make referrals as needed to employment specialists who provide job skill training, job coaching, on-the-job training, career goals setting, and resume writing.

XVII. APPENDIX

Appendix A- Midland County Transitional Treatment Court Participant Contract 3

Appendix B- MCDC Prescription Medication Notification 3, 15

Appendix C- MCDC Prohibited Substances List..... 3, 15

Appendix D- Medication and Drug Testing Policy..... 4, 15

Appendix E- Release of Information 4

Appendix F- Travel Request Form..... 4, 14

Appendix G- Curfew Extension Request Form..... 14

Appendix H- Financial Information Sheet 8

Appendix I- Educational Assessment 8

Appendix J- Literacy Assessment 8

Appendix K- Compliance Check Policy 15

Appendix L- Midland County Transitional Treatment Court Grievance Policy: Incident Reporting 16

Appendix M- Midland County Transitional Treatment Court Grievance Policy: Written Appeal..... 16

Appendix N- Midland County Transitional Treatment Court Grievance Policy: Notice of Appeal Decision
..... 17

Appendix O- Specialty Courts Ombudsman Program 17

Appendix P- Work Permit Request Form 14



Participant Handbook

Midland County Transitional Treatment Court Participant Contract

Appendix A



TRANSITIONAL TREATMENT DRUG COURT PARTICIPANT AGREEMENT

Name: _____ Case No: _____

1. I will cooperate in substance abuse treatment as directed by the Midland County Transitional Treatment Court. I agree to be supervised by the Midland County Transitional Treatment Court Judge, Coordinator and other team members.
2. I will obey all rules, directions, and expectations of the Transitional Treatment Court. I will be polite and respectful at all times. I understand that if I am threatening or aggressive to others, I may be arrested and terminated from Transitional Treatment Court.
3. I will obey all federal, state and local laws. If I have any contact with the police, I will tell the Transitional Treatment Court Coordinator and my probation officer within 24 hours.
4. I will tell the Transitional Treatment Court Coordinator if my address or telephone number(s) change. I will tell him or her within 24 hours of the change.
5. I will pay all treatment program fees. I will pay the Transitional Treatment Court Fee not to exceed \$1000. I will pay any additional fees as directed by the court.
6. I will be required to submit to random drug testing. Drug testing will be one way to determine that I am working to stay free of alcohol and other drugs. Drug and alcohol tests can include breath, blood, hair, fingernails, saliva, sweat or urine. I agree that any member of the Transitional Treatment Court team may request a sample from me at any time. I agree that I will immediately provide such a sample. If I do not produce a sample, or the sample is not of sufficient quantity, it will be considered as a positive test for alcohol or other drugs.
7. I will not falsify a drug test to cover up any alcohol or other drug use. If I try to falsify a drug test, then the test will be considered positive. I understand trying to falsify a test means that I may receive a sanction from the Transitional Treatment Court. One of the possible sanctions could be termination from Transitional Treatment Court.
8. I will tell the truth regarding my alcohol and other drug use. When tested, I will first be asked if the test will be positive. I understand that false statements about my alcohol or other drug use are a violation of the program rules.

9. I will attend all treatment meetings, appointments, and court dates. I will be on time for all events. If it is necessary for me to miss any meetings, appointments, or court dates, I will first talk with the Transitional Treatment Court Coordinator and receive prior approval. I must tell them why I cannot attend. If I do not receive prior approval, my nonattendance will be documented as an unexcused absence and may result in a sanction.
10. I will fully participate in treatment, including in-patient treatment, outpatient treatment, support group meetings, and in all other programs to which I am ordered by the court. Participation is to help me maintain a clean and sober law-abiding lifestyle.
11. I understand that failure to fully participate, failure to appear, positive drug or alcohol tests and other program failures or rule violations will result in a review of my case to determine my continued participation in Transitional Treatment Court or the imposition of court ordered sanctions including:
 - Verbal warnings or admonishment
 - Increased drug testing
 - Community service
 - Curfew restrictions
 - Imposition of court fees
 - Electronic home monitoring
 - Termination from program
 - Other sanction the court thinks appropriate
 - Essay writing or workbook
 - Increased attendance at Drug Court
 - Increased level of treatment
 - Loss of privileges (licenses)
 - Warrant for arrest
 - Jail time
 - Delay of phase advancement
12. I will sign a consent form waiving confidentiality of any medical, treatment or social service records. If I withdraw consent, I understand that I will be terminated from the Transitional Treatment Court program.
13. I understand that, after I have been admitted to the Transitional Treatment Court program, statements made by me to my probation officer, Transitional Treatment Court Coordinator, or the judge, regarding the specifics offense with which I am charged are confidential and will not be used against me in any criminal action or proceeding.
14. I understand that any information shared at a Transitional Treatment Court staffing will be kept confidential by all parties unless I waive that right. One way that I might waive that right is by discussing personal information at the Transitional Treatment Court public hearing. If I do this, then other court personnel may discuss this information in court.
15. I understand that a failure to appear for a court date or any other breach of this agreement may result in an immediate bench warrant or warrant for probation violation.
16. I agree that I will not use, possess or associate with persons who use or possess any non-prescribed controlled substance or illegal drug. I will not use or possess alcohol. I will not use or possess any drug without a prescription. I will not consume over-the-counter medications prohibited by the court, including but not limited to any medications that contains alcohol. I understand I cannot enter a bar or tavern unless special permission is received from the Transitional Treatment Court Team.

17. I understand that the Transitional Treatment Court Team is required by law and agrees to protect the confidentiality of information that I may be required to share as part of my participation in Transitional Treatment Court. I also understand that as part of my participation in Transitional Treatment Court, I may become aware of confidential information regarding other Transitional Treatment Court participants. I also understand that I may not disclose confidential information I learn during my participation in Transitional Treatment Court, and that disclosing such information is a very serious violation of the rules of Transitional Treatment Court and may result in my termination from the program.
18. I understand that acting as a confidential informant or cooperating source for any law enforcement agency is not compatible with participation in Transitional Treatment Court. I agree that I will not under any circumstances act as a confidential informant or cooperating source for any law enforcement agency while I am participating in Transitional Treatment Court, and that failure to abide by this will result in my termination from the program. I also understand that this does not apply to situations in which I am an actual witness to a crime, and that I am expected to cooperate with the investigation of any crime to which I am an actual witness.
19. I agree to follow all terms and conditions of Community Supervision. A violation of the terms and conditions of my Community Supervision is considered a violation of the rules and conditions of my participation in the Transitional Treatment Court, and I may have face a revocation of my Community Supervision.
20. I understand that if I am determined to be in violation of program aspects I may have a recommended sanction of county jail time imposed by the Transitional Treatment Court. The length and structure of this jail time will be immediate and will be determined by the current status of my case. I agree to follow the Transitional Treatment Court rules as stated in this contract between myself and the Midland County Transitional Treatment Court and to follow all recommendations by the Transitional Treatment Court Team.

Date: _____

Signature of Transitional Treatment Court Participant

Date: _____

Signature of Attorney for Transitional Treatment Court Participant



Participant Handbook

MCDC Prescription Medication Notification

Appendix B

MCDC PRESCRIPTION MEDICATION NOTICE

MIDLAND COUNTY DRUG COURT
 JUDGE ELIZABETH N. RAINEY
 500 N. Loraine
 Midland, Texas 79701



To Whom It May Concern:

The person in your care is participating in the Midland County Drug Court program. The goal of the program is to help individuals achieve sobriety while maintaining accountability. As part of this process Participants are **NOT** allowed to take over-the-counter or prescription medications containing the following or any derivative thereof:

Benzodiazepines	Valium (Diazepam), Xanax (Alprazolam), Ativan (Lorazepam), Restoril (Temazepam), Klonopin (Clonazepam), Halicon (Triazolam)	Opiates	Hydrocodone: Vicodin, Norco, Lortab Morphine: Avinza, Kadian, MS Contin Oxycodone: OxyContin, Percocet/dan Oxymorphone: Opana Hydromorphone: Dilaudid Fentanyl: Actiq, Sublimaze, Duragesic Methadone: Dolophine, Methadose Meperidine: Demerol Tramadol Codeine
Amphetamines	Adderall, Focalin, Ritalin, Concerta, Vyvanse, Dexedrine, Evekeo, Adzenys, ProCerta, Dyanvel		
Methamphetamine	Desoxyn		
Dextromethorphan	found in most 'tussins', Robitussin DM, Robitussin CF, Corecidine	Ephedrine	(also Pseudo Ephedrine) Sudafed, DayQuil, daytime cold or flu medication
Alcohol	NyQuil, nighttime cold/flu medication	Weight Loss	Phentermine, Qsymia
Sleep Aids	Ambien, Lunesta, Sonata	Ketamine	Ketalar, Spravato, Ketaset

As such, if they **MUST** be prescribed one of the above types of medication (or a medication known to you to be of a similar type) **and** there **IS NO** alternative option, the Participant must obtain your signature on this form indicating they have:

- Informed their healthcare professional of their participation in the Midland County Drug Court
- Discussed treatment/medication options which **DO NOT** require the use of medications as listed above

By signing below, you are indicating that notification was given and that an alternative medication/treatment option IS NOT available.

Participant Name: _____ Select Court: AFDC TTC DWI

Medication Prescribed: _____ Duration of Prescription: _____

Please explain any alternative medications previously tried: _____

Please explain the reasoning for prescribing this particular medication: _____

Healthcare Professional PRINTED Name: _____ Signature: _____

Date: _____ Contact Number: _____ Hospital/Practice Affiliation: _____

If you have any questions regarding the Midland County Drug Court, please contact the court at 432-688-4512. Thank you for helping us toward our goal of reducing recidivism by breaking the chain and cycle of addiction.



Participant Handbook

MCDC Prohibited Substances List

Appendix C

Midland County Drug Court

Prohibited Drugs, Medications, and Substances

CLASSIFICATION	GENERIC NAME	BRAND/ PRESCRIPTION NAME	STREET NAME
Alcohol	Alcoholic Beverages, Powders, creams, vapors, medications/foods/energy drinks containing alcohol	Nyquil, Robitussin	
Amphetamine	Phentermine, Pseudoephedrine	Adderall, Adipost, Benzedrine, Dexedrine, Dexatrim, Didex, Preludin, Vyvanse, Focalin, Ritalin, Concerta, Eveko, Desoxyn, Adzenys, Procerta, Dyanvel, Alka-Seltzer Cold, Claritin-D, Comtrex Acute, Contac Cold Maximum, Coricidin, Dayquil/Nyquil, Dimetapp, Dristan Maximum, Robitussin, Sinarest, Sudafed, Tavist Allergy, Tylenol Cold, Tylenol Allergy, Advil Cold and Sinus, Qsymia	Cartwheels, Speed, Molly, White, Truck Drivers, Uppers
Barbiturate	Butalbital, Phenobarbital	Allobarbital, Amobarbital, Barbital, Fiorinal, Pentobarbital, Luminal	Downers, Goofballs, Pinks, Reds, Yellow Jackets
Benzodiazepine	Diazepam, Alprazolam, Lorazepam, Temazepam, Clonazepam, Triazolam, Chlordiazepoxide, Flunirazepam, Oxaprozin, Oxazepam, Triazolam	Xanax, Niravum, Klonopin, Ativan, Rohypnol, Valium, Daypro, Serax, Halcion, Librium, Restoril	Benzos, BZDs, Candy, Qual, Tranx, Zannies, Z Bars, Blues, Chill Pills
Creatine	Pre-work out powders, supplements, energy drinks, etc. containing creatine	Monster, Bang, Red Bull	
Dextromethorphan "DM"	Cold and flu medications, Cough suppressants	Alka-Seltzer Cold, Comtrex Acute, Contac Cold Maximum, Coricidin, Dayquil, Nyquil, Dimeatapp, Dristan Maximum, Robitussin, Sudafed, Triaminic, Tylenol Cold, Vicks 44	Dextro, Robo, Robotripping, Triple C
Hallucinogens	LSD, Ketamine, Dimethyltryptamine, MDPV, Mushrooms, PCP, Inhalants, Tryptamine, Methoxetamine, Peyote, Salvia Divinorum		Molly, Ecstasy, Acid, MDMA, X, E, XTC, Sugar Cubes, Thom, Special K, Vitamin K, Gina, Angel Dust, Sally-D
Illicit Drugs	Cocaine, Methamphetamine		Big C, Blow, Charlie, Crack, Mojo, Powder, Rock, Snow, Toot, Chalk, Crank, Crystal, Glass, Ice, Meth, Tweak, Uppers, Scooby Snacks
Natural and Designer Stimulants/ Synthetic Substances	Caffeine Pills, Bath Salts, Poppy Seeds, Steroids, Khat, Kratom, Ketamine, Diphenhydramine	Flexeril, Benadryl, GHB, Soma, Spravato, Ketaset, Ketalar	"Not for Human Consumption"
Opioids	Heroin, Fentanyl, Codeine, Hydrocodone, Hydromorphone, Morphine, Oxycodone, Poppy Seeds, Tramadol, Propoxyphene, Meperidine, Buprenorphine, Oxymorphone, Methadone	Tylenol 3, Lortab, Loracet, Suboxone, Norco, Vicodin, Oxycontin, Percocet, Demerol, Darvon, Darvocet, Ultram, Actiq, Avinza, Zohydro, Kadin, MS Contin, Percodan, Dilaudid, Sublimzae, Duragesic, Dolophine, Methadose	Hydro, Lean, Purple Drank, China White, Demmies, Hillbilly, Kickers, Monkey, Sizzurp, School Boy
Sedatives/ Sleep Aids	Eszopiclone, Zolpidem	Lunesta, Ambien, Intermezzo, Edluar	
THC	Marijuana, Cannabinoids, Medical Marijuana		Blunt, Bud, Dope, Grass, Herb, Joint, Mary Jane, Pot, Weed



Participant Handbook

Medication and Drug Testing Policy

Appendix D

MEDICATION AND DRUG TESTING POLICY

MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



Participant Name: _____ Court: AFDC TTC DWI Court

Review each requirement with a Team Member and initial to acknowledge your understanding of the expectation

MEDICATION POLICY:

- I will inform my doctor (or any treating physician) of my status in the Midland County Drug Court and as such must not take any kind of narcotic (i.e., addictive, mind/mood altering controlled substance medication) if there is a non-narcotic substitute.
- I will have my doctor sign the MCDC Prescription Medication Notice confirming there is no non-narcotic substitute available should such medication be required for my medical treatment.
- I understand that if I am prescribed a narcotic for longer than one week the Drug Court Team may adjust my sobriety date to compensate for the time period prescribed.
- I acknowledge that I have been given a copy of the MCDC Banned Substances list and understand the following medications are *forbidden* unless prescribed by a doctor and verified by the Drug Court Team:
- Opiates
 - Alcohol: found in Nyquil, nighttime cold or flu medication
 - Amphetamines
 - Ephedrine (*also Pseudo Ephedrine*): found in Sudafed, Dayquil, daytime cold or flu medication
 - Benzodiazepines
 - Dextromethorphan "DM": found in cough and congestion medicines
- I will call my Community Supervision Officer if I have any questions on banned medications.

DRUG TESTING POLICY:

- I understand that I must call/check in with the UA hotline every day and when I am told to report for testing do so before the lab closes, or it shall be determined that I refused to submit to the urine test.
- I understand that failing to provide a urine sample or failing to provide enough urine for testing will constitute a refusal to submit and therefore be considered a positive test.
- I will not alter, manipulate, or in any way falsify any urinalysis specimens and will comply with all Specimen Collector instructions.
- I will not eat foods containing poppy seed products, creatine, kratom, or CBD.
- I will avoid activities which may lead to a dilute urinalysis test such as drinking large amounts of fluid within two hours of reporting, fasting/dieting/cleansing, or in any other way drastically changing my fluid intake.

I have reviewed the above policies and understand my responsibilities to the Midland County Drug Court program.

Participant Signature: _____

Date: _____



Participant Handbook

Release of Information

Appendix E



MIDLAND COUNTY DRUG COURT
 JUDGE ELIZABETH N. RAINEY
 500 N. Loraine
 Midland, Texas 79701



Candace Ligon, Court Coordinator
 Deputy John Reese, Bailiff

Tel: 432-688-4512
 Fax: 432-688-4990

Authorization for Release of Information for MCDC

Client Name: _____ ML#: _____ DOB: _____

Date Admitted: _____ Court: AFDC DWI TTC

This release complies with Federal regulations (42 CFR Part 2) and with all applicable state and local laws, rules and regulations. Information may not be further disclosed without permission from the client and may not be used to criminally investigate or prosecute any substance abuse client. I understand that my consent is made voluntarily, and I understand that my records are protected under Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulation. I also understand that I may revoke my written consent at any time in any event; this consent expires automatically in 1 year if not specified for longer.

Consent expires on this date: _____

I hereby authorize **Midland County Drug Court** to release information to or receive information from the following person/agency:

Name: _____

Address: _____

Telephone: _____

Email: _____

Relationship: _____

Permission is hereby given to **Midland Judicial District CSCD** to release or receive information for the purpose of:

- | | |
|--|--|
| <input type="radio"/> Select All | <input type="radio"/> Treatment Updates |
| <input type="radio"/> Medical | <input type="radio"/> Other: _____ |
| <input type="radio"/> Legal Matter – Court Services | _____ |
| <input type="radio"/> Continuity of Treatment – Patient History | <input type="radio"/> Emergency Contact: _____ |
| <input type="radio"/> Case Management Services | _____ |
| <input type="radio"/> Employment Continuity – FMLA/Short Term Disability | _____ |
| | _____ |

Authorization for Release of Information for MCDC

Client Name: _____ ML#: _____ DOB: _____

Information may be released via the following methods:

- Select All
- Email
- Fax
- Telephone
- Voicemail: I authorize messages to be left for the person receiving the authorized information

Information released or received may include:

- Select All
- Admit & Discharge Dates
- Biopsychosocial Assessment
- Progress Notes
- Discharge/Transfer Planning
- Progress Updates
- Medical History/Current Status
- Discharge Summary/Aftercare Recommendations
- Treatment Plans
- Presence in Treatment
- Medical Progress Notes & Assessments Urinalysis Results
- Laboratory Test Results
- Psychiatric History & Assessment / Evaluation Family Information
- Legal Status
- Employment
- Information Other: _____

Client Name Printed: _____

Client Signature: _____

Date: _____

Staff Name Printed: _____

Staff Signature: _____

Date: _____



Participant Handbook

Travel Request Form

Appendix F

TRAVEL REQUEST FORM

MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



Participant Name: _____

Phase: _____

Adult Felony Drug Court DWI Court Transitional Treatment Court

Sober Date: _____

To be considered for a travel permit, please provide all information below and return to your Probation Officer at least one week before requested travel dates. If the information below is left blank your request will be denied.

Remember: Travel passes are INCENTIVES! They are not guaranteed.

Reason for travel: _____

Beginning Date: _____

End Date: _____

Destination: _____

Method of Travel: _____

Street Address: _____

City, State: _____

Name and Phone Number of Person Who Will Be With You: _____

Other People Travelling With You: _____

I am in compliance with court rules and requirements, including:

- | | | |
|---|--|---|
| <input type="checkbox"/> <i>Attending treatment</i> | <input type="checkbox"/> <i>Attending weekly recovery group meetings</i> | <input type="checkbox"/> <i>Attending weekly peer support</i> |
| <input type="checkbox"/> <i>Current on fees</i> | <input type="checkbox"/> <i>Completed community service hours</i> | <input type="checkbox"/> <i>Participating in prosocial activities</i> |
| <input type="checkbox"/> <i>Attending Court</i> | <input type="checkbox"/> <i>Reporting to Probation Officer</i> | <input type="checkbox"/> <i>Submitting UAs/Calling UA Line</i> |

If No, then why should the court grant your request? _____

All information provided above is true and correct to the best of my knowledge.

I understand my responsibilities to the court and the possible sanctions should I fail to comply.

Participant Signature: _____

Date: _____

Probation Officer Signature: _____

Date: _____

Supervisor/Judge Signature (if required): _____

Date: _____

For MCDC Team Use: Submitted Timely: Y / N In Compliance: Y / N Recommendation of Officer: Y / N

Comments: _____



Participant Handbook

Financial Information Sheet

Appendix H

FINANCIAL INFORMATION

List all persons living in your household with you:

<u>Name</u>	<u>Age</u>	<u>Relationship to you</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***YOU MUST PROVIDE PROOF OF EMPLOYMENT (CHECK STUB)**

Are you employed? Yes ___ No ___ Do you have more than one job? Yes ___ No ___

Name and Address of Employer#1: _____

Name of Supervisor: _____

How often do you get paid? _____

How much do you take home per pay period? \$ _____

***YOU MUST PROVIDE PROOF OF EMPLOYMENT (CHECK STUB)**

Name and Address of Employer#2: _____

Name of Supervisor: _____

How often do you get paid? _____

How much do you take home per pay period? \$ _____

Do you or anyone in your household have any other sources of income (Including government assistance)?

Yes ___ No ___

If so, list it _____

Do you have a bank account of any kind? Yes ___ No ___ If so, list all.

Bank Current balance

Do you have a motor vehicle of any kind? Yes ___ No ___ If so, list all.

Year Make Model License Plate No. Owner

List all other property you own and its value, including real estate, vehicles, boats, stocks, bonds, retirement accounts, cash, jewelry, coins, guns, collection of any type, and contents of any safe deposit box.

Does anyone owe you money? If so, describe who it is and how much you are owed

List all your expenses on a monthly basis:

Rent or House payment	\$ _____
Property taxes (if not included in house payment)	\$ _____
House insurance (if not included in house payment)	\$ _____
House maintenance	\$ _____
Utilities – gas	\$ _____
-- water	\$ _____
-- electric	\$ _____
-- sewer	\$ _____
-- garbage	\$ _____
-- telephone	\$ _____
Car payment	\$ _____
Gas and oil	\$ _____
Car insurance	\$ _____
Car repair	\$ _____
Food – groceries	\$ _____
-- eating out	\$ _____
-- school lunches	\$ _____
Medical expense	\$ _____
Dental expense	\$ _____
Health insurance (if not paid by employer or deducted from wages)	\$ _____
Life insurance (if not paid by employer or deducted from wages)	\$ _____
Clothing	\$ _____
Laundry or dry cleaning	\$ _____
Entertainment	\$ _____
Barber or beauty shop	\$ _____
Child support	\$ _____
Child care – work	\$ _____
-- other	\$ _____
School supplies	\$ _____
School or children’s activities	\$ _____
Creditors	\$ _____
Other _____	\$ _____
_____	\$ _____

By signing my name below, I swear or affirm that the above financial information is current, true and correct, and contains a full and complete accounting of my monthly income from all sources, my monthly expenses, my assets and liabilities.

Defendant

Date



Participant Handbook

Educational Assessment

Appendix I

EDUCATIONAL ASSESSMENT FORM

MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



**This form is to be used during an educational assessment with Midland College Student Services.
To schedule an appointment contact Carrie Henson at (432) 686-4217.**

Fill out the section below BEFORE your appointment:

Last Name: _____ First Name: _____ MI: _____

Court: Adult Felony Drug Court DWI TTC Probation Officer: _____

Social Security Number: _____ TX Driver's License Number: _____

Date of Birth: ___/___/___ Gender: _____ Ethnicity: Hispanic/Latino Non-Hispanic

Race: American Indian Asian Black/African American Pacific Islander White

Disability: No Yes, explain: _____

Veteran Status: No Yes Household: No dependent children Dependent children; # _____

Criminal History: Misdemeanor Conviction Felony Conviction, Type: _____

Employment Information: Not employed Employed- # Hours/ Week: _____ Employer: _____

Education: Some school, highest grade completed: _____ GED High School Diploma Some college

Vocational Certificate: _____ Associate's Degree: _____ Bachelor's Degree

My education/career goals: _____

The information provided is complete and correct to the best of my knowledge.

I hereby consent to the release of enrollment verification information to Midland County Drug Court.

To be completed by Midland College Student Services:

Assessment Date: _____ Assessment Completed by: _____

Participant has been referred to: MC Adult Education & Literacy: ___ ESL Services ___ GED Services
 MC Enrollment Navigation
 Workforce Solutions Other: _____

Recommendation: _____

Participant Signature: _____

Date: _____



Participant Handbook

Literacy Assessment

Appendix J

LITERACY ASSESSMENT FORM

MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



This form is to be used for a literacy assessment through The Literacy Coalition of the Permian Basin.
To schedule an appointment contact Lettie Martinez with The LCPB at (432) 685-0428.

Fill out the section below BEFORE your appointment:

Last Name: _____ First Name: _____ MI: _____

Court: Adult Felony Drug Court DWI TTC Probation Officer: _____

Social Security Number: ***-**-____ TX Driver's License Number: _____

Date of Birth: ___/___/___ Gender: _____ Ethnicity: Hispanic/Latino Non-Hispanic

Race: American Indian Asian Black/African American Pacific Islander White

Disability: No Yes, explain: _____

Veteran Status: No Yes Household: No dependent children Dependent children; # _____

Criminal History: Misdemeanor Conviction Felony Conviction, Type: _____

Employment Information: Not employed Employed- # Hours/ Week: _____ Employer: _____

Education: Some school, highest grade completed: _____ GED High School Diploma Some college
 Vocational Certificate: _____ Associate's Degree: _____ Bachelor's Degree

My education/career goals: _____

The information provided is complete and correct to the best of my knowledge. _____ (Initials)

I hereby consent to the release of literacy assessment information to Midland County Drug Court.

To be completed by LCPB: Initial Assessment Date: _____ Assessment Completed by: _____

Participant has been referred to: MC Adult Education & Literacy: ___ ESL Services ___ GED Services
 Casa de Amigos Workforce Solutions Other: _____

Progress Assessment Date & Information: _____

Participant Signature: _____

Date: _____



Participant Handbook

Curfew Extension Request Form

Appendix G

CURFEW EXTENSION REQUEST FORM

MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



Participant Name: _____

Phase: _____

Adult Felony Drug Court DWI Court Transitional Treatment Court

Sober Date: _____

To be considered for a curfew extension, please provide all information below and return to your Probation Officer at least one week in advance. If the information below is left blank your request will be denied.

Remember: Curfew extensions are INCENTIVES! They are not guaranteed.

Reason for curfew extension: _____

Beginning Date: _____ End Date _____ **If this is a recurring request please note that no more than 30 days at a time will be granted*

Destination: _____ Method of Travel: _____

Street Address: _____ City, State: _____

Name and Phone Number of Person Who Will Be With You: _____

Other People Travelling With You: _____

I am in compliance with court rules and requirements, including:

- | | | |
|--|---|--|
| <input type="checkbox"/> Attending treatment | <input type="checkbox"/> Attending weekly recovery group meetings | <input type="checkbox"/> Attending weekly peer support |
| <input type="checkbox"/> Current on fees | <input type="checkbox"/> Completed community service hours | <input type="checkbox"/> Participating in prosocial activities |
| <input type="checkbox"/> Attending Court | <input type="checkbox"/> Reporting to Probation Officer | <input type="checkbox"/> Submitting UAs/Calling UA Line |

If No, then why should the court grant your request? _____

All information provided above is true and correct to the best of my knowledge.

I understand my responsibilities to the court and the possible sanctions should I fail to comply.

Participant Signature: _____

Date: _____

Probation Officer Signature: _____

Date: _____

Supervisor/Judge Signature (if required): _____

Date: _____

For MCDC Team Use: Submitted Timely: Y / N In Compliance: Y / N Recommendation of Officer: Y / N

Comments: _____



Participant Handbook

Compliance Check policy

Appendix K

COMPLIANCE CHECK POLICY

MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



Participant Name: _____

Court: Adult Felony Drug Court DWI Court Transitional Treatment Court

Review each requirement with a Team Member and initial to acknowledge your understanding of the expectation

- I will allow any member of the Midland County Drug Court Team to visit and search my person, my home, cell phone, computer, automobile, and any areas subject to my control as deemed necessary by the Team.
- I understand that during home visits the Compliance Officer, members of the Court Team, and/or other law enforcement officers working with the Court Team may enter my residence and conduct a search of the premises as necessary.
- I will allow any member of the Court Team to visit me at my place of employment or any other place in the community where I may be found.
- I will be present for home visits conducted by the Compliance Officer during curfew hours.
- I understand the Compliance Officer may take photographs of my residence, vehicle, or other places and objects as deemed necessary.
- I understand that I am not allowed to have alcohol or prohibited substances in my residence. Any alcohol or prohibited substances found in my residence, no matter where it is located, will be considered to be in my possession and is a violation of Court rules.
- I understand and agree that law enforcement officials may have K-9 drug sniffing dogs to assist in the search if necessary.
- I will be compliant and courteous with Compliance Officer, Court Team Members, or other law enforcement requests.
- I understand that these compliance checks, home visits, and employment visits will occur at random times throughout my participation in the program. I understand that this may include weekend, evening, and late-night visits.
- I will secure any pets that may be at my residence for the safety of those conducting the compliance check.
- I will ensure that I am dressed appropriately and properly for all home visits.
- I understand that if I have a complaint with the methods or timing of the compliance checks, home visits, and employment visits I may contact the Court Coordinator and follow the policies for grievances.

I have reviewed the Compliance Check Policy and understand my responsibilities to the Court program.

Participant Signature: _____

Date: _____

Team Member Signature: _____

Date: _____



Participant Handbook

Midland County Drug Court Grievance Procedure: Incident Reporting

Appendix L



Participant Handbook

Midland County Drug Court Grievance Procedure: Written Appeal

Appendix M

Grievance Procedure: Written Appeal

MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



Complainant's Name: _____ Phone Number: _____
Address: _____ Email: _____
_____ Court: AFDC DWI TTC

Written Appeals are available for those Participants who feel the incident in question has not fully been resolved by previous efforts. Written Appeals must be submitted within 30 business days of the prior investigation. Written Appeals (along with any prior documentation) will be presented to the appropriate supervisor in charge for further investigation and attempt at a resolution.

Date of Incident: _____ Team Member involved in incident: _____

Prior Attempt at Resolution:

Why prior resolution attempt was unsuccessful:

Requested Next Steps:

Participant Signature: _____ **Date Submitted:** _____

For MCDC Team Use: Date Received: _____ Supervisor Assigned: _____
Actions Taken: _____

Notice of Appeal Decision due date (7 business days): _____



Participant Handbook

Midland County Drug Court Grievance Procedure: Notice of Appeal Decision

Appendix N



Participant Handbook

Specialty Courts Ombudsman Program

Appendix O



MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



Candace Ligon, Court Coordinator

Tel: 432-688-4512

Specialty Courts Ombudsman Pilot Program
In partnership with
The Office of Court Administration

What is the Specialty Courts Ombudsman Program?

The Specialty Courts Advisory Council has requested that the Office of Court Administration pilot a Specialty Courts Ombudsman Program. The purpose of the Ombudsman will be to serve as a central point of contact for any complaints or concerns regarding specialty court programs in Texas.

If you have a problem or complaint about a specialty court, we encourage you to first discuss it with the person, program, or office involved. Often times, they can explain a specific policy or correct the problem immediately.

What does the Ombudsman do?

The Ombudsman will:

- Be available to receive complaints or concerns regarding specialty court programs in Texas;
- Gather information about received complaints or concerns and notify the specialty court program;
- Serve as a resource to specialty court program staff regarding possible resolution of a complaint or concern and assist with information regarding best practices;
- Track the volume and nature for each call or email; and
- Report the number and nature of the calls and emails to the Specialty Courts Advisory Council on a quarterly basis.

How to contact the Ombudsman?

If the agency's normal complaint process cannot or does not satisfactorily resolve the issue, **there are three (3) ways to send a question or file a complaint:**

The Ombudsman is located at the Office of Court Administration. Contact information:

By phone: 512-936-0288

By fax: 512-463-1648

By email: Anissa.Johnson@txcourts.gov

The Ombudsman is an additional resource for specialty court participants and staff to use to resolve an issue or concern when the matter cannot be resolved by the normal program process or other avenues.

Covered entities as that term is defined by HIPAA and Texas Health & Safety Code § 181.001 must obtain a signed authorization from the individual or the individual's legally authorized representative to electronically disclose that individual's protected health information. An authorization of protected health information may be required for the disclosure of information to the ombudsman regarding your participation in their program.

Additional Information may be obtained by contacting GOV.TEXAS.GOV/CJD, PO BOX 12428 AUSTIN, TEXAS 78711, or 512-463-1919

**Form updated Fall 2021*



Participant Handbook

Work Permit Request

Appendix P

WORK PERMIT REQUEST FORM

MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



Participant Name: _____

Phase: _____

Adult Felony Drug Court DWI Court Transitional Treatment Court

Sober Date: _____

To be considered for a work permit, please provide all information below and return to your Probation Officer at least one week in advance. If the information below is left blank your request will be denied.

Remember: Work Permits are INCENTIVES! They are not guaranteed.

Reason for work permit: _____

Beginning Date: _____ End Date _____ **If this is a recurring request please note that no more than 30 days at a time will be granted*

Destination: _____ Method of Travel: _____

Street Address: _____ City, State: _____

Name and Phone Number of Person Who Will Be With You: _____

I am in compliance with court rules and requirements, including:

- | | | |
|---|--|---|
| <input type="checkbox"/> <i>Attending treatment</i> | <input type="checkbox"/> <i>Attending weekly recovery group meetings</i> | <input type="checkbox"/> <i>Attending weekly peer support</i> |
| <input type="checkbox"/> <i>Current on fees</i> | <input type="checkbox"/> <i>Completed community service hours</i> | <input type="checkbox"/> <i>Participating in prosocial activities</i> |
| <input type="checkbox"/> <i>Attending Court</i> | <input type="checkbox"/> <i>Reporting to Probation Officer</i> | <input type="checkbox"/> <i>Submitting UAs/Calling UA Line</i> |

If No, then why should the court grant your request? _____

All information provided above is true and correct to the best of my knowledge.

I understand I must notify my Officer when I use this permit to leave Midland County for work purposes.

I understand my responsibilities to the court and the possible sanctions should I fail to comply.

Participant Signature: _____

Date: _____

Probation Officer Signature: _____

Date: _____

Supervisor/Judge Signature (if required): _____

Date: _____

For MCDC Team Use: Submitted Timely: Y / N In Compliance: Y / N Recommendation of Officer: Y / N

Comments: _____



Participant Handbook

Agreement for Device Monitoring

Appendix Q

AGREEMENT FOR DEVICE MONITORING

MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



Participant Name: _____

Officer: _____

Adult Felony Drug Court DWI Court Transitional Treatment Court

Phone Number: _____

Monitoring compliance and sobriety comes in many forms within the court. In addition to urine analysis testing you may be ordered to submit to monitoring by additional devices. These devices are provided by a third-party company and therefore you are responsible for payment for these services. You will be billed directly for these services and the court will monitor your payment status.

Please read and initial the following acknowledgements:

_____ I understand that I may be ordered to submit to additional monitoring devices.

_____ I understand that I am responsible for direct payment to the monitoring provider for any additionally ordered monitoring devices.

In addition to the above acknowledgements regarding third-party monitoring, please read and initial the following:

_____ I agree to strictly follow the instructions set forth by the Judge, any Court Officer, and/or the Device Officer about the ordered monitoring/testing device.

_____ I will allow Officers of the Court access to inspect, clean, or update any ordered devices at any time.

_____ I understand that maintenance, repairs, or replacements required because of submersion or damage to the device components will result in a replacement fee.

_____ I agree to be held financially responsible for all damages to the device other than normal wear.

_____ I understand that if I do not return the equipment in good working condition, I shall be charged with theft.

_____ I understand that if I am ordered to wear a drug patch and the patch is deemed untestable due to tampering, I will still be responsible for payment.

_____ I understand that if I am ordered to a portable alcohol monitoring device, the device will prompt me to perform a breath test at pre-programmed intervals. I am fully aware that performing a test while driving a motorized vehicle is dangerous. If I am prompted to test while driving, I will exit the roadway before beginning the test.

_____ I understand that interfering with any location monitoring device/service/application will be viewed as a violation of a court order and sanctioned as such.

_____ I understand that if I have any questions or concerns regarding any court ordered monitoring device, I shall contact the Device Officer immediately.

_____ I understand that payment for these additional monitoring services is a factor in determining phase-up eligibility.

Participant Signature: _____

Date: _____

Probation Officer Signature: _____

Date: _____



Participant Handbook

Occupational Driver's License Request Form

Appendix R

REQUEST FOR OCCUPATIONAL DRIVER'S LICENSE

MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



Participant Name: _____ Date Submitted: _____

Court: Adult Felony Drug Court Transitional Treatment Court DWI Court Phase: _____

Please fill out the information below and submit to your Probation Officer for consideration by the Court.

Driver's License Information:

- I have never held a Texas Driver's License My Texas Driver's License number is: _____ Exp: _____
- My Driver's License was issued by the state of _____ and the number is _____

Suspension Information: Why was your license suspended?

- Driving While Intoxicated Failure to pay child support Driving While License Invalid
- Driving While Intoxicated with Child Passenger Mental or Physical Disability Excessive Traffic Violations
- Other: _____

Have you had 2 or more occupational driver's licenses because of a conviction in the last 10 years? Yes No

Interlock Information:

Are you currently required to maintain an interlock device on each motor vehicle you own or operate? Yes No

If YES, do you currently have the device installed? Yes No (Based on Answer Provide All Information Below ↓)

If Yes, does your device have:

- GPS Modem: Yes No
- Camera: Yes No
- Interlock Company: _____

If NO, how many vehicles are currently owned in your name?

- None Number of Vehicles: _____

If None, do you have access to operate a motor vehicle?

- Personal Vehicles: Yes No
- Employer Issued Vehicles: Yes No
- Personal Business Owned Vehicles Yes No

Why do you believe you need an occupational driver's license?

Where and when do you need to drive?

The above information is true and accurate to the best of my knowledge. I understand this is a court document and carries penalties for falsifying information.

Participant Signature: _____

Date: _____