
Program Expectations Mental Health Court Program and Opioid Court Program

As a condition of being formally admitted to the Mental Health Court Program (the “Program”) or the Opioid Court Program (the “Program”), and while I am a participant in the Program, I hereby agree that:

1. I will attend all scheduled Court appearances.
2. I will participate in all treatment programs as recommended and abide by the expectations of those programs.
3. I will keep the Program Team and any other programs I am involved with advised of my current address and phone number. I will not change my address unless or until the change is approved by the Program.
4. I acknowledge that engaging in disruptive or aggressive behaviour at a treatment centre(s), at the Dartmouth Wellness Court Offices, or while appearing before the Provincial Court may lead to my being removed from the Program.
5. If I am unable to attend scheduled Court appearances for any reason, I will contact my lawyer as soon as possible.
6. I acknowledge that a warrant may be issued for my arrest if I fail to attend Court without giving proper notice or excuse to my lawyer or the Program prior to my scheduled appearance.
7. If I am unable to attend any scheduled appointment with any of my treatment providers and/or a member of the Dartmouth Wellness Court Team, I will call and advise them as to the reason for my absence and I will reschedule immediately. I may be asked to provide a doctor’s note to confirm absences for medical reasons.
8. I will provide breath and urine samples as ordered by the Court and in compliance with the Substance Testing Waiver.
9. I will follow all the conditions of my Court-ordered release.
10. I will sign the releases and consents to access pertinent health and/or other information necessary to support me in the Program.

I acknowledge that if I breach any of the Program Expectations above:

1. The Court may sanction me.
2. I may be required to attend Court more often.

3. My supervision, while in the Program, may be extended.
4. My release conditions may be varied or revoked.
5. I may be removed from the Program.

I have read and understood the above, and I have received a copy of this document.

Dated at _____, Nova Scotia, this ____ day of _____, 20__.

Counsel for Participant

Signature of Participant