

# 4th JD VETERANS TRAUMA COURT ALCOHOL & DRUG FREE POLICY AGREEMENT

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I \_\_\_\_\_ entered the 4<sup>th</sup> Judicial District Veterans Trauma Court (VTC) on \_\_\_\_\_. I understand that the program requires sobriety, and that as a condition of this program, I am expected to remain 100% alcohol and drug abstinent. I understand that I will be subject to testing for alcohol and drugs via urine, breath, and transdermal devices such as SCRAM. As a participant in this program, I understand that these tests are reliable, and that positive tests will result in sanctions. (Initial Here) \_\_\_\_\_

I understand that it is a violation to consume alcohol in any form including, but not limited to:

- Beverage alcohol such as beer, wine, and hard alcohol
- Alcohol in foods, medications, and topical preparations
- Alcohol in any beverage you consume, whether or not you intentionally ingested it or not (if someone else put alcohol in your beverage)

I acknowledge that I am responsible for reading labels, controlling what I put in my body, and controlling my surroundings, therefore, I also acknowledge that if I have a positive test for alcohol, despite the circumstances, I will face sanctions. I understand that the only way an ETG/ETS urine test can produce a positive test is if I consume alcohol. (Initial Here) \_\_\_\_\_

With regards to drug tests, I understand that it is a violation to use any illegal drug while in the VTC Program. Any mind altering substance, such as "spice", "bath salts", or any other synthetic drug, is also prohibited. Drugs such as Marijuana, Cocaine, Methamphetamine (Meth), Heroin, and PCP are regularly tested for. Prescription drugs such as Methadone, Oxycodone, Barbiturates, Opiates, and Benzodiazepines are also tested for. (Initial Here) \_\_\_\_\_

I understand that positive drug tests cannot be produced unless I actively use the drug. If I test positive, no excuse will be tolerated and I will receive a sanction. At my expense, I may ask for a re-test of the sample. Prescription medications must be approved prior to filling prescriptions and my ingesting any medication. (Initial Here) \_\_\_\_\_

I understand that it is my responsibility to provide a urine sample that is not dilute. I will avoid all behavior that may result in a dilute urine sample. I understand that a dilute sample will result in a sanction. (Initial Here) \_\_\_\_\_

My Probation Officer has gone over this form with me, and has answered any questions I have. I acknowledge that I understand these statements above.

\_\_\_\_\_  
Program Participant

\_\_\_\_\_  
Date