

The People of the State of Illinois)	
Plaintiff,)	
)	
vs.)	Case No. _____
)	
_____,)	
Defendant,)	
)	
DOB _____)	

5. I agree to remain drug and alcohol free (except for approved prescribed medications) and to submit to random drug testing at the discretion of the Pathway to Recovery Program team or any treatment provider and agree to the disclosure of the results to the program team. I understand that I may be sanctioned for providing diluted, adulterated or substituted test specimens.
6. I agree to appear in court as required. I understand that these court hearings will be open to the public and an observer could connect my identity with the fact that I am in treatment. I consent to this type of disclosure to a third person.
7. I agree to reside in the program service area and to keep the Pathway to Recovery Program team advised of my current address and telephone number, employment status, and any new arrests at all times while in the program.
8. I agree to sign any and all releases of information consenting to the disclosure of information to the Pathway to Recovery Program team. I understand that if I refuse to comply with signing a release when requested, it may be grounds for termination from the Pathway to Recovery Program.
9. I agree to be truthful, cooperative, and respectful with the Pathway to Recovery Program team.
10. I understand that based upon any report (written or oral) of my violation of any rules of the Pathway to Recovery Program, or of this Consent to Participate, the Program Judge may: authorize a warrant for my arrest; impose any sanction, including jail time if ordered by the Judge; adjust my treatment plan; or modify or revoke any conditions of my probation or any conditions of my pretrial or other release. My violation(s) may result in proceedings being initiated seeking my termination from the Pathway to Recovery Program and these proceedings could either be resolved in the Program Court or be referred back to traditional court.
11. I understand that my alcohol, drug and/or mental health treatment records are protected by Part 2 of Title 42 of the Code of Federal Regulations (C.F.R.), and HIPAA; Illinois Mental Health and Developmental Disabilities Confidential Act, 740 ILCS 110 *et seq.*; 45 C.F.R. Parts 160 & 164. I understand that I may revoke this Consent to Participate at any time except to the extent that action has been taken in reliance on it. In any event, this Consent to Participate expires upon the termination of my participation in the Pathway to Recovery Program or the termination of all proceedings with regard to this cause of action as named above.
12. I understand that I may voluntarily withdraw from the Pathway to Recovery Program in accordance with program procedures. I understand that there may be consequences, actual or potential, which will result from my withdrawal.
13. I understand that at the discretion of the Program Judge, for purposes of research and/or education, other persons may be permitted to attend team staffings where communication as to my case will occur.

14. I understand that language help is available and if I need assistance, it is my responsibility to inform the Program Judge that I need help.

I UNDERSTAND THAT THE PATHWAY TO RECOVERY PROGRAM MAY BE AN OPPORTUNITY FOR ME TO AVOID CONVICTION, JAIL, AND/OR PRISON, AND TO HELP ME OBTAIN TREATMENT AND MOVE FORWARD WITH MY LIFE. I ALSO UNDERSTAND THAT ALL MEMBERS OF THE PROGRAM TEAM WANT TO SEE ME SUCCEED AND ARE HERE TO HELP ME.

Name (Print or Type)

Date

Signature

Signature of Interpreter
(where applicable)

Signature of Parent or Guardian
(where applicable)

I HAVE REVIEWED THIS CONSENT TO PARTICIPATE WITH THE DEFENDANT. THE DEFENDANT UNDERSTANDS IT AND VOLUNTARILY AGREES TO PARTICIPATE. I FURTHER UNDERSTAND THAT THE PATHWAY TO RECOVERY PROGRAM TEAM WILL BE DISCUSSING THE DEFENDANT'S COMPLIANCE AND COOPERATION WITH HIS/HER TREATMENT PLAN AND TERMS OF SUPERVISION AT TEAM STAFFINGS AND AT STATUS REVIEW HEARINGS. I ACKNOWLEDGE THAT IF I REMAIN COUNSEL OF RECORD FOR THE DEFENDANT, I WILL APPEAR OR ARRANGE FOR OTHER COUNSEL TO APPEAR AT TEAM STAFFINGS WHEN THE DEFENDANT IS SCHEDULED TO BE STAFFED BY THE PROGRAM TEAM AND ALSO TO APPEAR OR ARRANGE FOR OTHER COUNSEL TO APPEAR WITH THE DEFENDANT AT ALL COURT HEARINGS.

Signature of Public Defender/Defense Counsel

Date

This Consent to Participate is accepted by:

Date

Judge