

Forsyth County MH C.A.R.E. Program Requirements

Phase 1-Stabilization (3 Months)	Phase 2-Early Recovery (6 months)	Phase 3-Maintenance (6 months)	Phase 4-Preparation (9 Months)
Comply with treatment plan	Comply with treatment plan	Comply with treatment plan	Comply with treatment plan
Meet with team-approved Psychiatrist and address medication concerns. Obtain prescribed medications and begin taking them as instructed.	Maintain medication compliance and comply with Psychiatrist recommendations	Maintain medication regimen as prescribed.	Maintain medication regimen as prescribed.
Random drug/alcohol testing #678-261-5864 (Mon-Sun 7-9 am unless otherwise directed)	Random drug/alcohol testing #678-261-5864 (Mon-Sun 7-9 am unless otherwise directed)	Random drug/alcohol testing #678-261-5864 (Mon-Sun 7-9 am unless otherwise directed)	Random drug/alcohol testing #678-261-5864 (Mon-Sun 7-9 am unless otherwise directed)
Documentation of 1 approved community support meeting per week (if dual-diagnosis)	Documentation of 1 approved community support meetings per week/obtain recovery sponsor (if dual-diagnosis)	Documentation of 2 approved community support meetings per week (if dual-diagnosis)	Documentation of 2 approved community support meetings per week (if dual-diagnosis)
Find employment or enroll in Vocational Rehab. If unable to work, apply for SSI (with assistance) and be productive with time.	Find employment or enroll in Vocational Rehab/use time productively if unable to work	Must find employment and be employed for 90 days prior to phase up/In Voc Reh must obtain job before phase up	Have obtained gainful, consistent employment, or if unable to work have found productive use of time
Report to probation as required (if applicable).	Report to probation as required (if applicable).	Report to probation as required (if applicable).	Report to probation as required (if applicable).
MH Court on second, fourth, and fifth Wednesdays at 10 am. Dates will be provided.	MH Court on second, fourth, and fifth Wednesdays at 10 am. Dates will be provided.	MH Court on second and fourth Wednesdays at 10 am. Dates will be provided.	MH Court monthly on first Wednesdays at 10 am. Dates will be provided.
Identify strengths and complete treatment plan with coordinator.	Formulate 5 personalized life goals to present to team.	Continue to work on life goals.	Continue to work towards completion of life goals.
Find stable housing.	Continue to find stable housing.	Maintain stable housing.	Maintain stable housing.
Meet with C.A.R.E. Office for Phase Up Review.	Meet with C.A.R.E. Office for Phase Up Review.	Meet with C.A.R.E. Office for Phase Up Review. Get approval for Giving Back.	Complete Giving Back Project. Meet with C.A.R.E. Office for Phase Up Review.
Curfew from 10:00pm-6:00am (unless otherwise directed)	Curfew from 10:00 pm-6:00 am (unless otherwise directed)	Curfew from 12 am to 6 am	Curfew from 12 am to 6 am
Straight 30 days documented sobriety & without jail time sanctions prior to moving to next phase. No missed appointments for 21 days prior.	Straight 60 days documented sobriety & without jail time sanctions prior to moving to next phase. No missed appointments for 30 days and medication compliance for 60 days prior.	Straight 90 days documented sobriety & without jail time sanctions prior to moving to next phase. No missed appointments for 60 days and medication compliance for 120 days prior.	Straight 120 days documented sobriety and without jail time sanctions prior to graduating from program. No missed appointments for 90 consecutive days and medication compliance for 120 days.

Please note the following: Participants are subject to 4th Amendment Waiver Searches in each phase. Assistance will be provided in linking participants to resources to include employment assistance as well as housing. Initial treatment planning will entail a plan of care/needs assessment to determine target areas.

AVITA COMMUNITY PARTNERS
RELEASE OF INFORMATION
AUTHORIZATION TO USE AND DISCLOSE HEALTH INFORMATION

Section A: Use or Disclosure of Health Information

By signing this Authorization, I authorize the use or disclosure of my individually-identifiable health information maintained by Avita Community Partners (Avita). My health information may be disclosed under this Authorization to the

Georgia Department of Corrections (DOC) and Courts of the _____ Circuit of Georgia, including their agents and persons in attendance at trial or for any hearing before any of said Courts.

Section B: Scope and Use of Disclosure

Health information that may be used or disclosed through this Authorization includes, but is not limited to, information pertaining to the status or results of any assessment and diagnosis of, and any counseling or treatment for, mental or substance use disorder, including alcohol or drug abuse or addiction, as applicable, and may be disclosed through my Avita records or testimony by Avita staff members in open court or presented to the applicable judge, or both.

Section C: Purposes of Use or Disclosure

The purposes of this Authorization are to enable identification and coordination of services that I need, and/or to evaluate results of services received, from the above-listed agencies, and to enable exchange of information between these agencies regarding whether I have complied with the assessment, counseling, and treatment requirements or recommendations of said agency and/or court. This Authorization also enables the disclosure of diagnosis and assessment results, treatment plan, drug testing results, counseling and treatment services utilized, and compliance with treatment recommendations or plan to said agency and/or court.

Section D: Authorization Expiration

This Authorization expires upon completion of Avita diagnostic assessment, counseling, and treatment services recommended or mandated by the Georgia Department of Corrections and/or, when applicable, until such date that the Department of Corrections or Court jurisdiction over the client is terminated.

Section E: Other Information of Importance

I have read and understood "Other Information of Importance" (see page 2) associated with this Authorization, and have had an opportunity to ask questions about the use or disclosure of my health information.

Client's signature: _____ Date _____

Client's printed name: _____ Date of birth: _____ SSN: _____
MM / DD / YYYY

Legal guardian signature (if applicable): _____

Printed name: _____ Relationship to client: _____

WITNESS - Authorization signature(s) above witnessed by:

Witness signature _____ Title _____

Witness printed name: _____ Witness phone # (____) _____

Witness' agency (if applicable): DOC Court Avita Other (specify): _____

If other than DOC, Court or Avita specify relationship to client: _____

Witness' address: _____

City: _____ State: _____ Zip: _____

REVOCATION

I hereby revoke this Authorization. I understand this revocation becomes effective on date signed below. I further understand that this revocation will not have any effect on any action taken by Avita in reliance on this authorization before date revocation is received.

Client's signature: _____ Date _____

Parent/legal guardian signature (if applicable): _____ Date _____

Printed name of parent/guardian: _____ Relationship to client: _____

Revocation request by mail (date received): _____ Staff signature: _____ Title: _____



**CONSENT FOR THE RELEASE OF INFORMATION TO THE
FORSYTH COUNTY MENTAL HEALTH COURT C.A.R.E. PROGRAM**

I, _____ consent to communication among the Forsyth County Mental Health Court and Treatment Providers, State, Private, or County Probation, Public Defender, Solicitor General, and other agencies regarding any and all information requested pertaining to me, to include, but not be limited to information obtained through GCIC/NCIC record checks, court records, and information concerning substance abuse, drug testing, diagnosis and treatment.

I also consent to participation in open Court sessions which entails that there will be some discussion of my behavior in open Court and that citizens are allowed to be present during these sessions. I understand that this information will be public in nature, though the Judge will attempt to minimize the divulgence of personal information in this forum.

I authorize any prison, detention center, county jail or city jail in which I have been confined to release to the court all information in my records concerning tests for HIV (AIDS), tuberculosis, and hepatitis.

I release the facility and personnel which releases such information to the Court from any and all liability for complying with this authorization.

The purpose of and need for the disclosure is to inform the criminal justice agency (ies) listed above of my attendance, progress, and treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, and drug test results.

This consent will remain in effect for five (5) years from the date of final disposition of this case by either dismissal or sentencing.

Any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of AOD abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

Signature of Participant

Witness

Date

Date

Participant's Date of Birth: _____

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL
FORSYTH COUNTY MENTAL HEALTH COURT C.A.R.E.
PROGRAM INFORMATION**

I, _____, have read and/or had explained to me the Notice of Patients Pursuant to 42 C.F.R. Section 2.22, shown below and which is a federal regulation, regarding the disclosure of my substance abuse treatment information and hereby consent to the release of substance abuse treatment information among the following:

- Forsyth County Mental Health Court treatment team or any person or organization that may provide me treatment or services.
- Judge Leslie Abernathy-Maddox or any other Judge assigned to preside over Mental Health Court and other employees of the court.
- The District Attorney and staff members
- The Solicitor General and staff members
- The Mental Health Court public defenders or my own retained lawyer.
- Forsyth County Probation Office
- Georgia Probation Management.
- Forsyth County law enforcement and Medical personnel and personnel of Cumming City Police Department.
- Any physical or mental health facility.

I further understand and agree that I will appear in court as required for a review of my progress, that the court is open to the public and that, therefore, others present in court may learn of my treatment and program compliance.

The purpose of this consent is to permit the court and all other named parties to have the information they need to determine my initial and continued eligibility and suitability for treatment. This includes my treatment attendance, drug test results, compliance or non-compliance with program rules, prognosis and progress in accordance with the Forsyth County Mental Health Court C.A.R.E. Program criteria.

I understand that this consent will remain in effect and cannot be revoked by me until (5) years from the date of a formal termination of my involvement with the Forsyth County Mental Health Court C.A.R.E. Program by completion of all program requirements or termination.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

MH Court Participant

Date

Witness

Date

Notice to Patients Pursuant to 42 C.F.R. § 2.22

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a participant attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The participant consents in writing;
2. The disclosure is allowed by a court order; or
3. This disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

Violation of federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law and regulations do not protect any information about a crime committed by a participant either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

Mental Health Court Participant

Date

Witness

Date

URINE TESTING AND INCIDENTAL ALCOHOL EXPOSURE CONTRACT

_____ I understand I will be tested for the presence of alcohol and other drugs to include, but not limited to, “designer drugs” and substances “not fit for human consumption” on a random basis according to procedures established by the C.A.R.E. Program team and/or treatment provider.

_____ I understand it is my responsibility to report to the assigned location at the time period given for the test.

_____ I understand that if I am late for a test, or miss a test, it will be considered as a positive test for alcohol or other drugs and that I will be sanctioned.

_____ I understand that if I fail to produce a urine specimen or if the sample is not of sufficient quantity, it will be considered as a positive test and that I will be sanctioned.

_____ I have been informed that the ingestion of excessive amounts of fluids can result in a diluted urine sample, and I understand that my urine sample will be tested to ensure the sample is not diluted.

_____ I understand that if I produce a diluted sample (intentionally diluted or not), it will be considered as a positive test for alcohol or other drugs and I will be sanctioned.

_____ I understand that substituting or altering my specimen or trying in any way to modify my bodily fluids or other specimens for the purposes of changing the drug-testing results will be considered as a positive test for drugs/alcohol and will result in sanctions and can be grounds for immediate termination from the C.A.R.E. Program.

It is **YOUR** responsibility to limit your exposure to the products and substances detailed below that contain ethyl alcohol; however, this list is not all inclusive. It is **YOUR** responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products **BEFORE** you use them. *Use of the products detailed below in violation of this contract will NOT be allowed as an excuse for a positive test result. When in doubt, don't use, consume, or apply.*

_____ **Cough syrups and other liquid medications:** C.A.R.E. Program participants have always been prohibited from using alcohol-containing syrups, such as Nyquil®, other cough syrup brands, and other liquid medications that rely upon ethyl alcohol as a solvent. C.A.R.E. Program participants are required to read product labels carefully to determine if they contain ethyl alcohol (ethanol). All prescription and over-the-counter medications should be reviewed with your case manager before use. Information on the composition of prescription medications should be available upon request from your pharmacist. Non-alcohol containing cough and cold remedies are readily available at most pharmacies and major retail stores.

_____ **Non-alcoholic Beer and Wine:** Although legally considered non-alcoholic, NA beers (e.g. O'Doul's®, Sharp's®) do contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed. C.A.R.E. Program participants are **NOT** permitted to ingest NA beer or NA wine.

_____ **Food and Other Ingestible Products:** There are numerous other consumable products that contain ethyl alcohol that could result in a positive test for alcohol. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts (such as Gingko Biloba), could result in a positive screen for alcohol or its breakdown products. Communion wine, food cooked in wine, and flambe' dishes (alcohol poured over a food and ignited such as Cherries Jubilee, Baked Alaska) must be avoided. Read the labels on any liquid herbal or homeopathic remedy carefully and do not ingest any without approval from the case manager.

_____ **Mouthwash and Breath Strips:** Most mouthwashes (Listermint®, Cepacol®, etc.) and other breath cleansing products contain ethyl alcohol. The use of mouthwashes containing ethyl alcohol can produce a positive test result. C.A.R.E. Program participants are required to read product labels and educate themselves as to whether a mouthwash product contains ethyl alcohol. Use of ethyl alcohol-containing mouthwashes and breath strips by C.A.R.E. Program participants is not permitted. Non-alcohol mouthwashes are readily available and are an acceptable alternative. If you have questions about a particular product, bring it in to discuss with the case manager.

_____ **Hand sanitizers:** Hand sanitizers (e.g. Purell®, Germex®, etc.) and other antiseptic gels and foams used to disinfect hands may contain up to 70% ethyl alcohol. Excessive, unnecessary or repeated use of these products could result in a positive urine test. Hand washing with soap and water is just as effective for killing germs.

Energy Drinks: Energy drinks (e.g. Red Bull®, Rockstar®, Monster®, etc.) can produce a positive reading on an alcohol test, and therefore, must be avoided by C.A.R.E. Program participants. Energy drinks are considered a stimulant and should not be consumed by participants of the C.A.R.E. Program.

Hygiene Products: Aftershave and colognes, hair sprays and mousse, astringents, insecticides (bug sprays such as Off®) and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol (or its breakdown products) excessive, unnecessary or repeated use of these products could affect test results. Participants must use such products sparingly to avoid reaching detection levels. Just as the Court requires C.A.R.E. Program participants to regulate their fluid intake to avoid dilute urine samples, it is likewise necessary for each participant to limit their use of topically applied (on the skin) products that contain ethyl alcohol.

Solvents and lacquers: Many solvents such as lacquers, and surface preparation products which are used in industry, construction, and the home, contain ethyl alcohol. Both excessive inhalation of vapors and topical exposure to such products can potentially cause a positive test result for alcohol. Make sure to wear gloves, a respirator, and have plenty of ventilation when using these products. C.A.R.E. Program participants must educate themselves as to the ingredients in the products that they are using. There are alternatives to nearly any item containing ethyl alcohol. Frequency of use and duration of exposure to such products should be kept to a minimum. A positive test result will not be excused by reference to use of an alcohol-based solvent. If you are in employment where contact with such products cannot be avoided, you need to discuss it with the case manager. Do not wait for a positive test result to do so.

Remember...when in doubt, don't use, consume, or apply!!!!!!

I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES:

Printed Name

Participant Signature

Date

C.A.R.E. Program Staff

Date

Forsyth County CARE Program
Handbook Acknowledgement

I, _____, have received a copy of the Forsyth County
CARE Program Handbook with the revision date of **April 2017**.

I agree that I have reviewed its contents with CARE Program staff and have been given an opportunity to ask questions about or clarify the statements made therein. Further, I agree to follow the guidelines presented in the handbook and seek clarification regarding issues that may arise throughout my involvement in the Forsyth County CARE Program. I understand I am responsible for the information outlined in the handbook.

CARE Program Participant

Date

CARE Program Staff

Date

Defense Attorney

Date

IN THE SUPERIOR COURT OF FORSYTH COUNTY
STATE OF GEORGIA

STATE OF GEORGIA)	
)	CASE NO. _____
)	
vs)	CHARGE(s): _____
)	_____
)	_____
_____)	
Defendant)	_____

Mental Health Court C.A.R.E. Program

You have chosen to voluntarily enter the Mental Health Court C.A.R.E. Program. Please read the terms of this agreement carefully, and initial each term of the contract, sign and date the agreement.

I, _____, understand that I have been permitted, as a part of my sentence or pre-sentence agreement in the above-captioned matter, to participate in the Mental Health C.A.R.E. Program, and that I must fully comply with the treatment recommendations and other court orders set forth. I also understand that if I fail to comply with said treatment and/or court orders, such violations may subject me to sanctions and/or termination from the Mental Health C.A.R.E. program.

1. _____ While participating in the Forsyth County Mental Health Court C.A.R.E. program, I am under the jurisdiction of the Court, which holds discretion in revoking all or any portion of the probation time in my case, if applicable.

2. _____ I will attend all mandated Mental Health C.A.R.E. Sessions. I understand that at the beginning of my participation, unless I have been excused by written order, this may entail weekly reporting.

3. _____ Should I fail to appear for any Mental Health Court C.A.R.E. hearings, counseling sessions and meetings as required, a bench warrant will be issued for my arrest.

4. _____ I will take my medications as prescribed.

5. _____ I will enroll and complete any inpatient/outpatient program as ordered.

6. _____ I will attend the court ordered number of Recovery, Community Support, or other 12-Step meetings, as applicable, per week and submit proof of attendance as required.

7. _____ I agree to attend all group and/or individual counseling sessions to which I am assigned. I will be on time for all sessions. Attendance is mandatory, but

attendance alone will not satisfy the requirements for successful completion of the program. Poor participation, inattentiveness, chronic lateness, violation of the abstinence requirements, or failure to attend my program assignments will result in my return for judicial review and possible sanction or termination from the program.

8. _____ I will not use or possess alcohol in any form.
9. _____ I will stay away from establishments where the primary business is the selling of alcohol.
10. _____ I will not use any illegal drugs. I will submit any prescription to the C.A.R.E. Office for approval prior to filling that prescription (unless approved via communication with Avita Community Partners.) I will not take over-the-counter medications unless they are on the approved list given by the C.A.R.E. Office or I have been given permission by the C.A.R.E. Office. This permission must be given before I use the medication.
11. _____ I will give a breath, blood, urine, hair or sweat sample, as required, for drug testing and may be responsible for payment for such service. I understand that I may be responsible for lab confirmation fees in the event that I contest the validity of a drug test administered by the Mental Health Court C.A.R.E. Program.
12. _____ I will allow the Mental Health Court C.A.R.E. Program Coordinator, Probation or Compliance Officer, Counselor, CSI, and Law Enforcement to call or visit me in my home or elsewhere for purposes of monitoring program compliance. I understand that said calls or visits will be unannounced and will occur at the discretion of the Mental Health Court C.A.R.E. Program Coordinator and/or Probation or Compliance Officer.
13. _____ I will submit to a search of my person, residence, papers, vehicle, and/or effects at any time of day or night without a search warrant, whenever requested to do so by a Probation or Compliance Officer, law enforcement officer, or Mental Health Court C.A.R.E. Program Staff/Treatment Provider upon reasonable cause to conduct the search, and without there being a warrant. I specifically consent to the use of anything seized as evidence in any hearing or disciplinary proceeding. I understand that there is a distinction between reporting drug usage for treatment purposes, which can be used in considering Mental Health Court C.A.R.E. Program sanctions, but cannot be used against me in non-MH C.A.R.E. court proceedings, and having illegal items on my person, in my residence, or vehicle, which can be used against me in other non-MH C.A.R.E. proceedings.
14. _____ I stipulate as an express condition of my participation that any and all drug screening records used by the probation/compliance office reflecting results pertaining to me shall be admissible at any court hearing pertaining to me, if relevant to the issue pending, without the need of laying further foundation and

expressly waives any and all objection to such records including, but not limited to, hearsay, chain of custody, and qualification of experts or examiners.

15. _____ As part of the treatment services, all treatment providers will provide the Court with any necessary reports concerning my diagnostic intake, involvement and participation in assigned classes, assigned counseling or treatment programs, or any non-compliant status.
16. _____ I will not violate the law. However, if I do violate the law, I will report it immediately to the Mental Health Court C.A.R.E. Program Coordinator and Probation or Compliance Officer, if applicable
17. _____ I will not own, carry or otherwise possess weapons of any kind. I will not be in a vehicle containing any weapon. I will not commit or threaten to commit any acts of violence. I will not bring weapons of ANY kind to any treatment center, to court or counseling sessions, probation or compliance appointments, or to the screening facility.
18. _____ While in the program, I will be gainfully employed, enrolled in a vocational or educational program or otherwise seeking stable employment or income, unless the Judge approves otherwise.
19. _____ I will obey all instructions of the Mental Health Court C.A.R.E. Program Judge, Coordinator, Counselor, CSI, and/or Probation or Compliance Officer.
20. _____ I will immediately inform Mental Health Court C.A.R.E. Program Coordinator of any change in contact information such as address and telephone number or changes in income and/or employment status. I will not leave the State of Georgia for any reason without first obtaining permission from the Mental Health Court C.A.R.E. Program and my Probation or Compliance Officer, if applicable.
21. _____ I will be responsible for my own transportation and will appear for all Mental Health Court C.A.R.E. Program hearings, treatment, counseling sessions, meetings, and probation or compliance appointments as required and comply with any sanctions imposed.
22. _____ I understand that the Mental Health Court C.A.R.E. Program will last a minimum of 24 months, or longer if all requirements of the program have not been met.
23. _____ I will support any legal dependents that I may have to the best of my ability.
24. _____ I will avoid people or places of disreputable or harmful character. This may include people currently on probation or parole or people with felony convictions, drug users and drug dealers.

25. _____ I understand the court will impose sanctions for program violations that include, but are not limited to curfews, additional Recovery, Community Support, or 12-Step meetings, community service, in court detention, repeat of a program treatment level, issuance of bench warrants, jail time, and expulsion from the program requiring me to serve my sentence in confinement.
26. _____ I will follow all other program rules and participation guidelines of which I am informed.
27. _____ Failure to satisfy any of the previously stated terms of this agreement will result in sanctions which could include jail and/or my case being returned to the Court for appropriate action(s).
28. _____ I will abide by a curfew, which requires me to be at my home and/or approved place of residence at a designated time each day, including weekends, unless I am at work, am involved in an emergency, and/or have approval from the Mental Health Court C.A.R.E. Program Coordinator.
29. _____ I will sign any releases/waivers that may be necessary for (and agree to allow) the Mental Health Court C.A.R.E. Program to check my criminal history – both during program participation and after program participation for a period of five years.
30. _____ I understand that a pick-up order/court hold, and/or arrest/bench warrant may be issued for my detention and arrest if I fail to appear for a required Mental Health Court C.A.R.E. Program review, probation or compliance appointment, counseling session, doctors appointment, or other court-ordered appointment.
31. _____ I agree to follow all instructions, rules, and guidelines in the Participant Handbook. I understand that the Participant Handbook is incorporated into this Contract by reference and is a part of this Contract. I further understand that the Participant Handbook may change while I am in the program and that I may receive a new handbook prior to my program completion. I understand that I am to follow the terms of the most recently distributed version of the Handbook.
32. _____ I understand if I successfully complete the program there may be positive favor in my case disposition as discussed with my attorney prior to entering the program.
33. _____ I agree to obey any special orders per the attachment(s) and/or as listed here:

 Defendant (signature)

Contract review/advisement of legal rights by:

 Defense Attorney (signature)

SO ORDERED, this _____ day of _____, 20____.

Mental Health C.A.R.E. Court Judge of Forsyth County

IN THE SUPERIOR COURT OF FORSYTH COUNTY
STATE OF GEORGIA

STATE OF GEORGIA

*

DOCKET#: _____

VS.

*

*

DEFENDANT

*

ADDENDUM TO SENTENCE
SPECIAL CONDITION

As a condition of participation in the Forsyth County Mental Health Court C.A.R.E. Program, I, _____, agree to the search of my person, property, place of residence, vehicle or personal effects at any time with or without a warrant, and with or without reasonable cause, when required to do so by a probation officer, treatment staff, C.A.R.E. Program staff, and /or a law enforcement officer.

The defendant must, at any time, without warning, probable cause, articulable suspicion or a search warrant, provide a sample of blood, breath, urine, saliva or other bodily substance and submit to searches of his/her residence, workplace, vehicle, containers, records, and all other locations and items when requested to do so by any law enforcement officer, probation officer or parole officer, or C.A.R.E. Program Staff.

Defendant

Date

Attorney for Defendant

Date

SO ORDERED on this _____ day of _____, 20__.

Mental Health Court C.A.R.E. Program Judge