

GLENN A. GRANT, J.A.D.
Acting Administrative Director of the Courts

Richard J. Hughes Justice Complex • P.O. Box 037 • Trenton, NJ 08625-0037

njcourts.gov • Tel: 609-376-3000 • Fax: 609-376-3002

Directive #14-20

Questions or comments may
be directed to
(609) 815-2900 ext. 55316

To: Assignment Judges
Trial Court Administrators

From: Glenn A. Grant, J.A.D. *GAG by DB*

Subject: Drug Court — State of New Jersey Adult Drug Court Program
Participation Agreement

Date: May 5, 2020

This directive promulgates the *State of New Jersey Adult Drug Court Program Participation Agreement*, as approved by the Judicial Council. The content of the form, which has been in use for several years, advises the drug court client about the expectations of participation in the drug court program. In most cases, the agreement form will be completed at the time of a client's plea agreement in the presence of the defense attorney and the judge.

Questions regarding this form may be directed to Donna Westhoven, Statewide Drug Court Manager via email at Donna.Westhoven@njcourts.gov or by telephone at 609-815-2900 ext. 55316.

Attachments (Form – English and Spanish Versions)

cc: Chief Justice Stuart Rabner
Criminal Presiding Judges
Drug Court Judges
Steven D. Bonville, Chief of Staff
AOC Directors and Assistant Directors
Special Assistants to the Administrative Director
Criminal Division Managers and Assistants
Probation Division Managers and Assistants
Donna Westhoven, Statewide Drug Court Manager
Marcia Matthews, Assistant Drug Court Manager

State of New Jersey

VS

Vicinage

Promis/Gavel Number

Date of Birth

SBI Number

**Adult Drug Court Program
Participation Agreement**

I understand that I have been accepted to participate in the State of New Jersey Drug Court Program. As a condition of participation, I will be required to enter a guilty plea and a sentence will be imposed. I will be under the supervision of the Drug Court Judge and the Probation Division. I will be required to enter into and successfully complete drug treatment as directed. I further understand that if I am terminated from the program, I may be sentenced in accordance with the plea agreement or, if there is no plea agreement, in accordance with the allowable sentence authorized by law. I understand that I must consent to the following:

1. I agree to cooperate in all evaluations and assessments required by the court to determine appropriate substance abuse treatment and/or rehabilitative needs. I understand that compliance with treatment recommendations is mandatory.
2. I agree to cooperate with the Drug Court Program, probation staff and the treatment providers. I will keep all scheduled court appearances and appointments.
3. I agree to sign all waivers necessary to release information to monitor my progress in the Drug Court Program and to evaluate the treatment aims of this program. I further agree to sign releases which will allow the Drug Court team to review diagnostic and treatment information.
4. I agree that I will not use or possess any alcohol or illegal drugs at any time. I agree to submit to random urine testing. I understand that the results obtained will be used to assist the courts and treatment providers in evaluating my progress. Test results may be used by the Drug Court team to see if I am progressing satisfactorily, if my treatment plan needs modification, if intermediate sanctions should be imposed or if I should be terminated or graduate from the Drug Court Program.
5. I agree to participate in the Drug Court Program until successfully discharged from all phases of the program including in-patient and out-patient treatment.
6. I agree to participate in any educational treatment, or rehabilitation program ordered by the Drug Court Program.
7. I agree to abide by the rules and regulations of probation supervision and any special conditions ordered by the court. I understand that I will be under probationary supervision for term not to exceed five (5) years.
8. I agree to inform the Drug Court Program, probation officer and treatment provider of any new arrests.
9. I agree that I may be subject, at any time, to a search conducted by a probation officer, without a warrant, of my person, place of residence, vehicle or other personal property.

10. I agree that my participation in the Drug Court Program may be terminated if I fail to make satisfactory progress toward completion of the program.
11. I agree that my participation in the Drug Court Program may be terminated if I am rearrested, test positive for drugs or alcohol or fail to meet any of my court ordered obligations. I further understand that the court can impose sanctions, including county jail time, rather than terminate my participation in the program. I understand that sanctions may be increased and may include termination from the program.
12. I understand that I may be charged with violation of N.J.S.A. 2C:36-10, "Defrauding the Administration of a Drug Test" if I knowingly attempt to defraud a drug test or possess any item designed to defraud a drug test.
13. I understand that I have a right to an attorney during court proceedings, which shall include plea, sentence, and any violation which could lead to termination of participation in the Drug Court Program. If I am unable to afford an attorney, I may be eligible for Public Defender representation. I further understand that if I have any questions concerning the Drug Court Program, I should discuss them with my attorney.

14. Other

I am represented by counsel and have been advised of the consequences of non-compliance as well as the potential rewards for successful participation in the State of New Jersey Drug Court Program. I have either read these conditions, reviewed them with my attorney, or had them read to me. I understand and consent to the terms of this contract. Having been so advised I knowingly and voluntarily agree to participate in the State of New Jersey Drug Court Program.

Participant

Date

Defense Counsel

Date

Drug Court Judge

Date

State of New Jersey
El estado de Nueva Jersey

VS
contra

Vicinage

Vecindad de

Promis/Gavel Number

Número de Promis/Gavel

Date of Birth

Fecha de Nacimiento

SBI Number

Número del Buró Estatal de Identificación (SBI)

Adult Drug Court Program
Participation Agreement

Acuerdo de Participación en el Programa del
Tribunal de Drogas para Adultos (Spanish)

I understand that I have been accepted to participate in the State of New Jersey Drug Court Program. As a condition of participation, I will be required to enter a guilty plea and a sentence will be imposed. I will be under the supervision of the Drug Court Judge and the Probation Division. I will be required to enter into, and successfully complete drug treatment as directed. I further understand that if I am terminated from the program, I may be sentenced in accordance with the plea agreement or, if there is no plea agreement, in accordance with the allowable sentence authorized by law. I understand that I must consent to the following:

Entiendo que he sido aceptado para participar en el Programa del Tribunal de [Tratamiento de] Drogas del Estado de Nueva Jersey. Como condición de mi participación, me exigirán que me declare culpable y se me impondrá una condena. Estaré bajo la supervisión del Juez del Tribunal de Drogas y de la División de Libertad a Prueba. Se requerirá que participe en el tratamiento contra el uso de drogas y que lo complete con éxito según se me indique. También entiendo que si ponen fin a mi participación en el programa, la condena que puedo recibir será de acuerdo con el convenio declaratorio para admitir culpabilidad o, si no hay un convenio para mi declaración de culpabilidad, será de acuerdo con la condena permitida autorizada por la ley. Entiendo que tengo que dar mi consentimiento a lo siguiente:

1. I agree to cooperate in all evaluations and assessments required by the court to determine appropriate substance abuse treatment and/or rehabilitative needs. I understand that compliance with treatment recommendations is mandatory.

Estoy de acuerdo en cooperar con todo tipo de evaluación exigido por el tribunal para determinar el tratamiento apropiado para el abuso de sustancias y/o las necesidades de rehabilitación. Entiendo que es obligatorio cumplir con las recomendaciones del tratamiento.

2. I agree to cooperate with the Drug Court Program, probation staff and the treatment providers. I will keep all scheduled court appearances and appointments.

Estoy de acuerdo en cooperar con el Programa del Tribunal de Drogas, con el personal del programa de libertad a prueba y con los proveedores de tratamiento. Asistiré a todas las citas y comparencias programadas ante el tribunal.

3. I agree to sign all waivers necessary to release information to monitor my progress in the Drug Court Program and to evaluate the treatment aims of this program. I further agree to sign releases which will allow the Drug Court team to review diagnostic and treatment information.

Estoy de acuerdo en firmar todas las renunciaciones necesarias para la divulgación de información para que se vigile mi progreso en el Programa del Tribunal de Drogas y para evaluar las metas de tratamiento de este programa. También estoy de acuerdo en firmar autorizaciones para la divulgación de los documentos que permitirán que el Tribunal de Drogas revise la información sobre el diagnóstico y tratamiento.

Original: Court

El original para el Tribunal

Copy: Defendant, Probation Officer, Prosecutor, Defense Attorney

Copia para el acusado, el agente de Libertad a Prueba, el Fiscal, el Abogado Defensor

Published 05/2020, CN 10981-Spanish

Publicado el 05/2020, CN 10981-Spanish

4. I agree that I will not use or possess any alcohol or illegal drugs at any time. I agree to submit to random urine testing. I understand that the results obtained will be used to assist the courts and treatment providers in evaluating my progress. Test results may be used by the Drug Court team to see if I am progressing satisfactorily, if my treatment plan needs modification, if intermediate sanctions should be imposed or if I should be terminated or graduate from the Drug Court Program.

Estoy de acuerdo en que no usaré ni poseeré ninguna bebida alcohólica ni drogas ilegales en ningún momento. Estoy de acuerdo en someterme a pruebas de orina al azar para detectar el uso de drogas. Entiendo que los resultados obtenidos se usarán para ayudar a los tribunales y a los proveedores de tratamiento a evaluar mi progreso. Los resultados de las pruebas pueden ser usados por el equipo del Tribunal de Drogas para ver si progreso de modo satisfactorio, si es necesario que se modifique mi plan de tratamiento, si se deben imponer sanciones intermedias o si deben poner fin a mi participación o graduarme del Programa del Tribunal de Drogas.

5. I agree to participate in the Drug Court Program until successfully discharged from all phases of the program including in-patient and out-patient treatment.

Estoy de acuerdo en participar en el Programa del Tribunal de Drogas hasta que me den de alta con éxito de todas las fases del programa, incluso del tratamiento como paciente interno y externo.

6. I agree to participate in any educational treatment, or rehabilitation program ordered by the Drug Court Program.

Estoy de acuerdo en participar en cualquier tratamiento educativo o programa de rehabilitación ordenado por el Programa del Tribunal de Drogas.

7. I agree to abide by the rules and regulations of probation supervision and any special conditions ordered by the court. I understand that I will be under probationary supervision for term not to exceed five (5) years.

Estoy de acuerdo en cumplir con las normas y reglamentos de la supervisión de la libertad a prueba y con todas las condiciones especiales ordenada por el tribunal. Entiendo que estaré bajo la supervisión del programa de libertad a prueba por un período que no sobrepase de cinco (5) años.

8. I agree to inform the Drug Court Program, probation officer and treatment provider of any new arrests.

Estoy de acuerdo en informar al Programa del Tribunal de Drogas, al agente de libertad a prueba y al proveedor de tratamiento de cualquier arresto nuevo.

9. I agree that I may be subject, at any time, to a search conducted by a probation officer, without a warrant, of my person, place of residence, vehicle or other personal property.

Estoy de acuerdo en que un agente del programa de libertad a prueba puede llevar a cabo en cualquier momento, sin una orden judicial, un registro de mi persona, lugar de residencia, vehículo o cualquier otra propiedad personal.

10. I agree that my participation in the Drug Court Program may be terminated if I fail to make satisfactory progress toward completion of the program.

Estoy de acuerdo en que pueden dar por terminada mi participación en el Programa del Tribunal de Drogas si mi progreso para completar el programa no es satisfactorio.

11. I agree that my participation in the Drug Court Program may be terminated if I am rearrested, test positive for drugs or alcohol or fail to meet any of my court ordered obligations. I further understand that the court can impose sanctions, including county jail time, rather than terminate my participation in the program. I understand that sanctions may be increased and may include termination from the program.

Estoy de acuerdo en que pueden dar fin a mi participación en el Programa del Tribunal de Drogas si me vuelven a arrestar, si el resultado de la prueba para detectar el uso de drogas o alcohol es positivo o si no cumplo con cualquiera de mis obligaciones ordenadas por el tribunal. También entiendo que el juez puede imponer sanciones, incluso cumplir tiempo en la cárcel del condado en lugar de dar por terminada mi participación en el programa. Entiendo que las sanciones se pueden aumentar y pueden incluir la rescisión del programa.

12. I understand that I may be charged with violation of N.J.S.A. 2C:36-10, "Defrauding the Administration of a Drug Test" if I knowingly attempt to defraud a drug test or possess any item designed to defraud a drug test.

Entiendo que me pueden acusar de haber cometido una infracción de la ley N.J.S.A. 2C:36-10, "Cometer un engaño en la administración de una prueba de detección de drogas" si a sabiendas engaño haciendo trampa en la prueba de detección de drogas o si poseo algún artículo concebido para engañar en la prueba de detección de drogas.

13. I understand that I have a right to an attorney during court proceedings, which shall include plea, sentence, and any violation which could lead to termination of participation in the Drug Court Program. If I am unable to afford an attorney, I may be eligible for Public Defender representation. I further understand that if I have any questions concerning the Drug Court Program, I should discuss them with my attorney.

Entiendo que tengo derecho a un abogado durante los procedimientos en el tribunal, los cuales incluirán la admisión de culpabilidad, la condena y cualquier incumplimiento que pudiera llevar a finalizar mi participación en el Programa del Tribunal de Drogas. Si no tengo los medios para pagar un abogado, puede que reúna los requisitos para ser representado por un Abogado de Oficio. También entiendo que si tengo preguntas relacionadas con el Programa del Tribunal de Drogas, debo hablar sobre ellas con mi abogado.

14. Other

Otro

I am represented by counsel and have been advised of the consequences of non-compliance as well as the potential rewards for successful participation in the State of New Jersey Drug Court Program. I have either read these conditions, reviewed them with my attorney, or had them read to me. I understand and consent to the terms of this contract. Having been so advised I knowingly and voluntarily agree to participate in the State of New Jersey Drug Court Program.

Me representa un abogado y me han informado sobre las consecuencias de no cumplir con lo establecido, así como las posibles recompensas por participar con éxito en el Programa del Tribunal de Drogas del Estado de Nueva Jersey. Estas condiciones o bien las he leído, las he repasado con mi abogado, o me las han leído. Entiendo y doy mi consentimiento a las condiciones de este contrato. Después de haber sido así asesorado, a sabiendas y voluntariamente acepto participar en el Programa del Tribunal de Drogas del Estado de Nueva Jersey.

Participant/Participante

Date/Fecha

Defense Counsel/Abogado(a) defensor(a)

Date/Fecha

Drug Court Judge/Juez del Tribunal de drogas

Date/Fecha