**WYANDOTTE COUNTY VETERANS TREATMENT COURT (VTC)**

**CONTRACT**

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

Case #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Offenses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VETERAN RESPONSIBILITIES

1. I agree to enter the VTC, and by doing so I understand that in order to enter the VTC, I must be in a Probation/Post-Imprisonment Supervision Track.
2. I understand that I must follow the rules of the VTC and the directives given to me by the judge, probation officer, and treatment providers. The rules of the program include the following:
3. I must report to court when directed.
4. I must report to my probation officer.
5. I must participate in my treatment program.
6. I must obtain the court’s permission prior to any change in residency.
7. I must abide by the curfew set by the court.
8. I must provide the probation officer with a valid phone number where I can be reached.
9. I must obtain permission from the probation officer, treatment team, and the judge prior to leaving the Kansas City metropolitan area for any reason.
10. I must obtain and maintain employment as directed by the court, and notify the probation officer of any change in employment.
11. I cannot possess, transport, or carry any firearm or other weapon as defined by statute.
12. I must submit to urinalysis or any other drug or alcohol detection test as directed by the court, treatment providers, probation officers, or law enforcement officers.
13. I cannot possess or consume any alcohol, nor can I enter any establishment where alcohol is the primary item for sale.
14. I must inform probation officers and treatment providers of all prescription medications I am currently using, I must provide them with documentation proving that those medications have been lawfully prescribed to me, and I must notify them within 24 hours of any changes in my prescriptions.
15. I cannot knowingly associate with any felon, or anyone possessing or using controlled substances without a prescription.
16. I must abide by all laws.
17. I must allow probation officers and other law enforcement officers designated by the court to enter my residence at any time or to contact me wherever I may be to verify compliance with the above rules.
18. I must complete service hours as directed by the court and probation officers.
19. I understand that the program will last, at a minimum, 12 to 18 months, depending upon the program and my compliance with the above rules.
20. I understand that my conduct and progress in the treatment program will be monitored by and discussed with all other members of the VTC team, and that I have signed a consent form to that effect.
21. I understand that upon completion of VTC treatment, I must attend the scheduled VTC graduation in order to complete the VTC program.
22. I understand that my failure to comply with the above rules and other directives of the VTC, probation officers, and treatment providers may result in the following:
23. Community service.
24. Shock time in jail.
25. More curfew hours.
26. Electronic monitoring.
27. Increased treatment level.
28. Increased time in the VTC.
29. Termination from the VTC.
30. Other sanctions deemed appropriate by the VTC.
31. I understand there are two ways to complete the VTC: graduation or termination.
32. I understand that I may retain counsel of my own choosing to represent me in the underlying criminal case in post-conviction in the Probation/Post-Imprisonment Supervision Track.
33. I understand the appointed defense counsel on the VTC team will only advise me on the VTC itself.
34. I understand that if I am terminated from VTC, anything I have said while participating in the VTC cannot be used against me in the underlying criminal case.
35. I understand that I will be rewarded for my success within VTC, if I am fully compliant with the rules and advanced to another VTC Phase.

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Veteran’s Signature Date

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Defense Counsel’s Signature Date

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ADA’s Signature Date