

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

RI-JV022

<p>JUVENILE DRUG COURT - JUVENILE SUCCESS TEAM (JUST)</p> <p><input type="checkbox"/> INDIO 47-671 Oasis St., Indio, CA 92201</p> <p><input type="checkbox"/> MURRIETA 30755-D Auld Rd., Ste. 1226, Murrieta, CA 92563</p> <p><input type="checkbox"/> RIVERSIDE 9991 County Farm Rd., Riverside, CA 92503</p>	<p><i>FOR COURT USE ONLY</i></p>
<p>CHILD'S NAME:</p>	<p>CASE NUMBER:</p>
<p>JUVENILE DRUG COURT CONTRACT</p>	

Initial each condition of Juvenile Drug Court

- _____ You will appear in court on your scheduled court dates.
- _____ You will see your probation officer weekly or as directed. He or she will notify you when you need to come into the office. Your probation officer may make a home visit at any time.
- _____ You will comply with all terms and conditions of your probation.
- _____ You will be drug tested. You will be notified when you are to test. You will be observed by law enforcement or treatment staff when you test. If you miss a test, it will count as a positive ("dirty") test. If you have a positive test in any Drug Court Phase, your Treatment Team will evaluate whether you need more help (such as residential treatment, more intense outpatient counseling, medical detox, or other service.) The judge may also determine if time in custody is necessary to help you stop your drug using behavior.
- _____ You will attend Drug Court Counseling Sessions (group and individual) as directed.
- _____ You will attend self-help meetings as directed. You will be provided with a court card that you must have signed at meetings.
- _____ You may be required to complete a determined number of community service hours.
- _____ You will attend school regularly without any unexcused absences.
- _____ You may be required to participate in extracurricular activities, such as cultural events, sporting activities, etc.
- _____ The court may impose one or more sanction(s) due to lack of performance.
- _____ A consistent lack of performance during any Drug Court Phase can result in the following:
 - phase being repeated
 - increased counseling
 - inpatient treatment
 - exclusion from Drug Court and sentence imposed
 - increased meetings
 - increased drug testing
 - time in custody

This is an outline of your responsibilities as a Drug Court participant. You will be provided with the names, addresses and/or phone numbers of the individuals or agencies you need to contact.

I have read and understand the terms of my drug court contract.

I have read and understand my child/ward's drug court contract and agree that I will participate with my child/ward in fulfilling his/her obligations.

(PARTICIPANT'S SIGNATURE) (DATE)

(PARENT/GUARDIAN SIGNATURE) (DATE)

(TREATMENT TEAM REPRESENTATIVE) (DATE)