

# STATE OF MICHIGAN



58<sup>TH</sup> DISTRICT COURT PROBATION & COMMUNITY CORRECTIONS  
414 Washington Ave, Rm G020, Grand Haven, MI 49417 (616) 846-8280  
85 W 8<sup>th</sup> Street, Holland, MI 49423 (616) 355-4313  
3100 Port Sheldon Rd, Hudsonville, MI 49426 (616) 662-3100

## PARTICIPANT WAIVER AND AGREEMENT

NAME:

CASE NUMBER:

1. As a condition of my sentence to the 58th District Court Sobriety Treatment Program (STP), I agree to the terms set forth in this agreement.
2. I have entered a guilty plea. As a condition of the plea agreement, I am being sentenced to participate in the STP. I understand that it's a 24-month treatment program. I agree to participate in the program for 24 months without a request for an early discharge from probation.
3. I understand that upon entering my plea of guilty, an abstract will be sent to the Secretary of State and my driver's license will be suspended/revoked according to the penalty imposed for this charge, subject to the possibility that the Court may issue a restricted license as allowed by statute.
4. I agree to complete diagnostic evaluations and participate in treatment programs as ordered by the Court. I agree to abide by the treatment agency's participant contract, including rules of confidentiality. I further agree to pay all program fees as directed. Treatment will also involve required attendance at 12-step meetings or similar recovery programs.
5. The Court, probation department supervisors, case managers, field supervision officers, prosecutor, law enforcement, public defender, and treatment representatives, will be informed of my involvement in counseling, alcohol and/or drug use testing results, and my overall progress in the program. I will, therefore, consent to a full disclosure of all records, reports and test results compiled by individuals involved in my treatment. I understand that visitors who wish to learn about the program may be present during Staffing and Review Sessions. I further understand that each visitor will sign a confidentiality agreement. I waive rules of privilege and confidentiality as to those persons. I agree that the staffing sessions that take place prior to my review hearing may take place in private without my presence. I agree to waive any right to be present at those staffing sessions or to have them take place on the record in open court. I consent to the reference of my participation in the STP in my public court file. I understand that program data, including my personal information, may be used for evaluations.
6. I agree to appear in court on all scheduled court dates and to attend all appointments scheduled through my case manager. I understand that I must report to my case manager, and that my case manager or any other court or police officer, may make unscheduled home visits. Further, I understand that I may be subject to search without the requirement of probable cause or a search warrant.

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7. I agree not to use or possess alcohol. I understand that many products other than alcoholic beverages contain alcohol and are not to be used. I further agree that unless otherwise expressly approved by the Court, that I will live in an alcohol-free environment. I agree to abide with Probation Department's Drug and Alcohol testing policy.

8. I agree I will not use, possess or associate with persons who use or possess any illegal controlled substance or illegal drug, such as marihuana, heroin, cocaine, methamphetamine, or any chemical substitutes. I will not use or possess any drugs without prescription. I agree to waive any right to use marihuana for medical purposes and waive any rights or immunities created by the Medical Marihuana Act. I will disclose all current prescription medications and any prescriptions obtained by me while on probation. I agree to use all prescriptions only as directed by my physician or psychiatrist and with the consent of the probation officer. I agree to advise all treating physicians of my participation in the STP prior to receiving any type of treatment. I agree to ask all treating physicians for a letter confirming that I have disclosed my addiction problem, my participation in the STP and of my request to seek non-narcotic medications. I agree not to use over the counter medications that are prohibited by the court which may result in a false positive drug or alcohol test. I understand that failure to abide by these conditions may jeopardize my continued participation in the program.

9. I agree to be tested for the presence of drugs and alcohol as often as requested by the STP Judge, case manager, or treatment provider. I agree to be tested and to provide valid drug or alcohol tests and will not use substances designed to mask drug or alcohol use, or otherwise engage in deception in the testing process. Testing may be accomplished by a preliminary breath test, urinalysis, or other method selected by the case manager. I understand that if I fail to participate in a test, it will be presumed that I have used a forbidden substance since my last test.

10. I understand that home visits are part of the monitoring program. I waive my right against reasonable searches and seizures as a condition of probation.

11. I understand that my continued participation in the STP is solely at the discretion of the STP Judge. Violations of this agreement, program participation conditions, probation order, or any other conditions required by my case manager, and or STP Judge, may result in an increase of the intensity of treatment options and/or sanctions, up to termination from the program. Sanctions include, but are not limited to, increased supervision, community service, revocation of probation, and jail. I also understand that if I am participating in the STP because of a referral by another circuit or district court, that I may also be subject to the terms and conditions of the probation order of that court in addition to the terms of the STP agreement. I further understand that my unsuccessful discharge from the STP may result in a revocation of probation by the referring court.

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12. I understand that I have the right to dispute any factual allegations of violations of the terms of this agreement. I also understand that I have the right to written notification of details of the alleged violation, a right to a hearing before the Judge where these violations must be proven. I further understand that I have the right to hire an attorney to represent me at any hearing and the right to request a court appointed attorney who will be appointed if I cannot afford one as the sanction might involve jail or suspended jail time. I also understand that sanctions for violations of the STP rules or the probation order may be imposed by the Court with or without a formal probation violation hearing, but subject to the rights indicated above.

I have carefully read all the terms and conditions of this agreement. I have done this in the presence of an attorney (or having waived my right to the presence of an attorney) and have had an opportunity to ask any questions that I might have regarding the agreement. I have also had the opportunity to ask the Judge or case manager any questions about the program. By signing this agreement, I certify that I fully understand all of the terms and conditions detailed in this agreement and agree to abide by each of the conditions.

Defendant \_\_\_\_\_ Date \_\_\_\_\_

Defense Attorney \_\_\_\_\_ Date \_\_\_\_\_

Judge \_\_\_\_\_ Date \_\_\_\_\_