## IN THE CIRCUIT COURT OF THE

## TWENTY-FOURTH JUDICIAL CIRCUIT COUNTY, ILLINOIS

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

## PATHWAY TO RECOVERY PROGRAM CONSENT TO PARTICIPATE

- 1. I understand that I have no legal right to participate in the Pathway to Recovery Program. I have reviewed this Consent to Participate with my Attorney and I hereby knowingly and voluntarily execute this Consent to Participate which allows me to participate in the Pathway to Recovery Program.
- 2. I agree to participate in and cooperate with any and all treatment recommendations, including, but not exclusively, any mental health or substance abuse assessments and/or treatment recommended by the Pathway to Recovery Program team, which consists of the Judge, Program Coordinator, Prosecutor, Public Defender or Defense Counsel, Program Officer, Treatment Provider(s), and any other personnel designated by the program team or identified by my treatment providers in my treatment plan.
- 3. I understand that it is essential that all members of the Pathway to Recovery Program team, including the Judge, communicate as a team and share information regarding my participation in the program, including compliance with treatment, and I agree to them doing so. Upon my entry into the program, I consent to the Public Defender representing me at court staffings and at Status Review hearings, unless I have privately retained counsel. I understand that my privately retained counsel will be required to represent me at all staffings and Status Review hearings. In the event that my privately retained counsel is unable to attend staffings and/or court, I understand that my attorney will arrange for other counsel to appear on my behalf.
- 4. I agree to adhere to all components of my Treatment Plan, including attending all counseling sessions, treatment programs, taking medication as prescribed, engaging in activities as recommended by the Pathway to Recovery Program team, including sobriety-based self-help meetings and cooperation with home visits by team members.

- 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 availab inform the Program Judge that I need help	ble and if I need assistance, it is my responsibility to	
CONVICTION, JAIL, AND/OR TREATMENT AND MOVE FO UNDERSTAND THAT ALL MI	THE PATHWAY TO RECOVERY PPORTUNITY FOR ME TO AVOID PRISON, AND TO HELP ME OBTAIN ORWARD WITH MY LIFE. I ALSO EMBERS OF THE PROGRAM TEAM AND ARE HERE TO HELP ME.	
Name (Print or Type)	Date	
Signature		
Signature of Interpreter (where applicable)	Signature of Parent or Guardian (where applicable)	
THE DEFENDANT UNDERSTANDS PARTICIPATE. I FURTHER UNDERS PROGRAM TEAM WILL BE DISCUSS COOPERATION WITH HIS/HER TREA AT TEAM STAFFINGS AND AT STAT THAT IF I REMAIN COUNSEL OF REC OR ARRANGE FOR OTHER COUNSEL DEFENDANT IS SCHEDULED TO BE ST	TAND THAT THE PATHWAY TO RECOVERY SING THE DEFENDANT'S COMPLIANCE AND ATMENT PLAN AND TERMS OF SUPERVISION OF S	
Signature of Public Defender/Defense Coun	Date	

Judge

Date

This Consent to Participate is accepted by: