

# Chester County Court of Common Pleas Veterans Court Program



Partners in Recovery 2010

## PARTICIPANT HANDBOOK

January 22, 2021



### MISSION STATEMENT

The mission of Chester County Veterans Court is to provide treatment, compassion, hope, and assistance to justice involved veterans by utilizing a problem solving approach. This approach includes collaborative treatment strategies for veterans who suffer from Traumatic Brain Injury (TBI), Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), psychological and/or substance use disorders. By identifying and treating the trauma that impacts veterans and their families, long after their service has ended, our goal is restore veterans to their military values and increase community safety.

The Veterans Court program was established in 2010. The program offers a pretrial diversion or post-conviction track. The pretrial diversion track offers successful participants the opportunity to have their charges expunged. The post-conviction track offers successful participants the opportunity to mitigate their exposure at sentencing. Eligible applicants can elect to participate in the program or proceed with the traditional court process. This program has been effective in rehabilitating participants and decreasing the need for incarceration. The program is a collaborative effort among the Court, District Attorney's Office, Public Defender's Office, The U.S. Department of Veteran Affairs, The Chester County Department of Veteran Affairs, The Department of Drug & Alcohol and the Adult Probation, Parole & Pretrial Services Department.

Participation in this program is an opportunity and a privilege. You are being provided access to treatment, resources and subject matter experts. All of these people and their resources will help you along your journey to recovery.

# TABLE OF CONTENTS

Welcome .....	Page 2
Overview .....	Page 3
The Veterans Court Team .....	Page 5
Program Components .....	Page 6
Treatment .....	Page 6
Judicial Reviews.....	Page 7
Courtroom Etiquette and Dress Code .....	Page 8
Attendance.....	Page 9
Phases of Drug Court .....	Page 9, 10
The Rules.....	Page 11
Release of Information & Confidentiality .....	Page 11
Testing.....	Page 12, 13
Banned Products .....	Page 14, 15
Incentives or Rewards .....	Page 16
Sanctions .....	Page 17
Education, Vocation & Employment Programs .....	Page 18
Termination from Drug Court.....	Page 19
Graduation .....	Page 20
Veterans Court Phone Numbers.....	Page 21
Severe Weather Information.....	Page 21

## **Forms**

Rules and Conditions for Veterans Court .....	Page 23-26
Veterans Court Alcohol & Drug Testing .....	Page 27, 28
Alcohol Abstinence Contract .....	Page 29, 30
Treatment Court Prescription Card.....	Page 31
Community Service Log.....	Page 32, 33
AA/NA Log .....	Page 34, 35
AA/NA Observations Log.....	Page 36, 37
Employment Search Verification Form .....	Page 38
Veterans Court Petitions & Relapse Plan.....	Page 39-44



## WELCOME



Welcome to the Chester County Veterans Court Program! This *Handbook* is designed to:



Inform you about Veterans Court



Answer your questions

As a participant, you are expected to be open, honest and truthful. You must follow all directions given in Court by the Veterans Court Judge, follow all terms and conditions of your supervision, and comply with the treatment plan developed for you. While in Veterans Court, your Probation Officer and treatment providers will be working closely with you and with each other. They will also promptly report all of your progress or any problems to the Veterans Court Judge.

This *Handbook* details what is expected of you as a participant and it reviews general program information. If you are reading this handbook, it means that you have been accepted into Veterans Court. It also means that we are confident that Veterans Court will help you learn how to make successful choices as you grow in your recovery.

## OVERVIEW

### *What is Veterans Court?*

Veterans Court is a specialized program within the Chester County Court of Common Pleas. It is a court-supervised treatment program for participants who are military veterans struggling with substance use disorders, mental illness, PTSD, TBI, MST or other stressors. Veterans Court is a voluntary program that includes regular court appearances before the Veterans Court Judge. If a VTC/ARD participant successfully completes the program, they are eligible to have all their current charges expunged. If a post-conviction participant successfully completes the program, they will have received a reduced sentence and possibly avoided a prison sentence.

Veterans Court involves frequent court appearances, random drug testing as well as substance abuse, mental health, PTSD, MST or TBI treatment. The Court awards incentives for compliant behavior and imposes sanctions for negative behavior. Participants who do not comply with the rules may be placed in short-term custody, moved back to the previous phase or be subject to a variety of other sanctions. Depending on the severity of the violation, a participant may also be terminated from the program. All of the staff working with Veterans Court will assist you to be sure you understand what is expected of you.

### *What is a Treatment Plan?*

To be accepted into Veterans Court, you are required to follow a Treatment Plan. This begins with an evaluation and will require all or some of the following:

- ✓ **Outpatient Treatment**
- ✓ **Intensive Outpatient Treatment**
- ✓ **Partial Hospitalization Treatment**
- ✓ **Inpatient/Residential Treatment**
- ✓ **Halfway House or Transitional Housing Placement**
- ✓ **Self Help/Sober Support Activities (12 step Meetings)**
- ✓ **Pro Social Activities**

### *How long will I be in the program?*

In general, ARD participants will be in the program for a minimum of 12 months; post-conviction participants will be in the program for a minimum of 24-months. However, you may stay in the program longer depending upon how well you progress. The program has 4 phases; you must be in compliance with the requirements of Veterans Court and must remain clean for 90 days in order to move to each new phase.



# *What's in it for me?*



## **Expungement of your charges**

If you're a MHC/ARD participant and successfully complete all of the conditions of the Veterans Court Program, you will be eligible to have all the current charges expunged from your record. If you're a post-conviction participant, you will receive a mitigated sentence and possibly avoided a prison sentence.



## **A Second Chance**

This program offers you the chance to move forward in your life with a new outlook and new skills.



## **A Healthy Lifestyle**

This program will help you take control of your life in many ways and is designed to help you cope and live with PTSD, TBI, MST or mental illness. In addition, you will learn how to be clean and sober and how to:

- ✓ **Be Honest**
- ✓ **Reduce Stress**
- ✓ **Rebuild Family Relationships**
- ✓ **Become Fully Employed**
- ✓ **Be a Productive Member of the Community**

Your probation officer will also help you with other areas of your life according to your individual needs. This may include referrals for these and other needs:

- ✓ **Skills Testing & Educational Assessment**
- ✓ **Job Training & Job-readiness Training**
- ✓ **Educational/Vocational Programs**
- ✓ **Job Placement Services**
- ✓ **Family Counseling**
- ✓ **Life Skills Classes**
- ✓ **Public Assistance/Medicaid**
- ✓ **Cognitive Behavioral Therapy**
- ✓ **Treatment for Traumatic Life Experiences**

## THE VEVERANS COURT TEAM

*All of the people associated with the Veterans Court Team want to see you succeed.*

The Veterans Court Team consists of the following members:

- ▶ The Judge
- ▶ District Attorney
- ▶ Public Defender
- ▶ Treatment Court Coordinator
- ▶ Probation Officers
- ▶ Pretrial Officers
- ▶ Veterans Justice Outreach Coordinator
- ▶ The U.S. Department of Veterans Affairs
- ▶ Chester County Department of Veteran Affairs
- ▶ Department of Drug & Alcohol
- ▶ Treatment Providers



Prior to court sessions, the Veterans Court team members familiarize themselves with your progress so that they can discuss that progress with you during the Court session. They work together to provide a variety of programs and consistent supervision geared toward supporting and helping you maintain a substance-free lifestyle and / or how to live with a mental illness, PTSD, TBI or MST.

On the following pages you will find the steps involved in the program and information about some of the resources that you will need to use in order to succeed. If you take advantage of the assistance the team offers, you will discover how to make a better life for yourself.

Our Veterans Court Team stresses accountability and reasonability combined with compassion and understanding.



## PROGRAM COMPONENTS

To successfully complete the program, you are required to be involved in several activities which will benefit and sustain your recovery. As a participant in Veterans Court, you will be required to:

- Engage in substance use treatment & mental health treatment (if required)
- Attend frequent court sessions as required
- Meet with your Probation Officer
- Submit to random urinalysis screenings
- Have home visits by your Probation Officer
- Participate in self-help/sober support actives and/or pro-social activities
- Obtain employment and/or attend school
- Obtain your high school diploma or GED
- Pay court fines and restitution (if applicable)
- Submit yourself, your residence, and your car to search
- Pay treatment cost



## TREATMENT

Prior to your admission into Veterans Court, you were assessed for your substance use and mental health needs. As a participant you are required to comply with all treatment recommendations. You will assist treatment providers with the development of a realistic treatment plan. This plan will act as a guide for your treatment while in the program.

If you are a veteran who is rated at 50%-100% service connected disability, you do not need to pay for treatment services at the VA. If you are a veteran that is below 50%, you will have a copay, unless the VA determines that you are indigent. If you decide to attend a county contracted treatment provider, and have the ability to pay for treatment and/or have insurance that covers treatment, then you will be required to pay for your treatment. If you qualify, there may be times when the Chester County Department of Drug & Alcohol Services may pay for your treatment. Any fees you may have associated with treatment services (i.e. copays) may be based on a sliding scale. Requests for assistance may be made to your treatment provider if you have difficulty with the cost of the co-pay/client fee (Abatement). If Chester County Department of Department of Mental Health & Intellectual Difficulties or Drug & Alcohol Services funding is used for the payment of treatment services, and you have no medical insurance, you must apply for medical assistance. Your treatment provider can assist you with this process.



## JUDICIAL REVIEWS

You will be required to appear before the Veterans Court Judge on a regular basis. The Judge will be given progress reports regarding your drug test results, attendance, participation and cooperation in your treatment program. Your employment and/or other requirements that may have been imposed will also be discussed. These reports will come from your Probation Officer, mental health counselor, substance use therapists and/or other the members of the team support programs with which you are working (such as vocational specialists, family advocates, etc.).



The Veterans Court Judge will ask you about your progress and discuss any problems you may be having. If you are doing well you may be rewarded with reduced program requirements or, at times, other incentives like gift cards. If your progress shows that you are not doing well, the Judge will discuss this with you and determine future action, which could include a sanction in order to help you remember your goals in the program. Sanctions can be anything from increased program requirements to jail custody.

The frequency of your reviews depends upon the phase of the program you are currently in and your compliance with requirements. Unless good cause is shown, failure to appear may result in a warrant being issued for your arrest and detention in jail until you can appear before the court. If you have questions about your court appearances speak with your Probation Officer.

## COURTROOM ETIQUETTE AND DRESS CODE

When you speak to the Judge, say "Your Honor." You will need to dress for court as follows:



Men must wear a collared shirt. Women must dress modestly and are not permitted to wear low-cut tops or mini-skirts.



No gum.



No tank tops, muscle shirts, crop-tops, or shirts with obscene words or pictures.



No clothes with language or pictures advocating tobacco, alcohol or drug use.



No sagging (i.e., pants that hang below the waist).



No unbuttoned shirts.



No shorts, even in the summertime.



No hats, caps or bandanas, no sunglasses unless approved by a doctor.



No gang attire or colors of any kind.



No phones or electronic devices may be used in the courtroom.



If a participant wears any banned clothing to the courtroom, they may be sent home and it may be counted as a court absence and appropriate sanctions may be imposed.

**All cellphones and electronic devices must be completely turned off and put away (in a purse or back pocket). Failure to comply with this rule may result in the phone/device being confiscated.**

## ATTENDANCE

**You are required to arrive on time  
for all Court sessions**

As a participant, you are required to attend ***all*** of your scheduled treatment sessions, probation appointments, all of your other appointments, and all of your scheduled court dates.



You are required to be on time for all appointments. If you have an emergency, you should call to inform your Probation Officer, counselor, etc. of your situation. If you are late, you may not be allowed to attend and may be considered absent and face sanctions.

Your treatment schedule will vary according to your needs and progress. It is your responsibility to both schedule all needed appointments and to arrive on time for them.

## PHASES OF VETERANS COURT

Veterans Court is a four-phase program that, depending on your track, lasts a minimum of one or two years. The total program length is based upon individual progress. Each phase consists of specific treatment goals, activities and requirements that you must meet before moving to the next phase. The Phases are explained in detail on the following pages.

Remember, while there are certain things you must complete, your ability to move along in the program and graduate will depend mostly on your own actions. If you are not honest and truthful, if you miss appointments, ignore other requirements, or fail to remain drug and/or alcohol free, your time in the program could be longer, or you could be terminated from the program. If an ARD participant is terminated from Veterans Court they will face prosecution on their original charges. If a post-conviction participant is terminated, they will face a Violation of Probation and resentencing on their charges.

A participant must successfully complete each phase before transitioning to the next phase. Each phase has a key concept or focus.

PHASE ONE	
Key Concept:	<b>Recovery and Responsibility to Self</b>
Length of phase:	At least 90 days ARD or 180 days post-conviction
Requirements:	Report to PO weekly; Court attendance every 2 weeks; random urine tests; MH and/or D&A treatment; regular attendance at self-help sobriety meetings (if recommended); start seeking employment, vocation training, or prosocial activities or be enrolled as a student.

<b>PHASE TWO</b>	
Key Concept:	<b>Maintenance of Recovery and Responsibility to Others</b>
Length of phase:	At least 90 days ARD or 180 days post-conviction
Requirements:	Report to PO every other week; Court attendance every 4 weeks; random urine tests; MH and/or D&A Treatment; regular attendance at self-help sobriety meetings (if recommended); obtain employment; vocational training; prosocial activities or enrolled as a student; actively paying restitution, court fees or treatment costs.

<b>PHASE THREE</b>	
Key Concept:	<b>Reinforce a Clean, Sober and safe lifestyle</b>
Length of phase:	At least 90 days ARD or 180 days post-conviction
Requirements:	Report to PO monthly; Court attendance every 4 to 6 weeks; random urine tests; follow treatment plan; regular attendance at self-help sobriety group meetings (if recommended); maintain fulltime employment, vocational training, or other approved use of time; actively paying restitution, court fees or treatment costs; complete Phase 3 Project

<b>PHASE FOUR</b>	
Key Concept:	<b>Self-sufficiency/Relapse Prevention</b>
Length of phase:	At least 90 days ARD or 180 days post-conviction
Requirements:	Report to PO as directed; Court attendance only if required by the Judge; random urine tests; regular attendance at self-help sobriety groups (if recommended); maintain fulltime employment, vocational training, or other approved use of time.

To advance Phases you must have at least 90 days of clean drug & alcohol tests.

## THE RULES

As a participant you will be required to abide by the rules outlined in the Veterans Court Rules & Regulations, including, but not limited to the following:

1. Totally abstain from the use of drugs and alcohol.
2. Inform your treating physicians that you may not take narcotic or addictive medications.
3. You must **IMMEDIATELY** report all arrests or contact with any law enforcement officer to your probation/parole officer (PO) the same day of the contact. If it is after hours, you must leave a voicemail message for your supervising officer.
4. Attend court sessions and treatment sessions as scheduled, submit to random drug testing, remain clean and sober and law abiding.
5. Do not associate with people who use or possess drugs or be in areas known to have drug activity.
6. Do not possess any weapons, or live where weapons are kept, while in the program.
7. Keep the Veterans Court team, staff, and treatment providers informed of your current address and phone number at all times.
8. As a condition of participation in Veterans Court, your person, property, place of residence, car or personal effects may be searched upon reasonable suspicion that you have or are violating the terms and conditions of the program. Failure to comply will result in further Court proceedings.
9. Dress appropriately for court and treatment sessions.
10. Abide by all other rules and regulations imposed by the Veterans Court team and as listed in the Chester County Treatment Court Rules and Regulations.

## RELEASE OF INFORMATION & CONFIDENTIALITY

All members of the Veterans Court Team must be able to communicate about your progress in the program. Upon entry into the program, you will be required to sign Releases so that the Veterans Court team has access to information relevant to your treatment. You must also sign additional Releases as needed to arrange further treatment, counseling or support service referrals. The disclosure of information is for the sole purpose of hearings and reports concerning your specific case.



State and Federal laws require that your privacy be protected. In response to these regulations, Veterans Court, VTC staff and treatment providers have developed policies and procedures that guard your privacy.

## TESTING

You will be drug & alcohol tested randomly throughout the entire Veterans Court Program. Participants will be assigned Personal Identification Number (PIN) and required to test at Averhealth.



- ➡ You must call the testing hotline telephone number 979-459-7252 **OR** login to [my.averhealth.com](http://my.averhealth.com) every day between the hours of 6:00 AM and 5:00 PM. On Saturdays, Sunday, holidays or other non-business days you must call between the hours of 6:00 AM and 12:00 PM to determine if you need to report for testing that day.
- ➡ When you call testing hotline, you will be prompted to enter your PIN. A recorded message will inform your PIN has been selected for testing.
- ➡ Upon finding that your PIN has been selected for testing, you must report the same day to Averhealth, located at 27 South Church St. West Chester, PA 19382 and submit to a test.
- ➡ Monday-Friday you must report for testing between the hours of 10:30AM and 6:30PM.
- ➡ **On Saturdays, Sundays, holidays and non-business days, you must report for testing between the hours of 10:30AM and 1:30PM.**
- ➡ When you report, you must be prepared to provide a urine sample while being observed by an Averhealth testing technician.
- ➡ You may be required to give other samples in addition to those required by the Random Drug Testing System.
- ➡ Your sanction for missing a random test is generally as follows:

First overall missed random: **Warning and not included in the matrix below and no phase extension.** All subsequent missed random tests will be addressed according to the sanction matrix below:

Missed Offense Number	Jail Sanction	Phase Extension
1	24 hours	90 days
2	72 hours	90 days
3	1 week	90 days
4	1 week or list for removal	90 days (if not removed)

### Lapsing Missed Random Tests

After each 4 month period wherein a participant does not miss a random drug test, a previous missed random will “lapse” and be forgiven. (For example, a participant who is sanctioned for their 3<sup>rd</sup> missed random in November 2019 and does not miss a random for the next 4 months and then misses a random urine screen in April 2020 will again be facing a sanction for the 3<sup>rd</sup> missed random.)

- ➡ If you fail to appear for your required random test, you **MUST** report the next business day to your Probation Officer.
- ➡ Diluting or attempting to adulterate a urine sample is counted as a positive.
- ➡ Positive Creatinine Tests: You will receive one warning about providing a positive creatinine sample. Any subsequent diluted, adulterated, or positive creatinine test will be considered as a positive test for Treatment Court purposes and will be subject to sanctions plus a 90-day phase extension.

An insufficient amount of urine provided or the inability to provide a drug test may be considered a missed test.

If you attempt to submit a fake urine sample you may be sanctioned, removed from Veterans Court and / or prosecuted for a misdemeanor of the third degree under subsection 7509 of the Crimes Code “Furnishing a Drug-Free Urine.”



## BANNED PRODUCTS

**The following medications are not allowed in the program:**

Barbiturates such as Phenobarbital, Seconal, Nembutal, etc.

Narcotic pain medication such as Percocet, Hydrocodone, Oxycontin, Vicodin, Tylenol III, etc.

Benzodiazepines such as Ativan, Valium, Xanax, Klonopin, etc.

Muscle Relaxers such as Flexoril

Sleep Aids such as Ambien, Lunesta, or Soma

Stimulants such as Adderall, Ritalin, or Vyvanse

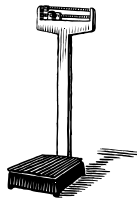
Synthetic pain medication such as Tramadol, Ultram, or Ultracet



**You must obtain permission from a treatment court officer before taking any prescribed medications, including over the counter medications and/or dietary supplements.**

Weight loss aids are prohibited.

**NO POPPY SEEDS!**



Salvia, K2, synthetic marijuana, Bath Salts, morning glory seeds, Kratom, DMX, kombucha, CBD products, hemp products or any other mood altering or hallucinogenic substance is strictly prohibited.

**When visiting a doctor or an emergency room, you must notify any and all doctors that you have a substance use disorder. Your probation officer will give you a Treatment Court Prescription card and will request that prescription medication be non-narcotic. You will notify your PO when you seek medical treatment.**

# NO ALCOHOL!



You will be tested for alcohol. The use of alcohol-containing products is prohibited.

It is **YOUR** responsibility to limit your exposure to the products and substances listed below that contain ethyl alcohol.

It is **YOUR** responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products **BEFORE** you use them.

***Use of the products detailed below in violation of this contract will NOT be allowed as an excuse for a positive test result. When in doubt, don't use, consume or apply.***

**Cough syrups and other liquid medications**

**Non-Alcoholic Beer and Wine**

**Food and Other Ingestible Products that contain ethyl alcohol**

**Mouthwash and Breath Strips**

**Hand sanitizers**

**Hygiene Products that contain ethyl alcohol**

**Solvents and Lacquers**

**Oils/topical cream**

**Terpenes**

**E-Cigarettes that contain alcohol**





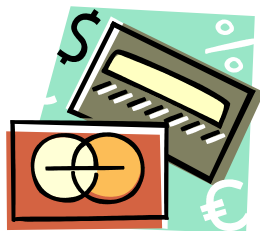
## INCENTIVES OR REWARDS



Participants may be given rewards or incentives for compliant behavior while participating in Veterans Court Common rewards are:

- ★ In court praise, encouragement, applause
- ★ Certificates of achievement
- ★ Reduce frequency of Judicial Reviews
- ★ Decreased reporting to probation officer
- ★ Promotion to next phase
- ★ Gift cards
- ★ Bus passes
- ★ A seat in the jury box during Judicial Reviews
- ★ Being addressed by the Judge earlier during Judicial Reviews
- ★ Recovery related inspirational books

Participants are reminded that it is not the monetary value of the reward that matters but rather what the reward symbolizes, which is a period of success.



## SANCTIONS

You may wonder how you will be held accountable. If you do not do what is required by Veterans Court, this is what may happen:



- Warning from the Judge
- Reading/Writing assignments
- Letter of apology to the Court
- Increase in drug testing or reporting to PO
- Fee for missed treatment session
- Imposition of a curfew
- Community Service
- Electronic Home Monitoring
- Demotion to previous Phase, or delay in eligibility for moving to the next Phase
- Jail for afternoon, day, weekend, week, etc.
- Termination from Veterans Court

The sanctions for non-compliant behavior are imposed to instill a sense of responsibility for one's actions.

**Remember...**  
**Your actions speak louder than words!**

## EDUCATION, VOCATION & EMPLOYMENT PROGRAMS

An important step in learning to live with PTSD, TBI, MST, mental illness or a substance use disorder is developing self-sufficiency and becoming a productive and responsible member of your community.

During Phase 1 of the program, your PO will discuss opportunities for educational and vocational programs with you. Participants in Veterans Court have different needs and interests. Your plan will be developed to meet your own needs and interests; the purpose is to build a plan that will develop your education, employment capabilities and life skills.

Your plan may include any of these areas:

**Life Skills:** perhaps you need help creating a budget to manage your living expenses or to pay back loans or maybe you need to learn how to problem-solve to make better decisions or how to be a better parent. We can provide help or make referrals to other agencies in these and other areas where you feel you could use more information.

**Vocational:** Training can help you find a job in many fields.

**Employment:** Training can assist with finding and keeping a meaningful/sustaining full-time job.

**CBT:** Thinking for a Change (T4C) or Moving-On



# TERMINATION FROM MENTAL HEALTH COURT

Violations of any aspect of Veterans Court may result in being terminated from the program.

Violations which MAY result in sanctions or termination are:

- Dishonesty
- Positive or adulterated urine sample
- Failure to submit urine sample
- Unexcused absence from treatment
- Failure to follow Court rules
- Willful failure to pay fees, as ordered
- Failure to attend Judicial Reviews without just cause
- Failure to report to PO
- Failure to comply with treatment plan
- Driving with a suspended license
- Traffic violations
- Failure to report **any** contact with police
- Disrespectful behavior towards anyone associated with Veterans Court
- Unsuccessful discharge from treatment
- Missing a 4<sup>th</sup> random drug test



Violations which WILL result in termination are:

- Possession or delivery of drugs at Justice Center or treatment site
- Violent or abusive behavior at treatment site, program site, Justice Center, or other place of contact or participation
- New criminal charges that are held at a preliminary hearing
- Failure to comply with directives given by the Court
- Absconding from supervision

*You will not be asked to be an informant in this program. You will not be expected or be encouraged to discuss any information concerning anyone's behavior or progress except your own.*

*Veterans Court is a voluntary program. You are free to withdraw from the Program at any time; however, an ARD participant will then have their cases relisted for trial and criminal prosecution. A post-conviction participant will then have their case scheduled for a Violation Hearing and face resentencing on their charges.*

# GRADUATION

Graduation is a time to celebrate your accomplishments which required your commitment, perseverance and hard work.

You will be able to invite your family and friends to join you at your Graduation Ceremony.

The requirements for Graduation are:

- ✓ **Drug tests-** for the last 3 months of the Veterans Court program, the participant must have all negative drug tests.
- ✓ **Treatment-** the participant will have successfully completed all treatment goals, and will have established an approved prevention plan.
- ✓ **Employment-** the participant will be employed or be involved in an approved productive daily activity for at least the last 3 months of the program.
- ✓ **Housing-** for the last 3 months of the program, the participant will reside at an approved residence.
- ✓ **Financial obligation-** the participant will have all costs, supervision fees, restitution and treatment costs up to date with their payment plan.
- ✓ **Special conditions-** the participant will have completed all special conditions of the program.
- ✓ **New arrests-** the participant will not be arrested for any new criminal charges that result in a conviction.

ARD Participants: At your Graduation Ceremony, the Judge will sign orders to expunge your current charges. If you were in the program for a DUI offense, it will still be counted as a 1<sup>st</sup> offense DUI for future DUI arrests.

Post-Conviction participants: At your Graduation Ceremony, you may be discharged from court supervision, or your supervision may be reduced.





## VETERANS COURT PHONE NUMBERS

Adult Probation & Parole 610-344-6290  
1-800-692-1100 x6290

Veterans Court Coordinator 610-344-4302  
Bill Kelly [wkelly@chesco.org](mailto:wkelly@chesco.org)

Veterans Court Probation & Parole Specialist  
Nicci Snow 610-344-5280  
[nsnow@chesco.org](mailto:nsnow@chesco.org)

U.S. Department of Veteran Affairs 610-384-7711  
Diana Zinnie [diana.zinnie@va.gov](mailto:diana.zinnie@va.gov)

Chester County Department of Veteran Affairs  
Lisa Luckenbach 610-344-6204  
[lluckenbach@chesco.org](mailto:lluckenbach@chesco.org)

Public Defender 610-344-6940

Treatment Provider \_\_\_\_\_



**Averhealth Testing Number: 979-459-7252 OR  
login to [my.averhealth.com](https://my.averhealth.com)**

My Personal Identification Number (PIN): \_\_\_\_\_

During severe weather conditions, the County and treatment providers may have modified operating hours.

- To determine if the County is closed, opening on a delay, or closing early, visit [www.chesco.org](https://www.chesco.org) or call 610-344-6000 or 1-800-692-1100. The County updates the phone numbers and website by 6:30am.
- To determine your specific treatment provider's schedule, please contact them directly. The treatment providers do not always have the same modifications as the County.

# FORMS





## **Chester County Court of Common Pleas** **Rules and Conditions Governing the Treatment Court Program**

*Chester County Adult Probation & Parole Department*  
*201 West Market Street, Suite 2100 West Chester, PA 19380*  
*610-344-6290*

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You have been accepted as a participant into the Chester County Treatment Court Program by the Chester County Court of Common Pleas. You agree to participate in the Chester County Treatment Court Program for a period of time specified by the court. You are therefore, placed under the supervision of this office and must comply with the following rules and conditions. Failure to comply will result in further Court proceedings.

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I will abide by the following rules and conditions and my specific case plan, unless otherwise ordered:

1. As a participant of Treatment Court, I agree to engage in any education, treatment, or rehabilitation program ordered by the court. I will abide by any additional terms as indicated by the court, and will complete any treatment program to the satisfaction of the court
2. I will comply with all Municipal, County, State and Federal Laws, Ordinances, Court Orders and conduct myself as a good citizen. I will **IMMEDIATELY** report all arrests or contact with any law enforcement officer to my probation/parole officer (PO) the same day as the contact. If it is after hours, I will leave a message for my supervising officer.
3. I will report as directed to my PO. I will abide by any directives given to me by my PO. The responsibility to report falls upon me. I will make all court appearances as ordered by the court. I will make all treatment appointments as required by my treatment provider(s) and/or any other program provider(s). I understand that I am not permitted to cancel treatment sessions and/or reschedule treatment sessions unless in the case of a documented and verifiable emergency. If I have an emergency, I will call to inform my PO, counselor, etc. and advise them of the situation. The right to be excused from treatment can only be given by my PO after consulting with my therapist. If I am late to a treatment appointment, I may not be allowed to attend and may be considered absent and face sanction(s).
4. I acknowledge that in consideration of being accepted into the Treatment Court Program I am subject to the warrantless search of my person, property, vehicle or residence and the seizure and appropriate disposal of any contraband found, if it is reasonably suspected that I am in violation of the terms and/or conditions of the Treatment Court Program.
5. I will sign all releases necessary to further my treatment and supervision goals, including, but not limited to, permission to review diagnostic and treatment information. I will pay all costs associated with evaluations and treatment.
6. I will obtain advance written permission from my PO before leaving the Commonwealth of Pennsylvania. I understand that I am not permitted to travel outside Pennsylvania while in Phase One of the treatment court program. I understand that I am not permitted to travel while I owe restitution. Permission to travel will only be granted once all restitution owed is paid in full and I am in compliance with my payment plan.
7. I will obtain permission from my PO prior to making any change in my residence and/or employment. I will permit my PO to visit my residence, on a scheduled or unscheduled basis. I will maintain employment unless engaged in a specific program approved by the court. I will obtain permission from my PO prior to quitting my job or program. In the event that I lose my job or am terminated from a program, I will immediately notify my PO. I understand the court may also order attendance for employment counseling, G.E.D. classes/testing, and/or further education as part of the program.

8. I will not use or have in my possession any illegal drugs and/or controlled substances. I will inform any treating physician of my involvement in the Treatment Court Program and will request that prescription medication be non-narcotic. I will notify my PO when I seek medical treatment. I will not consume poppy seeds or any food products containing poppy seeds. I will not consume CBD, diet pills or any weight loss medications. **I will obtain permission from a treatment court probation officer before taking any medications, including over the counter medications and/or supplements.**
9. I understand that I cannot consume or, have in my possession, any alcoholic beverages. I agree to avoid all alcohol containing products including but not limited to alcohol in foods, hygiene products, over the counter medications or other products (e.g. communion wine, vanilla extract, mouthwash containing alcohol, Nyquil, cough syrups, hand sanitizer). I understand that use of any of these products will not excuse a positive urine alcohol test and will be considered a violation of this contract. (Please refer to the Urine Abstinence Testing Contract for further detail). Use of SCRAM (Secure Continuous Remote Alcohol Monitor) may also be ordered as a treatment tool in treatment court. The associated cost will be assessed on a sliding scale.
10. I understand that I am required to submit to random urinalysis, chemical or other type of testing as a program requirement. I understand all testing shall be witnessed by a drug testing technician from Averhealth or from the Adult Probation & Parole Department. My PO has informed me that I am required to call the Averhealth Testing Line seven days a week to learn if I must report for testing. If the results of a urinalysis test are disputed, I have the option of sending that test to an independent Laboratory for analysis. I have been informed this laboratory test will cost me \$50.00; payable at the time the request is made. If the test is confirmed positive, I may face additional sanctions by the Court. If the test result is negative, I may choose to have the fee reimbursed or applied to my fines and costs.
11. I understand I may be sanctioned for providing diluted, adulterated, or substituted test specimens. If I attempt to submit a fake or adulterated urine sample, I may be prosecuted for a misdemeanor of the third degree (18 Pa. C.S. § 7509).
12. I will not possess, purchase, receive, sell or transport any firearms (handguns, shotguns, or rifles), imitation (look-alike) firearms, ammunition, explosive devices or any other deadly weapons. I am not permitted to live at any residence where firearms and/or deadly weapons are present.
13. I understand that I cannot drive a motor vehicle without a valid driver's license. If I do, I may face sanctions and removal from the program.
14. I understand that I must support my dependents, if any, and assume toward them all my moral and legal obligations related to them. I will associate only with law-abiding persons and will refrain from frequenting unlawful or disreputable places.
15. I will always be forthcoming, truthful, and accurate in any written or verbal statement that I make to any member of the Adult Probation & Parole Department, treatment court team, and the Treatment Court Judge.
16. I will refrain from behavior which threatens or presents a danger to myself or others. I will not annoy or harass any victim of my crime or any witnesses and will not procure anyone else to do so.
17. I will make monthly payments toward fines, costs, and/or restitution, including administrative fees and supervision fees, as directed by the Court and according to my payment plan. I understand that if, for a valid reason, I am unable to make a full scheduled payment, I can stay in compliance by making a partial payment. I am advised that a civil judgment has been placed against me until such time as I have paid in full.
18. I understand that I may be eligible to have supervision fees waived, reduced or deferred if I meet certain eligibility requirements, and that I must submit a written request (Form available from probation officer or on website).

19. I have been advised that I may enter into a Wage Agreement in order to have money automatically deducted from my paycheck and applied towards my fines, costs and / or restitution.
20. I understand that if I should fail to comply or complete any terms or conditions of the Treatment Court Program or I am removed from the program, the charges will not be dismissed and the case will be re-listed for trial after I receive all applicable procedural due process rights.
21. I understand that if I comply with the terms of this contract and complete the Treatment Court Program to the satisfaction of the Court, the criminal charges listed under this case number(s) may be dismissed.
22. I agree that if I test positive for illegal drugs or alcohol or program prohibited drugs or banned products, fail to appear in court as directed, fail to abide by this contract or violate any condition imposed during the program, the court can impose sanctions within the Treatment Court Program rather than terminate my involvement. These sanctions include but are not limited to the following:
- verbal reprimands
  - modifications of treatment plan
  - imposition of a curfew
  - attend additional court sessions
  - community service
  - electronic home monitoring and/or SCRAM
  - incarceration
  - issuance of a bench warrant
  - termination from the program

23. Special Conditions: \_\_\_\_\_  
\_\_\_\_\_

Initials: Client \_\_\_\_\_ PO \_\_\_\_\_

**I understand that I will be under the legal supervision of the Court until completion, removal or withdrawal from the Treatment Court Program. I understand that if I violate any of the term and/or condition of my supervision that the Chester County Adult Probation & Parole Department has the authority to arrest and detain me and to make recommendations to the Court which may result in the revocation of my bail and commitment to prison.**

**Grievance Procedure:** All offender grievances must be submitted in writing to:  
Director of Adult Probation and Parole, 201 W. Market Street Suite 2100, PO Box 2746, West Chester, PA 19380-0989. A staff person not directly involved with your case will review the grievance and will provide a written response within ten business days of receipt.

**ACKNOWLEDGEMENT OF PROBATIONER/PAROLEE**

I have read, or have had read to me the terms and conditions of my probation/parole. I fully understand them and agree to abide by and strictly follow them, and I fully understand the penalties involved should I violate them in any manner.

Signature of Officer:

PO#:

Signature of Defendant:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assigned Probation Officer:

PO#:

Term Number(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TREATMENT COURT**  
**ALCOHOL & DRUG TESTING**

The Treatment Court Program utilizes a **Random Drug Testing System**. The system operates as follows:

1. Participants in Treatment Court will be assigned a pin number.
2. You will call the testing hotline telephone number **979-459-7257 OR login to my.averhelath.com** every day, between the hours of 6:00 a.m. and 5:00 p.m. On Saturdays, Sundays, holidays or other non-business days, you must call between the hours of 6:00 a.m. and 12:00 p.m.
3. When you call the testing hotline, you will be told whether your designated pin number has been selected for testing.
4. Upon finding that your pin number has been selected for testing, you must report the same day to Averhealth, located at 27 South Church Street West Chester, PA 19382 and submit to a test.
5. **Monday – Friday you must report for testing between the hours of 10:30 a.m. - 6:30 p.m.**
6. **On Saturdays, Sundays, holidays, and other non-business days you must report between the hours of 10:30 a.m. - 1:30 p.m.**
7. Failure to appear for testing or failure to submit a sample will be considered as a positive test for Treatment Court purposes.
8. You may be required to give other samples in addition to those required by the Random Drug Testing System.
9. Your sanction for missing a random test is as follows:

First overall missed random: **Warning and not included in the matrix below, no phase extension.** All subsequent missed random tests will be addressed according to the sanction matrix below.

<b>Missed Offense Number</b>	<b>Jail Sanction</b>	<b>Phase Extension</b>
1	24 hours	90 days
2	72 hours	90 days
3	1 week	90 days
4	1 week or list for removal	90 days (if not removed)

Lapsing Missed Random Tests

After each 4 month period wherein a participant does not miss a random drug test, a previous missed random will “lapse” and be forgiven. (For example, a participant who is sanctioned for their 3<sup>rd</sup> missed random in November 2019 and does not miss a random for the next 4 months and then misses a random urine screen in April 2020 will again be facing a sanction for the 3<sup>rd</sup> missed random.)

Positive Creatinine Tests:

You will receive one warning about providing a positive creatinine sample. Any subsequent diluted, adulterated, or positive creatinine test will be considered as a positive test for Treatment Court purposes and will be subject to sanction plus a 90 day phase extension.

10. Your pin number: \_\_\_\_\_.



I understand that Treatment Court is a voluntary program and that I may withdraw my participation at any time. I have read the above notice and understand that I must comply with the testing requirements described herein to remain in the Treatment Court Program. I understand that I will be subject to sanctions for failing to comply with random testing requirements. After a full review of this document, I wish to enter or continue participation in the Drug Court program.

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Signature

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Date

## URINE ABSTINENCE TESTING AND INCIDENTAL ALCOHOL EXPOSURE CONTRACT

### Treatment Court Participants

Recent advances in the science of alcohol detection in urine have greatly increased the ability to detect even trace amounts of alcohol consumption. In addition, these tests are capable of detecting alcohol ingestion for significantly longer periods of time after a drinking episode. Because these tests are sensitive, in rare circumstances, exposure to non-beverage alcohol sources can result in detectable levels of alcohol (or its breakdown products). In order to preserve the integrity of the Treatment Court testing program, it has become necessary for us to restrict and advise Treatment Court participants regarding the use of certain alcohol-containing products.

It is **YOUR** responsibility to limit your exposure to the products and substances detailed below that contain ethyl alcohol.

It is **YOUR** responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products **BEFORE** you use them.

*Use of the products detailed below in violation of this contract will NOT be allowed as an excuse for a positive test result. When in doubt, don't use, consume or apply.*

**Cough syrups and other liquid medications:** Treatment Court participants have always been prohibited from using alcohol containing cough/cold syrups, such as Nyquil®. Other cough syrup brands and numerous other liquid medications, rely upon ethyl alcohol as a solvent. Treatment Court participants are required to read product labels carefully to determine if they contain ethyl alcohol (ethanol). All prescription and over-the-counter medications must be reviewed with your Probation Officer before use. Information on the composition of prescription medications should be available upon request from your pharmacist. Non-alcohol containing cough and cold remedies are readily available at most pharmacies and major retail stores.

**Non-Alcoholic Beer and Wine:** Although legally considered non-alcoholic, NA beers (e.g. O'Douls®, Sharps®) do contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed. Treatment Court participants are **not** permitted to ingest NA beer or NA wine.

**Food and Other Ingestible Products:** There are numerous other consumable products that contain ethyl alcohol that could result in a positive test for alcohol. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts (such as Ginko Biloba), could result in a positive screen for alcohol or its breakdown products. Communion wine, food cooked with wine, and flambé dishes (alcohol poured over a food and ignited such as cherries jubilee, baked Alaska) must be avoided. Read labels carefully on any liquid herbal or homeopathic remedy and do not ingest without approval from your PO.

**Mouthwash and Breath Strips:** Most mouthwashes (Listermint®, Cepacol®, etc.) and other breath cleansing products contain ethyl alcohol. The use of mouthwashes containing ethyl alcohol can produce a positive test result. Treatment Court participants are required to read product labels and educate themselves as to whether a mouthwash product contains ethyl alcohol. Use of ethyl alcohol-containing mouthwashes and breath strips by Treatment Court participants is not permitted. Non-alcohol mouthwashes are readily available and are an acceptable alternative. If you have questions about a particular product, bring it in to discuss with your PO.

**Hand sanitizers:** Hand sanitizers (e.g. Purell®, Germex®, etc.) and other antiseptic gels and foams used to disinfect hands contain up to 70% ethyl alcohol. Excessive, unnecessary or repeated use of these products could result in a positive urine test. Hand washing with soap and water are just as effective for killing germs.

**Hygiene Products:** Aftershaves and colognes, hair sprays and mousse, astringents, insecticides (bug sprays such as Off®) and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol (or its breakdown products) excessive, unnecessary or repeated use of these products could affect test results. Participants must use such products sparingly to avoid reaching detection levels. Just as the court requires Treatment Court participants to regulate their fluid intake to avoid dilute urine samples, it is likewise incumbent upon each participant to limit their use of topically applied (on the skin) products containing ethyl alcohol.

**Solvents and Lacquers:** Many solvents, lacquers and surface preparation products used in industry, construction, and the home, contain ethyl alcohol. Both excessive inhalation of vapors, and topical exposure to such products, can potentially cause a positive test result for alcohol. As with the products noted above, Treatment Court participants must educate themselves as to the ingredients in the products they are using. There are alternatives to nearly any item containing ethyl alcohol. Frequency of use and duration of exposure to such products should be kept to a minimum. A positive test result will not be excused by reference to use of an alcohol-based solvent. If you are in employment where contact with such products cannot be avoided, *you need to discuss this with your PO.* Do not wait for a positive test result to do so.

***Remember! When in doubt, don't use, consume or apply.***

**I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES:**

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**Participant Signature**

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**Date**

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**PO Initials**

### **TREATMENT COURT PRESCRIPTION CARD**

The bearer of this card is a current participant in Chester County Veterans Court. As you know, a Substance Use Disorder is a chronic, progressive disorder characterized by a tendency toward relapse. For this reason we are very concerned about the prescribed use of any controlled substance. While these medications certainly have legitimate indications, we are dealing with individuals in treatment court who have demonstrated a pathologic pattern of usage, loss of control, & have experienced adverse social and/or legal consequences as the result of the use of addictive drugs. We ask, therefore, that you kindly consider alternative medications wherever possible. If in your best clinical judgment the use of a controlled substance is necessary, please order the smallest quantity for the shortest duration of time with no refills & kindly complete the information below. Please be advised that participants are required to promptly notify the Court of any medications that they have been prescribed. If you have any questions, please contact

\_\_\_\_\_, Probation Officer.

Doctor Telephone Number

\_\_\_\_\_  
Prescription(s)

Chester County Treatment Court  
201 West Market Street  
Suite 2100  
West Chester, PA 19380-0991  
(610) 644-6290

**COMMUNITY SERVICE REFERRAL**

CLIENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

OFFENSE \_\_\_\_\_ SENTENCE \_\_\_\_\_

TOTAL HOURS TO COMPLETE \_\_\_\_ BY \_\_\_\_\_

JUDGE \_\_\_\_\_

P.O. \_\_\_\_\_ TEL. # (610) 344-\_\_\_\_\_

COMMUNITY SERVICE CENTER/FACILITY: \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TEL.# \_\_\_\_ CONTACT PERSON \_\_\_\_\_

**TIME LOG: TO BE COMPLETED BY CENTER/FACILITY AUTHORIZED PERSONNEL**

DATE	NO. OF HOURS	AUTHORIZED SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TIME LOG** (Continued)[illegible]

Please return when completed to:

Chester County Adult Probation/Parole & Pretrial Services  
201 West Market Street Suite 2100  
West Chester, PA 19380-0989

Contact the Probation Officer at (610) 344-6290 if you have any questions or problems.

**A.A./N.A. VERIFICATION SHEET**

CLIENT'S NAME \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

P.O. \_\_\_\_\_ TELEPHONE # 610-344-6290

SPONSOR \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

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**TO BE COMPLETED BY SPONSOR OR MEETING LEADER**

DATE	NO. OF HOURS	AUTHORIZED SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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**MEETING LOG** (Continued)

[illegible]

Please return when completed to:

Chester County Adult Probation/Parole & Pretrial Services  
201 West Market Street, Suite 2100  
West Chester, PA 19380-0898

Contact the Probation Officer at (610) 344-6290 if you have any questions or problems.

## AA/NA Observations

Name: \_\_\_\_\_

AA/NA attendance is an integral part of this program and is mandatory for all participants with a history of substance abuse or addiction. Immediately following the meeting, fill out each section completely (not just one or two words). Return to your Probation Officer when it is completed. Remember to get the chairperson to sign your AA/NA Log at the end of each meeting.

Date: \_\_\_\_\_ Speaker(s): \_\_\_\_\_

Topic: \_\_\_\_\_

What I learned from this meeting:

What I dislike at this meeting:

What I contributed to this meeting:

Date: \_\_\_\_\_ Speaker(s): \_\_\_\_\_

Topic: \_\_\_\_\_

What I learned from this meeting:

What I dislike at this meeting:

What I contributed to this meeting:

Date: \_\_\_\_\_ Speaker(s): \_\_\_\_\_

Topic: \_\_\_\_\_

What I learned from this meeting:

What I dislike at this meeting:

What I contributed to this meeting:

Date: \_\_\_\_\_ Speaker(s): \_\_\_\_\_

Topic: \_\_\_\_\_

What I learned from this meeting:

What I dislike at this meeting:

What I contributed to this meeting:

Employment Search Verification Sheet

Client Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Probation Officer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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<u>Employer Name</u>	<u>City Location</u>	<u>Phone Number</u>	<u>Date Application Submitted</u>
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1)	_____	_____	_____
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2)	_____	_____	_____
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3)	_____	_____	_____
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4)	_____	_____	_____
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5)	_____	_____	_____
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6)	_____	_____	_____
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7)	_____	_____	_____
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8)	_____	_____	_____
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9)	_____	_____	_____
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10)	_____	_____	_____
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11)	_____	_____	_____
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12)	_____	_____	_____
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13)	_____	_____	_____
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14)	_____	_____	_____
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15)	_____	_____	_____
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\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**VETERANS COURT PETITION  
PHASE I TO PHASE II**

I, \_\_\_\_\_, hereby petition the Chester County Veterans Court Program to move from **Phase 1 to Phase 2** for the following reasons:

1. My sobriety date is \_\_\_\_\_, I have maintained \_\_\_\_\_ days of sobriety.
2. I have complied with my treatment at \_\_\_\_\_ (agency).
3. I am participating in 12 step meetings \_\_\_\_\_ times per week which has been verified by Chester County Treatment Court staff and recommended by my treatment provider.
4. I have completed a relapse prevention plan, which is attached to this document. I have reviewed this plan with my treatment provider \_\_\_\_\_, and Chester County Veterans Court staff.
5. If appropriate, I am involved in employment, or enrollment in school or other vocational training described below:
  
6. If appropriate, I am involved in a prosocial activity that is suitable to my treatment plan as described below:
  
7. Attach a sheet that tells about the most important thing you have learned during Phase I.

Signed by Participant \_\_\_\_\_

Veterans Court Officer \_\_\_\_\_

Date signed \_\_\_\_\_

**ATTACH: Relapse Prevention Plan**

**VETERANS COURT PETITION  
PHASE II TO PHASE III**

I, \_\_\_\_\_, hereby petition the Chester County Veterans Court Program to move from **Phase 2 to Phase 3** for the following reasons:

1. My sobriety date is \_\_\_\_\_, I have maintained \_\_\_\_\_ days of sobriety.
2. I have complied with my treatment at \_\_\_\_\_ (agency) or I have completed all formal treatment at \_\_\_\_\_ and have made a successful transition into aftercare at \_\_\_\_\_.
3. I am participating in 12 step meetings \_\_\_\_\_ times per week which has been verified by Chester County Treatment Court staff and recommended by my treatment provider.
4. I have obtained a sponsor.
5. I have revised my relapse prevention plan, which is attached to this document. I have reviewed this plan with my treatment provider \_\_\_\_\_, and Chester County Treatment Court staff.
6. If appropriate, I am involved in employment, or enrollment in school or other vocational training described below:
7. I am involved in a prosocial activity that is suitable to my treatment plan as described below:
8. I have begun and am current in my payments towards court costs and restitution (if applicable) of \$ \_\_\_\_\_ per month and will have all of my financial obligations paid in full on \_\_\_\_\_ (date).
9. Attach a sheet that tells about the most important thing you have learned during Phase 2.

Signed by Participant \_\_\_\_\_

Veterans Court Officer \_\_\_\_\_

Date signed \_\_\_\_\_

**ATTACH: Relapse Prevention Plan**

**VETERANS COURT PETITION  
PHASE III TO PHASE IV**

I, \_\_\_\_\_, hereby petition the Chester County Veterans Court Program to move from **Phase 3 to Phase 4** for the following reasons:

1. My sobriety date is \_\_\_\_\_; I have maintained \_\_\_\_ days of sobriety.
2. I have completed all formal treatment at \_\_\_\_\_ and have made a successful transition into aftercare at \_\_\_\_\_. I have paid all treatment costs in full.
3. I am participating in 12 step meetings \_\_\_\_ times per week which has been verified by Chester County Treatment Court staff and recommended by my treatment provider.
4. I have a sponsor
5. I have revised my relapse prevention plan, which is attached to this document. I have reviewed this plan with my treatment provider \_\_\_\_\_, and Chester County Treatment Court staff.
6. I am involved in employment, or enrollment in school or other vocational training described below:
7. I am involved in a prosocial activity that is suitable to my treatment plan as described below:
8. I am in a stable residence that has been approved Veterans Court Staff.
9. All fines, costs and restitution were paid in full on \_\_\_\_\_ (date).
10. Attach a sheet that tells about the most important thing you have learned during Phase 3.
11. I have completed my Phase 3 Project described below:

Signed by Participant \_\_\_\_\_

Veterans Court Officer \_\_\_\_\_

Date signed \_\_\_\_\_

**ATTACH: Relapse Prevention Plan**

**VETERANS COURT PETITION  
PHASE IV TO COMMENCEMENT**

I, \_\_\_\_\_, hereby petition the Chester County Veterans Court Program to move from **Phase 4 to COMMENCEMENT** for the following reasons:

1. My sobriety date is \_\_\_\_\_; I have maintained \_\_\_\_\_ days of sobriety.
2. I have completed all formal treatment at \_\_\_\_\_.
3. I continue to attend 12 step meetings and maintain contact with my sponsor.
4. I have revised my relapse prevention plan, which is attached to this document. I have reviewed this plan with Chester County Treatment Court staff.
5. I am involved in employment, or enrollment in school or other vocational training described below:
6. I am involved in a prosocial activity that is suitable with my Recovery.
7. I am in a stable residence that has been approved by Treatment Court Staff.
8. All fines, costs and restitution were paid in full on \_\_\_\_\_ (date).
9. I completed the Drug Court Exit Survey Yes
10. I have had not been arrested or cited by police.

Signed by Participant \_\_\_\_\_

Veterans Court Officer \_\_\_\_\_

Date signed \_\_\_\_\_

**ATTACH: Relapse Prevention Plan and Financial Obligations Sheet**



## My Relapse Prevention Plan

Date:

**Name three people you can talk to if you have the craving to use drugs/alcohol.**

Name: Phone:

Name: Phone:

Name: Phone:

Now, talk to these people ahead of time – as soon as possible – and make sure you can call them when you need to! Your healthy future may depend on it.

**What three things can you do instead of using?**

First Choice:

Second Choice:

Third Choice:

**Name three ways you can reward yourself  
For not using:**

First Choice:

Second Choice:

Third Choice:

**Write down three things that are triggers, and write down what you can do to take your mind off each of the triggers, or what you can do to keep yourself busy so that you do not go out and use.**

Worst Trigger: Preventative Action:

Other Trigger: Preventative Action:

Other Trigger: Preventative Action:

**5. What is your worst fear about getting out and using?**

**6. What is your best reason to live a clean and sober life?**

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Therapist Approval