



Medina Intervention Program (MIP)
Waiver of Rights &
Participant Agreement

Participant's Name: _____

Defense Attorney: _____

Case Number: _____ Charge(s): _____

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Introductory Paragraph

The undersigned individual, hereinafter referred to as "defendant" or "participant", has requested that he/she be admitted to the Medina County Intervention Program (MIP) drug court as a part of a Community Control, Intervention In Lieu of Conviction, and Bond / Pre-Sentence Phase.

The defendant is willing to participate in the Medina Intervention Program (MIP) and understands and agrees to comply with the terms and conditions which follow. The defendant has been provided with a copy of the participant handbook and has had the opportunity to review it the MIP Coordinator.

This defendant is hereby ordered into the Medina Intervention Program and Judge Joyce V. Kimbler will preside over any further court proceedings.

Original to: Medina Clerk of Courts

Copy to: The Adult Probation Department File

SECTION 1: FINDINGS OF THE COURT

To be completed by the drug court coordinator:

- Defendant is starting the drug court program and will begin during the incentive bond phase.**
- Defendant is starting the drug court program while on the Intervention in Lieu of Conviction (ILOC) program.**
- Defendant is starting the drug court program post-conviction.**

The Medina County Court of Common Pleas finds the following criteria to be satisfied by the defendant seeking admission into the Medina Intervention Program. (MIP / Drug Court).

1. The defendant is referred, or court ordered to be screened for the MIP and desires to volunteer to participate in the program as a condition of the court's order.
2. The defendant has been found legally eligible to participate in the MIP by the Medina County Prosecutor's Office.
3. The defendant has met with the drug court coordinator to discuss the requirements and expectations of the MIP and has completed a clinical preliminary screening that has determined the severity of substance use disorders.
4. The defendant has met or agrees to meet with a licensed therapist and completes a comprehensive bio/psycho/social clinical assessment evaluating the defendant for co-occurring mental health and substance use disorders. Diagnoses have been made according to criteria in Diagnostic and Statistical Manual of Mental and Substance Use Disorders, and a level of treatment has been determined accordingly.

Based on the results of the clinical assessment, the defendant has either a substance use disorder or a co-occurring mental health and substance use disorder and therefore qualifies for substance use treatment at the level of care recommended for intensive outpatient treatment and/or residential.

5. The defendant has voluntarily pled guilty to his or her criminal charge(s) and elected to waive his or her right to trial.
6. If ILOC, the defendant enters a change of plea and is determined eligible by the court. The defendant understands that if he or she is convicted of their charge(s) and the case goes to post-conviction, this agreement does not allow the defendant to opt out of the

drug court program, as it is a court order.

7. If at the incentive bond phase, the defendant voluntarily agrees to enter in the MIP as a condition of bond where they will be referred into treatment during the beginning phases of the legal process, while their case is pending disposition.
8. If at post-conviction, the defendant voluntarily agrees to enter in the MIP as a condition of community control supervision.

SECTION 2: ENTRY INTO THE MEDINA INTERVENTION DRUG COURT PROGRAM

Starting the Medina Intervention Program (Drug Court)

I understand I have been accepted to participate in the Medina Intervention Program by Judge Joyce V. Kimbler, and am agreeing to begin the MIP during pre-sentence / bond, change of plea, and / or at the time of sentencing. I understand and agree to the following:

- _____ I voluntarily choose to participate in the MIP incentive bond phase as a condition of my bond and of my own free choice.
- _____ I voluntarily choose to participate in the MIP and ILOC as determined eligible by the court, and as a condition of my community supervision.
- _____ I voluntarily choose to participate in the MIP and post-conviction as determined eligible by the court, and as a condition of my community supervision.
- _____ I have no legal right to enter or participate in the MIP, or to withdraw from the MIP before successfully completing all program requirements. My participation in the MIP may be terminated at any time by the MIP judge.
- _____ I understand that the Participant Agreement will not be official until stated on the record at time of entering the MIP and once the agreement is signed by the defendant, defense attorney, prosecutor and judge. The entry into the MIP then becomes a court condition to complete the program.
- _____ The drug court coordinator will make a recommendation to the judge about my eligibility to enter MIP. Recommendations to remain in the drug court can also be made based on my progress and compliance in the program while on bond and at the time of sentencing.
- _____ I agree to sign an Authorization to Release Information form for the adult probation department for any agency relevant to my case supervision and treatment monitoring. I understand this allows the treatment team to exchange information

including, but not limited to:

- Mental health and substance use assessments/evaluations/recommendations
- Treatment plan and updates
- Progress notes
- General medical records (except HIV/AIDS related diagnosis & treatment)
- Partial hospitalization records
- Discharge summary
- Urinalysis/breathalyzer results
- Medically Assisted Treatment (MAT) evaluations/services

_____ I understand that as a participant of MIP, I am expected to provide a letter given to me by my probation officer to any doctor, surgeon, and/or dentist to make them aware that I am in drug court and have substance use disorder(s) and prior to being prescribed any medication.

_____ I agree to develop a plan with my treatment team to continue to manage my recovery should I need any medical procedures done, including dental work / oral surgery.

_____ I understand that I will be held accountable to comply with several mandatory supervision and treatment requirements. These requirements are designed to help me abstain from alcohol or drug use throughout my recovery program. By entering the MIP, I am agreeing to comply with the following program requirements, which include but are not limited to:

- Frequent, random, and observed drug testing
- Random home visits by probation officer, which may be accompanied by another law enforcement officer
- Report to probation officer as instructed
- Meet with peer recovery support specialist as instructed
- Completed ordered community service
- Make effort to pay court costs/fines/restitution/supervision fees
- Attend all scheduled status review hearings (drug court)
- Participate in recommended substance use treatment programming
- Engage and attend recovery support meetings (as deemed appropriate by treatment team)
- Seek and maintain employment
- Complete GED/Educational/vocational program, if applicable
- Obtain a medical/dental screening
- Attend the “Project Dawn Training - Narcan” prior to graduation
- Engage in pro-social activities

Once I am accepted into the MIP, this agreement shall become effective immediately, and I understand the following:

- _____ My case will be immediately assigned to the MIP probation officer under the Medina County Adult Probation Department.
- _____ I will be referred for treatment to one of the licensed treatment agencies who are a part of the MIP treatment team and I will be expected to comply with all requirements
- _____ My continued participation in MIP is solely at the discretion of the judge. Violations of rules, treatment, and requirements will result in immediate progressive sanctioning and/or termination from the MIP.
- _____ Termination from the MIP may result in the imposition of a sentence, which may include jail or a prison sentence.

These terms and conditions will apply at any point of the legal process upon acceptance into the docket. This includes, incentive bond phase, ILOC, and post-conviction.

SECTION 3: Elements of Agreements

The participant understands by entering in the MIP he/she is waiving certain constitutionally guaranteed rights to which he/she might otherwise be entitled. The participant understands they may not rescind the rights waived once they voluntarily enter the MIP. These rights include, but may not be limited to:

- _____ ***Right to Due Process*** I understand that if I have legal questions about my participation in MIP, legal representation for a formal probation violation, and/or the sanctioning for the probation violation, I will be appointed legal counsel by the treatment team's defense counselor, unless I retain counsel on my own.
- _____ ***Consent to Search:*** I understand that I am waiving my fourth amendment Right to Search and seizure. My probation officer and law enforcement personnel may search my person, property, residence, motor vehicle, or personal effects at any time and place without the requirement of probable cause or a search warrant. They may seize personal property or contraband as evidence in a new violation allegation.
- _____ ***Waiver of Privacy:*** The MIP staff may require that I provide personal information, to include, but not limited to: (1) criminal history; (2) police records; (3) substance abuse and mental health assessments; (4) treatment plans and recommendations; (5) medical records and reports; (6) authorizations for prescription medications; (7) financial information; and (8) documentation of employment and

education.

This information may be discussed in MIP treatment team meetings, in treatment sessions, or in other communications related to my participation in the MIP.

Information will be shared in accordance with 42 CFR Part 2 and HIPAA regulations.

- _____ **Right to Freely Associate:** I agree to waive the right to freely associate with other persons, who, in the sole discretion of the court, might interfere with or impede the recovery of the participant.

SECTION 4 PARTICIPANT AGREEMENT

As a participant in the Medina Intervention Program (MIP), I understand and agree to the following:

- _____ **Release of information:** I will be asked to participate in interviews, evaluations, screenings, and assessments while in the MIP. I understand this information may be shared, and I authorize the release of all related information between parties associated with the MIP. I understand that I may be asked to sign additional releases of information for this information to be shared.
- _____ **No drugs or alcohol:** I am responsible for everything that goes into my body. I agree not to use, possess, consume, or otherwise ingest, anything containing alcohol, controlled substances, or other intoxicating substances unless medically necessary and prescribed by a doctor or psychiatrist.
- _____ **Medical documentation:** I understand that if I am prescribed any narcotic or intoxicating medication by a doctor, dentist, or psychiatrist, it is my responsibility to discuss this with the treatment team, obtain a letter provided to me by my probation officer to have the treating medical clinician fill out the letter indicating they are fully aware that I am diagnosed with a substance use disorder, am on community control, and a participant of drug court before making the decision to prescribed any medications that are not generally allowed while in the program.
- _____ **Drug and alcohol testing:** The MIP will monitor my substance use and I understand that I will be required to submit to random, frequent, and observed drug testing through American Court Services (ACS) and by my treatment provider. I understand that if I fail to submit an alcohol or drug test, tamper or submit an adulterated sample, or provide a dilute specimen, it will result in a positive alcohol or drug test. Such acts will have an appropriate and immediate sanction that will be determined with input from the treatment team, administered by the probation officer via an in-house behavior modification. I understand that the Judge will enforce and use graduated sanctions and has the final discretion on the sanction.

- The MIP uses graduated sanctions and behavior modifications which are enforced by the Judge.
- _____ **Case staffing:** Case staffing is held bi-weekly immediately before each status review hearing. During these staffing's, the MIP treatment team will review my case and discuss my progress or any issues/concerns. The judge and the team will decide if any incentive(s) will be awarded. The judge will be notified of any alleged violations/rule infractions that will be further addressed at the status review hearing. At the status review hearing, the judge is the final decision maker on the sanction.

I understand that I will not be present during the case staffing, however, it is my right to request attendance of defense counsel during the case staffing to protect my legal rights and represent my interest. I understand that I can be represented by the public defense counsel who is a member of the MIP treatment team, or an attorney of my choice at my own expense. All MIP team members agree to keep all information confidential evidenced by the participant signing an authorization to release information form which will represent the entire MIP treatment team.

- _____ **Status Review Hearings:** Status review hearings are held bi-weekly beginning at 10:30 am immediately following case staffing. I understand that I am expected to appear at status review hearings at least twice a month during the initial phase and regularly thereafter per phase requirement or as instructed. I understand that noncompliance in the MIP will be governed by immediate and graduated sanctions. During the hearing my probation officer will make a recommendation which can result in a sanction imposed by the judge, or I may receive an incentive reward, as determined by the MIP team during the case staffing based on my performance in the MIP.
- _____ **Probation violation:** I may be charged with a formal probation violation if there is a pattern of non-compliance with MIP rules, or based on the severity of rule violation. I understand that noncompliance will result in immediate and graduated sanctions. If I am charged with a probation violation, I will have the right to counsel of my choosing, or court-appointed counsel that is a member of the team. The probation violation hearing will be held at the status review hearings in open court and before the judge, treatment team, and other drug court participants. If I am convicted of the probation violation, I will be sentenced by the judge using a sanction from a continuum of sanctions.
- _____ **Graduation:** When I successfully complete the MIP, I will have my probation terminated immediately, but I may still be required to meet with my peer recovery support specialist up to three months after graduation to continue working on my recovery plan, which may include voluntarily attend prosocial events and/or support groups at the Recovery Center of Medina County.

I HAVE READ, AGREE WITH, AND FULLY UNDERSTAND THIS AGREEMENT. I FREELY AND VOLUNTARILY AGREE TO ABIDE BY ALL THE RULES AND CONDITIONS OF THE MEDINA INTERVENTION PROGRAM (DRUG COURT).

Participant

Date

Defense Attorney

Date

Assistant Prosecuting Attorney

Date

Judge Joyce V. Kimbler

Date