
Program Expectations Alcohol Court Program

As a condition of being formally admitted to the Alcohol 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; including fully cooperating and engaging in all of the programming required of me by the Residential Treatment Facility (RTF).
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 the RTF, other 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 Team 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 Program 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