COURT OF COMMON PLEAS

DUI TREATMENT COURT PROGRAM

PARTICIPANT HANDBOOK

DUI Treatment Court

New Castle County
500 N. King Street
Wilmington, DE 19801
(302) 255-2476

Kent County
414 Federal Street
Dover, DE 19901
(302) 735-3943

Sussex County
1 The Circle, Suite 1
Georgetown, DE
(302) 858-5700

As of February 28, 2020

This handbook is designed to provide information about the DUI Treatment Court Program in the Court of Common Pleas in and for the State of Delaware. This handbook does not otherwise create any enforceable right, entitlement, or privilege for a Participant in the program.

MISSION

The mission of the DUI Treatment Court Program ("Program" or "DUI Treatment Court") is to enhance community and highway safety by holding individuals with alcohol and substance abuse issues accountable by requiring evidence-based treatment.

TREATMENT GOALS AND OBJECTIVES

The DUI Treatment Court Program is designed to help individuals struggling with substance abuse, learn how to live their lives in a productive and healthy way. Treatment will be based upon individual needs and an individual treatment plan will be developed for each participant. Substance abuse counseling, and treatment may include individual and/or group sessions as well as requiring the participant to engage in pro-social activities. The treatment program to which you are assigned will be determined by your personal risks and needs, and may include, but is not limited to treatment sessions, intensive outpatient treatment, partial hospitalization, in-patient (residential) treatment and/or medication-assisted treatment. Your attendance at sessions will be reported to the Judge as part of your progress report. You must have prior permission to be excused from a counseling session.

ENTRY REQUIREMENTS

(1) The participant must be a resident of the State of Delaware and live in the county where the program is administered for the duration of the program.

(2) The participant must be a DUI first offender with a high Blood Alcohol Concentration ("BAC") level or a DUI second offender (as determined by the statute).

(3) The participant must waive his/her constitutional rights and plead guilty to the DUI offense.

   a. The DUI must not have resulted in serious physical injury or death.

   b. The DUI conviction will remain on the individual's record, as required by the statute.

(4) The participant must be evaluated through the DUI-RANT Assessment and come within the "High Risk/High Need" Quadrant.

(5) A prior drug distribution conviction may render the participant ineligible. Additionally a conviction of sex offenses, domestic assaults, violent offenses, or weapon offenses may also render the participant ineligible. However, an applicant may be given discretionary review by the DUI Treatment Court Team to determine client eligibility, and additional program conditions.

(6) The Delaware Department of Correction, Division of Community Corrections will supervise the participant while in the program.

(7) The participant must sign consent forms waiving confidentiality of any medical treatment, social services, or other records or other information relevant to program participation.

PLEADING GUILTY

The DUI Treatment Court is a voluntary court program for the "hardcore impaired driver" who has been charged with a DUI. The final decision of whether you will be allowed to participate in the DUI Treatment Court will be made by the Judge. The Judge will consider a recommendation from the Attorney General, Defense Counsel, the results of a DUI-RANT assessment, and the circumstances surrounding the charged offense.

You must admit guilt to a DUI offense to enter the DUI Treatment Court Program. This conviction will remain on your record after completion of the Program. Upon successful completion of the program, you may petition the DMV for reinstatement of your driver's license and the Court will suspend the balance of any Level V portion of your sentence.

However, if your conduct during the Program demonstrates to the DUI Treatment Court Judge that you cannot successfully complete the program requirements, you will be terminated from the Program. Upon termination based on non-compliance, your criminal history will include a conviction for the criminal offense to which you pled guilty. You will be sentenced for that conviction. You may be sent to jail, fined, and/or placed on probation. The Court may impose other conditions it determines appropriate as part of its sentence. Also, you will lose your driving privileges consistent with your conviction.

DUI TREATMENT COURT PROGRAM RULES

As a participant in the DUI Treatment Court Program, you will be required to comply with the following rules:

1. **Shall not use, consume, or possess any drugs or alcohol** – Sobriety is the primary focus of this program. Maintaining a drug-free and alcohol-free lifestyle is required. It is also expected that you will not associate with people who are using illegal or recreational drugs. If you are using prescribed medication, you must provide up-to-date prescriptions to the Treatment Provider and the Probation

Officer. These prescriptions must be updated when they expire to remain in program compliance. It is a program violation to use prescribed medications that you have not disclosed to the Treatment Provider and Probation in advance, absent emergency medical situations. Medication should be kept in its original prescription containers. Also, because of the nature of the Program and lifestyle goals associated with the Program, participants are encouraged to notify their prescribers that they are participating in the program and discuss potential non-narcotic or addictive medication or drug alternatives, when possible.

2. **Medical Marijuana Policy** – Use of Medical Marijuana is treated in a similar manner as prescribed medication. You must provide a copy of your approval for inclusion in the State of Delaware Medical Marijuana program, a copy of the state issued card, an up-to-date prescription from a certified physician and copies of your dispensary receipts to the Treatment Provider and the Probation Officer. The prescription must be updated when it expires to remain program compliant. It is the DUI Treatment Court Program participant's responsibility to ensure they comply with all requirements of the Delaware Medical Marijuana Act, as set forth in Title 16 of the Delaware Code, Chapter 49A. Participants are required to provide proof of lawful purchase of the controlled substance. For Medical Marijuana cardholders, this could include proof that Marijuana was purchased from a properly licensed and registered Delaware Compassion Center. In addition, as a program requirement consistent with other prescribed medication, all Marijuana should be kept in its original prescription packaging.

3. **Obey the law** – It is expected that you will NOT have police contact while you are a participant in the DUI Treatment Court Program or while pending entry into the Program. Do not drive unless you have a valid license and are insured. Follow the rules of the road. Do not engage in criminal activity. Do not associate with others who are engaged in criminal activity. If you have new charges while you are a participant in the DUI Treatment Court Program, you may be terminated from the Program. You are required to report any arrest to the Probation Officer immediately.

4. **Attend all scheduled court dates, treatment sessions, and appointments** – This includes individual and group counseling sessions, also all educational and treatment sessions. If you are unable to attend a scheduled session, you must contact your counselor immediately. If you are unable to attend a court session when scheduled, you are required to contact the DUI Treatment Court Coordinator immediately. If you are not excused from Court, you must attend as scheduled. Please note, there are instances where court sessions are not held due to cancellation and/or closure, so that may extend a participant's time in the program.

5. **Complete your Community Service as directed** – You must complete 240 hours of community service while in the DUI Treatment Court Program before you are eligible to graduate. Once in the Program, you should begin your community service as soon as possible. Direct community service can only be done at specific sites or with specific groups or entities that Probation has pre-approved. For profit entities are not eligible for consideration. Upon completion of 60 hours of direct community service, participants will be given the opportunity to complete other special projects for community service credit in addition to continuing with direct community service work to satisfy the required 240 hours. You may receive credit for community service based on compliance with program requirements. *Please see Addendum A – DUI Court Community Service Incentive Policy.*

6. **Submit to random alcohol and/or drug tests and monitoring** - You must submit to random screenings and monitoring as directed and as appropriate for your phase. The requirements for each phase are minimum thresholds and a participant may be tested with greater frequency regardless of their phase, where the participant's behavior provides a basis.

7. **Be on time** – If you are late for any treatment sessions, it counts as a missed session.

8. **Do not make threats or behave disrespectfully toward other participants or staff, or behave in a violent or inappropriate manner** – Disrespectful, violent or inappropriate behavior will not be tolerated and will be reported to the DUI Treatment Court Judge which may result in a sanction.

9. **Dress appropriately** – You are expected to dress appropriately. Clothing with drug or alcohol related themes, or promoting or advertising alcohol or drug use is inappropriate. Sunglasses are not to be worn unless medically approved. Arrangements for child care will need to be made since children should not be brought to court or the treatment centers.

10. **While in court remain seated and quiet at all times** – It is very important to observe appropriate behavior in court.

11. **Participate** - You are expected to openly discuss your progress with the Judge and other members of the DUI Treatment Court Team. You are expected to participate at treatment sessions.

12. **Be Truthful** – Truth is essential to the DUI Treatment Court Program. It is far better to admit a relapse or violation of the rules than to be dishonest. Dishonesty leads to more severe sanctions and possible termination.

DUI TREATMENT COURT HEARINGS

As a DUI Treatment Court participant you will be required to appear in court on a regular basis, depending on your phase in the Program. At each court appearance the DUI Treatment Court Judge will be given a progress report by the treatment provider and by the probation officer regarding your alcohol and/or drug screenings, attendance at treatment and probation and program participation. The Judge will also review your criminal history to see whether you have any new arrests or citations since your last court review. The Judge may ask you questions about your progress and discuss any specific problems you have been experiencing. If you are doing well, you will be encouraged to continue to work toward successful completion of the DUI Treatment Court Program. If you are not doing well, the Judge will discuss this with you to determine further action. If you are not in compliance with treatment or program rules or if you have received new charges, the Court may impose sanctions, enhance treatment requirements or both. Continued failure to meet expectations or new charges may lead to termination from the DUI Treatment Court Program and sentencing on the charge to which you pled guilty.

FAILURE TO APPEAR

If you fail to appear in court or at certain appointments on the date and time you are scheduled, the Court may issue a bench warrant or *capias* for your arrest. It is your responsibility to re-schedule appointments in advance. If your request to re-schedule is denied, you must appear as scheduled.

DUI TREATMENT COURT PROGRAM PROCEDURES

Evaluations

Once you are selected to enter the DUI Treatment Court program, you will be evaluated by the DUI-RANT assessment tool and later by a treatment clinician to determine your treatment needs and risk levels. Assessments will be ongoing while you participate in the DUI Treatment Court Program. You are required to cooperate with all evaluations and assessments. The results will be shared with the Judge and the DUI Treatment Court Team in open court.

Alcohol and/or Drug Screenings

You will be routinely monitored and/or tested for alcohol and/or drug use. This shall require a transdermal device ("TAD"), which is attached to your ankle to be worn at all times for a period of at least 90 days. You may also be ordered to submit to substance abuse testing throughout your participation in the DUI Treatment Court Program. The Judge will be informed of all test results.

One of the ways participants are made aware they need to submit to a randomly scheduled drug screen is by having the participant call a telephone number on a daily basis. **All participants are assigned a color at orientation,** for example, Red. Weekly testing is the norm, however, we can test more frequently according to your test results or as otherwise deemed necessary. **You are required to call Brandywine Counseling Color Line (302) 656-4389 everyday or the night before**. Be careful to listen to the complete message and for the correct date. You can only give a urine test on the day your color is called. **You must have a photo ID** & know your **social security number** in order to submit your urine test.

In addition to the requirements outlined in the DUI Court Participant Handbook regarding the Brandywine Counseling Color Line, you will have Probation and Court screening requirements. You are required to call the DUI Court Color Line each **Friday** to determine if you must submit a screening at **Probation and Parole** *on* **Saturdays** between 9:00 AM and 12:00 PM. You must call the DUI Court Coordinator Line and listen carefully to the instructions in the voicemail which will be updated by 5:00 PM Friday evening. The number to call is listed below by County:

- **New Castle County – (302) 255-2476**
- **Kent County – (302) 735-3943**
- **Sussex County - TBA**

If you fail to submit a urine sample when your assigned color is called, it may be considered positive. A positive or "dirty" test will not automatically result in termination from the DUI Treatment Court Program. The DUI Treatment Court Judge will review your overall performance in the Program. It is better to submit a positive sample rather than to miss a urine test. If you fail to submit a urine screen, you should immediately notify the Treatment Provider and/or Probation. If you did use alcohol or other drugs, it is better to be open and honest about your use at the time of testing rather than lie or omit talking about it and be confronted with testing results later.

Please see Addendum B – DUI Court Saturday Screen Policy

Diluted Screens

A diluted urine specimen occurs when the concentration of urine in the specimen is diluted by an excess amount of fluid or water. This can occur either accidentally or intentionally. Some individuals have attempted to manipulate their test to hide positive results by diluting samples below laboratory cut-off levels in the hopes the result will not be confirmed against them. Regardless of the result submission of a diluted screen is a violation of the requirements of the DUI Treatment Court Program. You are encouraged to provide your screening first thing in the morning and/or consume a meal with protein at least one hour before your submission. Regardless of the dilution level, submission of three (3) diluted screens without justification will cause you to re-start your requirement of 14 random consecutive weekly negative

urines. Additionally, if an individual reaches a 4th diluted screen, the individual must submit to a reassessment by the treatment provider to determine if the level of care should be increased. This may impact your eligibility for your graduation.

Please see Addendum C – DUI Court Diluted Screen Policy.

Treatment

Each participant will be clinically assessed by our Treatment Provider to determine what treatment components should be included for the best benefit to the participant. In addition to outside support meeting attendance, the inclusion of the participant's family in counseling sessions may be encouraged and/or utilized where it would be deemed beneficial. Participants are expected to be fully engaged in treatment over the course of the program in order for the full benefit to be achieved. As the DUI Treatment Court Program is a program of change, it has been found that one's life does not get better by chance, it gets better by CHANGE. With treatment, the expectation is to meet the participant where they are to get them where they need to be.

PRIME Solutions® will also be used in certain phases of the DUI Treatment Court Program. **PRIME Solutions®** is a substance abuse treatment program which assists clients diagnosed with substance use disorders make changes in their high-risk drinking and drug use. **PRIME Solutions®** does this by moving people through the final Stage of Change within the Transtheoretical Model-Action. This curriculum helps clients reduce risks, develop low-risk beliefs and clear standards, and gain skills to manage cravings and temptations.

Failure to attend your **PRIME Solutions®** session may result in forfeiture of previous attendance and require that you re-start the **PRIME Solutions®** program.

DUI TREATMENT COURT TREATMENT TRACKS / PHASES

The treatment tracks implemented for treatment court participants have been developed to better support and meet the individualized treatment need(s) of each participant. Initial treatment is scheduled to last a minimum of nine (9) months up to about a year dependent on which track the participant is assigned and how they progress through the program, but setbacks can extend time in particular phase. Attendance at all scheduled treatment sessions is paramount. Missed sessions are unexcused, will extend the participants time in the program and may also result in sanctions or termination from the Program. Each treatment track is divided into multiple phases. In order to move from Phase to Phase, certain criteria must be met. Examples of the Phase Transition Documents are included in Addendum F1 (Track 1); Addendum F2 (Track 2) and Addendum F3 (Track 3). The Treatment Tracks are listed below as follows

Track 1 - Minimum of 36 weeks

Phase 1 (Orientation Phase) - minimum 12 weeks

- Intake appointment with Probation & Parole
- Intake appointment with treatment provider
- Twice weekly treatment groups
  - 1 group to include **Prime Solutions**
- Bi-weekly individual counseling (at least 45 minute session)
- Weekly court reporting
- Weekly Probation & Parole reporting
- At least twice weekly, random UDS
- Application submission and approval by program team to transition to Phase 2 (including placement and approval of community service location)

Phase 2 - at least 8 weeks

- Once weekly treatment groups
- Bi-weekly individual counseling (at least 45 minute session)
- Bi-weekly court reporting
- Bi-weekly Probation & Parole reporting
- Complete 60 hours of community service (as determined by Probation & Parole)
- At least once weekly, random UDS
- Application/essay submission and approval by program team to transition to Phase 3 (due 2 weeks prior to eligible transition date)

Phase 3 - at least 8 weeks

- Bi-weekly treatment groups (1.5 hours)
- Bi-weekly individual counseling (at least 45 minute session)
  - Begin work on WRAP booklet
- Weekly engagement in pro-social activity (come up with a list of activities/options-incl. self-help meetings, healthy living activities, additional volunteering, additional counseling, NAMI, etc.)
- Monthly court reporting
- Monthly Probation & Parole reporting
- Complete 100 hours of community service (as determined by Probation & Parole)
- At least once weekly, random UDS
- Application/essay submission and approval by treatment team to transition to Phase 4 (due 2 weeks prior to eligible transition date)

Phase 4 - at least 8 weeks

- Monthly treatment group (1.5 hours)
- Monthly individual counseling (at least 45 minute session)
- Weekly engagement in pro-social activity
- Monthly court reporting
- Monthly Probation & Parole reporting
- Completion of community service requirement
- At least once weekly, random UDS
- Completion of WRAP workbook
- Graduation application submitted and approved by program team

Track 2 - minimum 54 weeks

Phase 1 (Orientation Phase) - at least 12 weeks

- Intake appointment with Probation & Parole
- Intake appointment with treatment provider to include ASAM
    - Reassessment completed at the completion of 12 consecutive weeks of treatment
- Three weekly IOP treatment groups
- Bi-weekly weekly individual counseling (at least 45 minute session)
    - Begin exploring pro-social activities for Phase 2
- Weekly court reporting
- Weekly Probation & Parole reporting
- At least twice weekly, random UDS
- Application submission and approval by program team to transition to Phase 2 (including placement and approval of community service location)

Phase 2 - at least 14 weeks

- Twice weekly treatment groups
    - 1 group to include **Prime Solutions**
- Bi-weekly individual counseling (at least 45 minute session)
- Bi-weekly engagement in pro-social activity
- Bi-weekly Probation & Parole reporting
- Complete 60 hours of community service (as determined by Probation & Parole)
- At least once weekly, random UDS
- Application/essay submission and approval by program team to transition to Phase 3 (due 2 weeks prior to eligible transition date)

Phase 3 - at least 16 weeks

- Bi-weekly treatment groups
- Bi-weekly individual counseling (at least 45 minute session)
    - Begin work on WRAP booklet
- Bi-weekly engagement in pro-social activity
- Monthly court reporting
- Monthly Probation & Parole reporting
- Complete 100 hours of community service (as determined by Probation & Parole)
- At least once weekly, random UDS
- Application/essay submission and approval by treatment team to transition to Phase 4 (due 2 weeks prior to eligible transition date)

Phase 4 - at least 12 weeks

- Monthly treatment group
- Monthly individual counseling (at least 45 minute session)
- Weekly engagement in pro-social activity
- Monthly court reporting
- Monthly Probation & Parole reporting
- Completion of community service requirement
- At least once weekly, random UDS
- Completion of WRAP workbook
- Graduation application submitted and approved by program team

Track 3 - minimum 56 weeks

Phase 1 (Orientation Phase) - at least 12 weeks

- Intake appointment with Probation & Parole
- Intake appointment with treatment provider to include ASAM
- INPATIENT TREATMENT THEN FOLLOW UP WITH IOP INCLUDING THE FOLLOWING:
- Three weekly IOP treatment groups
- Weekly individual counseling (at least 45 minute session)
    - Begin exploring pro-social activities for Phase 2
- Weekly court reporting
- Weekly Probation & Parole reporting
- At least twice weekly, random UDS
- Application submission and approval by program team to transition to Phase 2 (including placement and approval of community service location)

Phase 2 - at least 16 weeks

- Three weekly IOP treatment groups
- Weekly individual counseling (at least 45 minute session)
- Begin exploring pro-social activities for Phase 2
- Bi-weekly engagement in pro-social activity
- Weekly court reporting
- Bi-weekly Probation & Parole reporting
- Complete 60 hours of community service (as determined by Probation & Parole)
- Twice weekly, random UDS
- Application/essay submission and approval by program team to transition to Phase 3 (due 2 weeks prior to eligible transition date)

Phase 3 - at least 16 weeks

- Twice weekly treatment groups
    - 1 group to include **Prime Solutions**
- Bi-weekly individual counseling (at least 45 minute session)
    - Begin work on WRAP booklet
- Bi-weekly engagement in pro-social activity (come up with a list of activities/options-incl. self-help meetings, healthy living activities, additional volunteering, additional counseling, NAMI, etc.)
- Bi-weekly court reporting
- Monthly Probation & Parole reporting
- Complete 100 hours of community service (as determined by Probation & Parole)
- At least once weekly, random UDS
- Application/essay submission and approval by treatment team to transition to Phase 4 (due 2 weeks prior to eligible transition date)

Phase 4- at least 12 weeks

- Bi weekly- treatment groups
- Monthly individual counseling (at least 45 minute session)
- Weekly engagement in pro-social activity
- Monthly court reporting
- Monthly Probation & Parole reporting
- Completion of community service requirement
- At least once weekly, random UDS
- Completion of WRAP workbook
- Graduation application submitted and approved by program team

Overview of estimated treatment time ONLY (does not include intake assessment time)
Phase 1: WILL VARY
Phase 2: approximately 117 hours
Phase 3: approximately 54 hours
Phase 4: approximately 15 hours

Please note each phase may be longer or shorter as directed by the Court in accordance with the treatment plan developed for the participant and the progress of the participant.

PROGRAM FEES

Program fees will consist of (subject to change depending on circumstances):

1. Treatment Provider Evaluation Fee (unless covered by participant's health insurance);
2. Treatment Costs determined by the level of treatment needed (unless covered by participant's health insurance);
3. Department of Correction Probation and Parole Supervision Fee (unless waived based on established criteria or suspended by order of the court)
4. Department of Motor Vehicle Fees, Ignition Interlock Device Fees;
5. Fines and Surcharges assessed by the Court.

Please see Addendum E - Anticipated Fee Schedule.

DEPARTMENT OF MOTOR VEHICLES

Upon sentencing and entry into the program, you are likely to receive notice from the Department of Motor Vehicle which will provide information regarding your period of license revocation, Ignition Interlock Device (IID) eligibility and the procedures you must take in order to reinstate your license. However, as a participant of the DUI Treatment Court Program, you are subject to the specific requirements and procedures outlined by the Court of Common Pleas. Accordingly, please be advised of the following rules with regard to the Department of Motor Vehicle.

1. You are eligible to petition for an IID license 30 days after you have entered the program.
2. If you have a valid driver's license and own a vehicle (or vehicles) or intend to drive a vehicle (or vehicles), you must install the IID on the vehicle (or vehicles). This device must remain on the vehicle(s) throughout the duration of the program.
3. You are eligible to petition for full reinstatement of your license 12 months after installation of the IID. You may not reinstate your license until you have successfully completed the program.

If a participant does not have a vehicle in his/her name and does not participate in the IID program, the individual's license will be suspended for the full period of administrative suspension by the DMV.

For your reference, the IID statute, 21 Del. C. §4177C, states the following in Section (f):

Any person charged with a driving under the influence offense who has been permitted to participate in the Court of Common Pleas Driving Under the Influence Treatment Program, and is enrolled in a program of rehabilitation and treatment, pursuant to § 4177(f) or § 4177D of this title (Title 21), supervised by that Court shall be eligible to have a conditional license in accordance with this subsection. A person may enter the Treatment Program without seeking a conditional license. If the person chooses to obtain a conditional license, or has any registered vehicles, the person shall be required to have an ignition interlock device installed on all vehicles registered in that person's name. Alternatively, the person has the option to have the device installed on a vehicle or vehicles owned by another person, with the permission of that person, if there are no vehicles registered in the name of the offender. The ignition interlock device shall be immediately installed on eligible vehicles following the effective date of entry into the Driving Under the Influence Treatment Program. The ignition interlock device shall remain installed on the vehicle or vehicles for a minimum period of 12 months from the effective date of revocation or longer if the Court directs. That offender may be eligible to apply for an ignition interlock device license under the following terms:

(1) At least 30 days have elapsed since the effective date of the revocation;

(2) All licenses have been surrendered to the Division of Motor Vehicles prior to issuance of the IID (Ignition Interlock Device) license; and

(3) The participant is not in violation of any terms of the Court of Common Pleas DUI Treatment Program.

The IID statute, 21 Del. C. §4177C, state the following in Section (g)

(g) Notwithstanding §§ 4177A and 4177B of this title, any person who has successfully completed and graduated from the Court of Common Pleas Driving Under the Influence Treatment Program, shall be permitted to apply for reinstatement of their driver's license and/or driving privilege under the following terms:

(1) Payment of all fees under the schedule adopted by the Secretary;

(2) Payment of all court fines, costs and fees; and

(3) At least 12 months have elapsed since the day the ignition interlock device was installed on the vehicle or vehicles and the ignition interlock license was issued or since the day driving privileges were revoked if no conditional license was sought.

Should you receive notice from the Department of Motor Vehicle which contradicts the information above, please contact the DUI Court Coordinator for clarity.

Please see Addendum D – Ignition Interlock Device Policy

NON-COMPLIANCE

Failure to comply with the requirements of the DUI Treatment Court Program may result in the following sanctions based on recommendations by the Treatment Provider and Probation Officer, within the discretion of the Judge:

- Increased reporting and supervision, to include frequency, level, and /or overall duration;
- Increased drug and alcohol monitoring;
- Increased curfew requirements;
- Written assignments;
- Increased Community service;
- A period of incarceration;
- Other conditions as deemed appropriate for the situations
- Termination from the Program

INCENTIVES

Ongoing compliance with obligations under the DUI Treatment Court Program may result in the following incentives within the discretion of the DUI Treatment Court Judge:

- Additional transportation vouchers;
- Credit for community service hours;
- Suspended court surcharges and costs;
- Other incentives proposed for the Court's consideration.

TERMINATION and SENTENCING

If you do not meet your obligations in the DUI Treatment Court Program, you will be terminated from the Program. Because you have already pled guilty to the charge, you will be sentenced when you are terminated from the DUI Treatment Court Program. The sentence is within the discretion of the Judge, and may include a fine, probation, community service, work release, home confinement, incarceration and/or mandatory participation in a substance abuse treatment program.

GRADUATION CRITERIA

In order to graduate, the Participant must complete the following:

1. Submit 14 random consecutive weekly negative urine screens AND attend at least 12 weeks consecutive treatment sessions. *Please Note: Should you submit a positive screening after the 14 consecutive negative screens, you may be subject to re-starting this requirement and therefore extending your graduation eligibility date.*
2. Remain alcohol and drug free for 90 consecutive days on the Transdermal Device ("TAD").
3. Develop an After-Care program with the Treatment Provider that is approved by the Court.
4. Complete community service hours as directed by the program.
5. Pay all remaining costs associated with the program *which have not been waived by the Court*, including treatment, supervision and any restitution that had been ordered.
6. Complete Graduation Application for submission to the Treatment Provider and Probation for approval and review by the court.

Additionally, please be advised of the following requirements depending on your actual graduation date:

- If your graduation date is on the 10th of the month or earlier, you are required only to attend one group session during your graduation month.
- If your graduation date is after the 10th of the month, you are required to attend one group session and one individual session during your graduation month.

Please schedule accordingly.

CONCLUSION

The DUI Treatment Court Program has been developed to help you to avoid consuming alcohol and to avoid criminal activity. Entry into the program is voluntary and is your personal choice, but once you enter, you have committed to your participation in the Program. The Judge, the court staff, treatment professionals, and your lawyer, if you are represented, will offer advice, encouragement and assistance to you; but the final responsibility is yours.

GOOD LUCK IN THE PROGRAM! We look forward to your graduation from the DUI Treatment Court Program! We hope this handbook has been helpful to you and answered most of your questions. We encourage you to share this information with your family and friends who support your recovery. If you have any additional questions or concerns, please ask the DUI Treatment Court staff or the substance abuse treatment professionals. Important DUI Treatment Court telephone numbers are listed for easy access.

DUI TREATMENT COURT PHONE NUMBERS

Monday – Friday
8:30 a.m. to 4:30 p.m.

Treatment Court Coordinator / Case Manager

New Castle County	(302) 255-2476
Kent County	(302) 735-3943
Sussex County	TBA

******Please note that the Treatment Court Coordinator is available to answer any questions or concerns******

Department of Correction Probation and Parole

New Castle County	(302) 577-3443 ext. 5314
Kent County	(302) 739-5387
Sussex County	TBA

Costs and Fines (302) 255-0941
-for questions on fines or to make a payment

Treatment Providers and Programs

Brandywine Counseling and Community Services (BCCS)

2500 West 4th Street
Wilmington, De 19805
(302) 225 – 9921

769 E. Masten Circle, Suite 113/115
Milford, DE 19963
(302) 856-4700

ADDENDUM A

THE COURT OF COMMON PLEAS FOR THE STATE OF DELAWARE
DUI TREATMENT COURT PROGRAM

COMMUNITY SERVICE INCENTIVE POLICY

After the completion of 60 Hours of Community Service as authorized through Probation and Parole, DUI Court Participants may earn credit for community service hours in the following ways:

ACTIVITY	CREDIT RECEIVED
SPECIAL PROJECT RE: RISKS OF DRUNK DRIVING **DESCRIPTION: THE PARTICIPANT MUST SUBMIT A PROPOSAL TO THE COURT REGARDING A PROJECT OF SUBSTANCE THAT WILL FOCUS ON THE RISKS OF DRIVING WHILE UNDER THE INFLUENCE. THE PROJECT MUST BE APPROVED BY THE COURT. SUCCESSFUL SUBMISSION OF THE PROJECT WILL EARN THE COMMUNITY SERVICE CREDIT.**	**5 DAYS (40 HOURS)** **(ONE TIME ONLY)**
SHARING EXPERIENCE WITH OTHERS AT CCP **DESCRIPTION: PARTICIPANTS WILL BE ABLE TO SPEAK TO INDIVIDUALS WHO ARE INTERESTED IN PARTICIPATING IN THE DUI TREATMENT COURT PROGRAM DURING EITHER THE DUI ARRAIGNMENT CALENDAR OR THE DUI CASE REVIEW CALENDAR, ALONGSIDE THE DUI COURT COORDINATOR. INTERESTED PARTICIPANTS MUST REACH OUT TO THE DUI COURT COORDINATOR FOR AVAILABILITY. IN ORDER TO BE ELIGIBLE FOR THIS ACTIVITY, THE INDIVIDUAL MUST BE IN SUBSTANTIAL COMPLIANCE WITH THE DUI TREATMENT COURT PROGRAM.**	**1 DAY (8 HOURS)** **(AS SPACE IS AVAILABLE)**
NON-PERISHABLE CANNED GOODS DONATIONS **DESCRIPTION: PARTICIPANTS MAY BRING NON-PERISHABLE CANNED GOOD DONATIONS TO THE PROBATION OFFICER.**	**4 CANS = 1 HOUR** **(MAX: 24 HOURS)**
VOLUNTARY EXIT INTERVIEW **DESCRIPTION: PARTICIPANTS MAY VOLUNTARILY SCHEDULE AN EXIT INTERVIEW WITHIN 1 MONTH OF THEIR ANTICIPATED GRADUATION DATE WITH THE DUI COURT COORDINATOR, DURING WHICH THEY WILL PROVIDE FEEDBACK REGARDING THEIR EXPERIENCE IN THE PROGRAM.**	**1 DAY (8 HOURS)**
SPECIAL PROJECTS AS ANNOUNCED	**TO BE DETERMINED BASED ON THE PROJECT**

Any questions regarding this policy should be directed to the Treatment Court Coordinator/Case Manager at (302) 255-2476.

ADDENDUM B

THE COURT OF COMMON PLEAS FOR THE STATE OF DELAWARE

DUI TREATMENT COURT PROGRAM

SATURDAY SCREEN POLICY

As a requirement of the DUI Treatment Court Program, you are subject to random urine screenings to ensure abstinence from alcohol and illicit drug consumption. ***In addition to the requirements outlined in the DUI Court Participant Handbook regarding the Brandywine Counseling Color Line***, you are ***required*** to call the DUI Court Line each ***Friday*** to determine if you must submit a sample for screening at ***Probation and Parole*** *on* ***Saturdays*** between 9:00 AM and 12:00 PM. You must call the Treatment Court Coordinator Line and listen carefully to the instructions on the voicemail. The number to call is listed below by County:

- **New Castle County – (302) 255-2476**
- **Kent County – (302) 735-3943**
- **Sussex County - TBA**

The line will be updated by 5:00 PM every Friday evening. You must be aware of the color you were assigned by Brandywine Counseling as well as your phase in the program.

The diluted screen policy remains in full effect. Accordingly, you must take steps to ensure you provide a valid screen and you must be prepared to submit a urine screening upon your arrival.

Should you have any questions or concerns, you may contact your assigned probation officer and/or the Treatment Court Coordinator/Case Manager.

Participant Signature _____

Witness Signature _____ Date _____

ADDENDUM C

THE COURT OF COMMON PLEAS FOR THE STATE OF DELAWARE

DUI TREATMENT COURT PROGRAM

DILUTED SCREEN POLICY

1ST Diluted Screen

- Notice and warning from the Court
- Further instruction on reducing future dilutions.

2nd Diluted Screen

- Individual will be encouraged to seek medical explanation as to diluted screens, if applicable.

3rd and Subsequent Diluted Screen

- Regardless of dilution level, participant must re-start requirement of 14 consecutive weekly negative screens in order to graduate from the program.
- Reduction in the amount of fines and costs waived by the Court.
- Subsequent diluted screenings may result in additional sanctions by the Court.

All subsequent diluted screens after the 3rd screen will result in an **automatic** restart of the requirement of 14 consecutive weeks of negative screens in order to graduate.

Participant Signature _____

Witness Signature _____

ADDENDUM D

THE COURT OF COMMON PLEAS FOR THE STATE OF DELAWARE

DUI TREATMENT COURT PROGRAM

IGNITION INTERLOCK DEVICE POLICY

Upon entering the DUI Treatment Court Program, the individual's license, should it still be valid, is revoked at that time. All individuals in the DUI Treatment Court Program are required to have an Ignition Interlock Device (IID) installed on each vehicle registered in their name or as otherwise required by the Delaware code or the DMV, and are prohibited from driving unless the IID is installed. The IID shall be installed by the vendor approved by the DMV.

Upon completion of 30 days in the DUI Treatment Court Program, program participants become eligible to apply to have an IID installed on their vehicle. The application is submitted to DMV who issues the approval for the installation to take place. An IID license is issued to the individual after the IID is installed and DMV verifies installation.

As this program mandates abstinence from the consumption of illicit drugs or alcohol, any notification of alcohol consumption via the Ignition Interlock Device may result in sanctions by the Court. It is the responsibility of the program participant to ensure there are no submissions to the device which result in positive alcohol readings. **Accordingly, the participant is responsible for anyone that they allow to operate their motor vehicle.**

Should an individual ever be aware of a potential alcohol infraction and/or violation alert, the individual must contact their probation officer.

Participant Signature _____

Witness Signature _____

ADDENDUM E

DUI TREATMENT COURT PROGRAM
Anticipated Fee Schedule

This document is designed to provide information regarding the anticipated fees involved with participation in the DUI Treatment Court Program in the Court of Common Pleas for New Castle County.

FINES

*1st Offender Fine	$500.00 - $1,500.00	*2nd Offender Fine	$750.00 - $2,500.00

Based on full compliance with the requirements of the program, all fine amounts over $250.00 may be eligible for suspension by order of the court. This suspended amount will be reduced based on the quantity and nature of any infractions by the participant. Participants will be advised of their status with regard to suspended fees.

SURCHARGES

*Court Costs	$52.00	Law Enforcement Fee	$15.00 (State/Local)
*Non-Jury Case	$55.00	Ambulance Fee	$10.00 (where applicable)
Video Phone Fee	$1.00	DELJIS Fund	$1.00
Court Security Fee	$10.00	Victim Compensation Fund (VCF) – 18% of Fine Total	

**Public Defender Fee - $100.00 (where applicable)
Drug Fund – 15% of Fine Total (where applicable)
*Transportation Fund – 50% of Fine Total

The Transportation Fund Surcharge may be suspended in equal proportion to the percentage of the fine which is suspended based on compliance with the program requirements.

DEPARTMENT OF CORRECTION PROBATION AND PAROLE

**Supervision Fee	$200.00

DEPARTMENT OF MOTOR VEHICLES

Suspension Reinstatement	$50.00	Conditional License	$10.00
Revocation Reinstatement	$200.00		

Ignition Interlock Device Vendors

Smart Start		**Intoxalock**	
Installation Fee	$70.00	Installation Charge	$100.00
Monthly Monitoring	$75.00	Monthly Lease Fee	$74.99
Violation Reset	$50.00	Device Protection Fee	$7.99
Emergency Roadside	$50.00***	Reset Calibration Fee	$50.00
Transfer Vehicle	$70.00	Vehicle Switch Fee	$70.00
Bad Check	$50.00	Lockout/Reset Fee	$50.00
Removal	No Fee	No Show Fee	$35.00
Missed Appointment	$35.00	Lost or Stolen Device Replacement	up to $750.00
Advanced Installations	up to $150.00	Insufficient Check Fee	$15.00
		Check By Phone Fee	$5.00
		Chargeback Fee	$30.00
		Expedited Shipping	$18.00 - $45.00
		Install Rebate (redeemable at removal)	($30.00)

There are also additional fees related to damage to unit cost, service calls, etc.
*** Plus mileage calculated at the State rate. Not to exceed 100 miles

BRANDYWINE COUNSELING & COMMUNITY SERVICES

Fees based on medical insurance provider. Participants will be encouraged to remit payment for treatment fees before making payment towards Court Fines and Surcharges, and Probation and Parole.

*Subject to Waiver within the discretion of the Court.
** Subject to Waiver by the respective Agency.

ADDENDUM F1

ADDENDUM F2

ADDENDUM F3

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DUI TREATMENT COURT
TRACK 1-PHASE 1
APPLICATION TO TRANSITION TO PHASE 2
SUBMISSION DATE: _____

NAME: _____

PHONE: _____

APPLICATIONS ***MUST*** BE SUBMITTED ***1 WEEK*** BEFORE ELIGIBILITY DATE
YOU ***MUST*** MEET THE FOLLOWING CRITERIA TO TRANSITION TO PHASE 2:
(PLACE AN 'X' IF YOU HAVE COMPLETED THESE)

☐ **YOU HAVE BEEN IN PHASE 1 FOR A MINIMUM OF 12 WEEKS FROM THE DATE YOU COMPLETED YOU INTAKE AT BRANDYWINE COUNSELING:**
WHAT DATE DID YOU COMPLETE YOUR INTAKE? _____

☐ **YOU HAVE SUBMITTED AT LEAST 4 WEEKS OF NEGATIVE URINE DRUG SCREENS WHILE IN PHASE 1:**
WHAT IS YOUR CLEAN DATE? _____ (NOT PERSONAL TIME, COURT TIME)

☐ **YOU ARE MAKING PROGRESS IN TREATMENT**
COUNSELOR/CASE MANAGER SIGNATURE: _____

☐ **YOU HAVE 30 DAYS PROGRAM COMPLIANCE** (TOTALLY SANCTION FREE)

☐ **YOU HAVE IDENTIFIED YOUR COMMUNITY SERVICE SITE:** _____

☐ **IF YOU HAVE A VEHICLE REGISTERED IN YOUR NAME YOU HAVE HAD YOUR IID INSTALLED IN YOUR CAR 30 DAYS AFTER ENTRY:**
WHAT IS YOUR ENTRY DATE? _____

☐ **YOU HAVE HAD YOUR TAD INSTALLED** – *PROBATION SIGNATURE:* _____

☐ **IDENTIFY 3 OF YOUR BIGGEST STRUGGLES IN PHASE 1:**
1. _____
2. _____
3. _____

☐ **IDENTIFY 3 PERSONAL GOALS THAT YOU WOULD LIKE TO ACCOMPLISH DURING PHASE 2:**
1. _____
2. _____
3. _____

_____ _____
CLIENT SIGNATURE DATE PROGRAM REPRESENTATIVE SIGNATURE TO APPROVE DATE

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DUI TREATMENT COURT
TRACK 1-PHASE 2
APPLICATION TO TRANSITION TO PHASE 3
SUBMISSION DATE: _____

NAME: _____

PHONE: _____

APPLICATIONS ***MUST*** BE SUBMITTED ***1 WEEK*** BEFORE ELIGIBILY DATE
YOU ***MUST*** MEET THE FOLLOWING CRITERIA TO TRANSITION TO PHASE 3:
(PLACE AN 'X' IF YOU HAVE COMPLETED THESE)

☐ **YOU HAVE BEEN IN PHASE 2 FOR A MINIMUM OF 8 WEEKS:**
WHAT DATE DID YOU TRANSITION TO PHASE 2? _____

☐ **YOU HAVE SUBMITTED AT LEAST 6 WEEKS OF NEGATIVE URINE DRUG SCREENS WHILE IN PHASE 2:**
WHAT IS YOUR CLEAN DATE? _____ (NOT PERSONAL TIME, COURT TIME)

☐ **YOU ARE MAKING PROGRESS IN TREATMENT**
COUNSELOR/CASE MANAGER SIGNATURE: _____

☐ **YOU HAVE 30 DAYS PROGRAM COMPLIANCE** (TOTALLY SANCTION FREE)

☐ **YOU HAVE COMPLETED AT LEAST 60 HOURS OF COMMUNITY SERVICE**
PROBATION OFFICER SIGNATURE: _____

☐ **YOU HAVE NO OWED BALANCE AT BRANDYWINE COUNSELING, IF YOU HAVE A BALANCE YOU CANNOT PAY, YOU HAVE SET UP AN APPROVED PAYMENT PLAN-** *CURRENT BALANCE:* _____
BRANDYWINE REPRESENTATIVE SIGNATURE: _____

☐ **YOU HAVE COMPLETED 90 DAYS MINIMUM OF TAD MONITORING**

☐ **YOU HAVE IDENTIFIED ANY COSTS YOU OWE TO OTHER DUI PROGRAMS →** PLEASE PUT AMTS YOU OWE
_____DERP _____OPEN DOOR _____ PACE _____CONNECTIONS _____OTHER

☐ **IDENTIFY 3 PERSONAL GOALS THAT YOU WOULD LIKE TO ACCOMPLISH DURING PHASE 3:**
1. _____
2. _____
3. _____

_____ _____
CLIENT SIGNATURE DATE PROGRAM REPRESENTATIVE SIGNATURE TO APPROVE DATE

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DUI TREATMENT COURT
TRACK 1-PHASE 3
APPLICATION TO TRANSITION TO PHASE 4
SUBMISSION DATE: _____

NAME: _____
PHONE: _____

APPLICATIONS ***MUST*** BE SUBMITTED ***1 WEEK*** BEFORE ELIGIBILY DATE
YOU ***MUST*** MEET THE FOLLOWING CRITERIA TO TRANSITION TO PHASE 4:
(PLACE AN 'X' IF YOU HAVE COMPLETED THESE)

☐ **YOU HAVE BEEN IN PHASE 3 FOR A MINIMUM OF 8 WEEKS:**
WHAT DATE DID YOU TRANSITION TO PHASE 3? _____

☐ **YOU HAVE SUBMITTED AT LEAST 8 WEEKS OF NEGATIVE URINE DRUG SCREENS:**
WHAT IS YOUR CLEAN DATE? _____ (NOT PERSONAL TIME, COURT TIME)

☐ **YOU ARE MAKING PROGRESS IN TREATMENT**
COUNSELOR/CASE MANAGER SIGNATURE: _____

☐ **YOU HAVE RECEIVED YOUR 'WRAP' BOOKLET FROM COURT AND BEGAN WORKING ON IT**
*DATE RECEIVED*_____ *COUNSELOR/CASE MANAGER SIGNATURE:* _____

☐ **YOU HAVE 45 DAYS PROGRAM COMPLIANCE** (TOTALLY SANCTION FREE)

☐ **YOU HAVE COMPLETED AT LEAST 160 HOURS OF COMMUNITY SERVICE**
PROBATION OFFICER SIGNATURE: _____

☐ **YOU HAVE NO OWED BALANCE AT BRANDYWINE COUNSELING, IF YOU HAVE A BALANCE YOU CANNOT PAY, YOU HAVE SET UP AN APPROVED PAYMENT PLAN-** *CURRENT BALANCE:* _____
BRANDYWINE REPRESENTATIVE SIGNATURE: _____

☐ **IDENTIFY 3 PERSONAL GOALS THAT YOU WOULD LIKE TO ACCOMPLISH PRIOR TO GRADUATION:**

1. _____
2. _____
3. _____

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THE FOLLOWING IS INFORMATION THE TEAM WOULD LIKE TO KNOW ABOUT YOU. THIS ***MUST BE*** COMPLETED TO TRANSITION TO THE NEXT PHASE

ARE YOU CURRENLY EMPLOYED? ___YES ___NO

IF YES, WHERE?_____

WHAT IS YOUR POSITION?_____

---OR---

ARE YOU ENROLLED IN SCHOOL? ___YES ___NO

IF YES, WHERE?_____

WHAT ARE YOU GOING TO SCHOOL FOR? _____

DO YOU ATTEND ANY SELF-HELP GROUPS? ___YES ___NO

DO YOU HAVE A MENTOR/SPONSOR? ___YES ___NO

PERSONAL JOURNEY

ARE THERE ANY OTHER SERVICES THAT YOU ARE INTERESTED IN GETTING INVOLVED WITH?

_____

_____

_____

PLEASE DESCRIBE THE MOST DIFFICULT TIME YOU HAD IN YOUR RECOVERY DURING THE PROGRAM AND WHAT THE COURT TEAM COULD HAVE DONE TO HELP YOU. ALSO INCLUDE *WHY* YOU THINK YOU ARE READY TO MOVE TO PHASE 4 (WHAT IS DIFFERENT TODAY THAN BEFORE YOU STARTED IN THE TREATMENT COURT?)

_____

_____

_____

_____

OTHER COMMENTS/SUGGESTIONS/CHANGES YOU WOULD MAKE?

_____

_____

_____

WHAT REWARD/INCENTIVE WOULD BE MEANINGFUL FOR YOU TO CONTINUE MAKING POSITIVE CHOICES?

_____

_____

_____

_____ _____

CLIENT SIGNATURE DATE PROGRAM REPRESENTATIVE SIGNATURE TO APPROVE DATE

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DUI TREATMENT COURT
TRACK 1-PHASE 4
GRADUATION APPLICATION
SUBMISSION DATE: _____

NAME: _____
PHONE: _____

APPLICATIONS ***MUST*** BE SUBMITTED ***1 WEEK*** BEFORE ELIGIBILY DATE
YOU ***MUST*** MEET THE FOLLOWING CRITERIA TO GRADUATE:
(PLACE AN 'X' IF YOU HAVE COMPLETED THESE)

☐ **YOU HAVE BEEN IN THE PROGRAM FOR A MINIMUM OF 36 WEEKS:**
WHAT DATE DID YOU COMPLETE YOU INTAKE AT BRANDYWINE COUNSELING? _____

☐ **YOU HAVE COMPLETED A MINIMUM OF 12 CONSECUTIVE WEEKS OF TREATMENT:**
WHAT DATE DID YOU TRANSISTION INTO PHASE 4? _____

☐ **YOU HAVE SUBMITTED AT LEAST *14 WEEKS* OF CONSECUTIVE NEGATIVE URINE DRUG SCREENS:**
WHAT IS YOUR CLEAN DATE? _____ (NOT PERSONAL TIME, COURT TIME)

☐ **YOU ARE MAKING PROGRESS IN TREATMENT**
COUNSELOR/CASE MANAGER SIGNATURE: _____

☐ **YOU HAVE COMPLETED YOUR 'WRAP' BOOKLET IN INDIVIDUAL COUNSELING**
COUNSELOR/CASE MANAGER SIGNATURE: _____

☐ **YOU HAVE 45 DAYS PROGRAM COMPLIANCE** (TOTALLY SANCTION FREE)

☐ **YOU HAVE COMPLETED YOUR COMMUNITY SERVICE** (240 hours)
PROBATION OFFICER SIGNATURE: _____

☐ **YOU HAVE PAID ANY OWED BALANCE AT BRANDYWINE COUNSELING –**
CURRENT BALANCE: _____
BRANDYWINE CLINICAL SUPERVISOR SIGNATURE: _____

☐ **YOU HAVE PAID ALL OTHER COSTS YOU OWE TO ALL OTHER DUI PROGRAMS?**
PROBATION OFFICER SIGNATURE_____

☐ **YOU HAVE SET UP A NEW PAYMENT PLAN WITH THE COURTS OF COMMON PLEAS?**
CLIENT SIGNATURE_____

☐ **IDENTIFY 3 PERSONAL GOALS THAT YOU HAVE ACCOMPLISHED SINCE BEING IN THE PROGRAM:**

1. _____
2. _____
3. _____

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PERSONAL JOURNEY

ARE THERE ANY OTHER SERVICES THAT YOU ARE INTERESTED IN STAYING WITH AFTER GRADUATION?

PLEASE DESCRIBE THE MOST DIFFICULT TIME YOU HAVE HAD IN YOUR RECOVERY DURING THE PROGRAM AND WHAT THE COURT TEAM COULD HAVE DONE TO HELP YOU. ALSO INCLUDE *WHY* YOU THINK YOU ARE READY TO GRADUATE FROM THE PROGRAM?

WHAT ARE YOU MOST PROUD OF?

CLIENT SIGNATURE DATE

PROGRAM REPRESENTATIVE SIGNATURE TO APPROVE DATE

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DUI TREATMENT COURT
TRACK 2-PHASE 1
APPLICATION TO TRANSITION TO PHASE 2
SUBMISSION DATE: _____

NAME: _____
PHONE: _____

APPLICATIONS ***MUST*** BE SUBMITTED ***1 WEEK*** BEFORE ELIGIBILITY DATE
YOU **MUST** MEET THE FOLLOWING CRITERIA TO TRANSITION TO PHASE 2:
(PLACE AN 'X' IF YOU HAVE COMPLETED THESE)

☐ **YOU HAVE BEEN IN PHASE 1 FOR A MINIMUM OF 12 WEEKS FROM THE DATE YOU COMPLETED YOU INTAKE AT BRANDYWINE COUNSELING:**
WHAT DATE DID YOU COMPLETE YOUR INTAKE? _____

☐ **YOU HAVE SUCCESSFULLY COMPLETED 12 WEEKS OF IOP GROUPS.**
DATE COMPLETED: _____

☐ **YOU HAVE SUBMITTED AT LEAST 4 WEEKS OF NEGATIVE URINE DRUG SCREENS WHILE IN PHASE 1:**
WHAT IS YOUR CLEAN DATE? _____ (NOT PERSONAL TIME, COURT TIME)

☐ **YOU ARE MAKING PROGRESS IN TREATMENT**
COUNSELOR/CASE MANAGER SIGNATURE: _____

☐ **YOU HAVE 30 DAYS PROGRAM COMPLIANCE** (TOTALLY SANCTION FREE)

☐ **YOU HAVE IDENTIFIED YOUR COMMUNITY SERVICE SITE:** _____

☐ **IF YOU HAVE A VEHICLE REGISTERED IN YOUR NAME, YOU HAVE HAD YOUR IID INSTALLED IN YOUR CAR 30 DAYS AFTER ENTRY:**
WHAT IS YOUR ENTRY DATE? _____

☐ **YOU HAVE HAD YOUR TAD INSTALLED** – *PROBATION SIGNATURE:* _____

☐ **IDENTIFY 3 OF YOUR BIGGEST STRUGGLES IN PHASE 1:**
1. _____
2. _____
3. _____

☐ **IDENTIFY 3 PERSONAL GOALS THAT YOU WOULD LIKE TO ACCOMPLISH DURING PHASE 2:**
1. _____
2. _____
3. _____

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CLIENT SIGNATURE DATE

PROGRAM REPRESENTATIVE SIGNATURE TO APPROVE DATE

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DUI TREATMENT COURT
TRACK 2-PHASE 2
APPLICATION TO TRANSITION TO PHASE 3
SUBMISSION DATE: _____

NAME: _____
PHONE: _____

APPLICATIONS ***MUST*** BE SUBMITTED ***1 WEEK*** BEFORE ELIGIBILITY DATE
YOU ***MUST*** MEET THE FOLLOWING CRITERIA TO TRANSITION TO PHASE 3:
(PLACE AN 'X' IF YOU HAVE COMPLETED THESE)

☐ **YOU HAVE BEEN IN PHASE 2 FOR A MINIMUM OF 14 WEEKS:**
WHAT DATE DID YOU TRANSITION TO PHASE 2? _____

☐ **YOU HAVE SUBMITTED AT LEAST 4 WEEKS OF NEGATIVE URINE DRUG SCREENS WHILE IN PHASE 2:**
WHAT IS YOUR CLEAN DATE? _____ (NOT PERSONAL TIME, COURT TIME)

☐ **YOU ARE MAKING PROGRESS IN TREATMENT**
COUNSELOR/CASE MANAGER SIGNATURE: _____

☐ **YOU HAVE 30 DAYS PROGRAM COMPLIANCE** (TOTALLY SANCTION FREE)

☐ **YOU HAVE COMPLETED AT LEAST 60 HOURS OF COMMUNITY SERVICE**
PROBATION OFFICER SIGNATURE: _____

☐ **YOU HAVE NO OWED BALANCE AT BRANDYWINE COUNSELING, IF YOU HAVE A BALANCE YOU CANNOT PAY, YOU HAVE SET UP AN APPROVED PAYMENT PLAN-** *CURRENT BALANCE:* _____
BRANDYWINE REPRESENTATIVE SIGNATURE: _____

☐ **YOU HAVE COMPLETED 90 DAYS MINIMUM OF TAD MONITORING**

☐ **YOU HAVE IDENTIFIED ANY COSTS YOU OWE TO OTHER DUI PROGRAMS →** PLEASE PUT AMTS YOU OWE

_____DERP _____OPEN DOOR _____ PACE _____CONNECTIONS _____OTHER

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COMPLETE BELOW

☐ **IDENTIFY 3 PERSONAL GOALS THAT YOU WOULD LIKE TO ACCOMPLISH DURING PHASE 3:**

1. _____
2. _____
3. _____

_____ _____

CLIENT SIGNATURE DATE PROGRAM REPRESENTATIVE SIGNATURE TO APPROVE DATE

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DUI TREATMENT COURT
TRACK 2-PHASE 3
APPLICATION TO TRANSITION TO PHASE 4
SUBMISSION DATE: _____

NAME: _____
PHONE: _____

APPLICATIONS ***MUST*** BE SUBMITTED ***1 WEEK*** BEFORE ELIGIBILITY DATE
YOU ***MUST*** MEET THE FOLLOWING CRITERIA TO TRANSITION TO PHASE 4:
(PLACE AN 'X' IF YOU HAVE COMPLETED THESE)

☐ **YOU HAVE BEEN IN PHASE 3 FOR A MINIMUM OF 16 WEEKS**
WHAT DATE DID YOU TRANSITION TO PHASE 3? _____

☐ **YOU HAVE SUBMITTED AT LEAST 6 WEEKS OF NEGATIVE URINE DRUG SCREENS**
WHAT IS YOUR CLEAN DATE? _____ (NOT PERSONAL TIME, COURT TIME)

☐ **YOU ARE MAKING PROGRESS IN TREATMENT**
COUNSELOR/CASE MANAGER SIGNATURE: _____

☐ **YOU RECIEVED YOUR 'WRAP' BOOKLET FROM THE COURTS AND BEGAN WORKING ON IT!**
*DATE RECEIVED:*_____*COUNSELOR/CASE MANAGER SIGNATURE*: _____

☐ **YOU HAVE 45 DAYS PROGRAM COMPLIANCE** (TOTALLY SANCTION FREE)

☐ **YOU HAVE COMPLETED AT LEAST 160 HOURS OF COMMUNITY SERVICE**
PROBATION OFFICER SIGNATURE: _____

☐ **YOU HAVE NO OWED BALANCE AT BRANDYWINE COUNSELING, IF YOU HAVE A BALANCE YOU CANNOT PAY, YOU HAVE SET UP AN APPROVED PAYMENT PLAN-** *CURRENT BALANCE*: _____
BRANDYWINE CLINICAL SUPERVISOR SIGNATURE: _____

☐ **IDENTIFY 3 PERSONAL GOALS THAT YOU WOULD LIKE TO ACCOMPLISH PRIOR TO GRADUATION:**

1. _____
2. _____
3. _____

BCCS
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Change is good.

THE FOLLOWING IS INFORMATION THE TEAM WOULD LIKE TO KNOW ABOUT YOU, AND MUST BE COMPLETED TO TRANSITION TO THE NEXT PHASE

ARE YOU CURRENLY EMPLOYED? ___YES ___NO

IF YES, WHERE? _____

WHAT IS YOUR POSITION? _____

---OR---

ARE YOU ENROLLED IN SCHOOL? ___YES ___NO

IF YES, WHERE? _____

WHAT ARE YOU GOING TO SCHOOL FOR? _____

DO YOU ATTEND ANY SELF-HELP GROUPS? ___YES ___NO

DO YOU HAVE A MENTOR/SPONSOR? ___YES ___NO

PERSONAL JOURNEY

ARE THERE ANY OTHER SERVICES THAT YOU ARE INTERESTED IN GETTING INVOLVED WITH?

_____

_____

_____

PLEASE DESCRIBE THE MOST DIFFICULT TIME YOU HAD IN YOUR RECOVERY DURING THE PROGRAM AND WHAT THE COURT TEAM COULD HAVE DONE TO HELP YOU. ALSO INCLUDE *WHY* YOU THINK YOU ARE READY TO MOVE TO PHASE 4 (WHAT IS DIFFERENT TODAY THAN BEFORE YOU STARTED IN THE TREATMENT COURT?)

_____

_____

_____

_____

OTHER COMMENTS/SUGGESTIONS/CHANGES YOU WOULD MAKE?

_____

_____

_____

WHAT REWARD/INCENTIVE WOULD BE MEANINGFUL FOR YOU TO CONTINUE MAKING POSITIVE CHOICES?

_____

_____

_____

_____ _____

CLIENT SIGNATURE DATE PROGRAM REPRESENTATIVE SIGNATURE TO APPROVE DATE

BCCS
Brandywine Counseling & Community Services
Change is good.

DUI TREATMENT COURT
TRACK 2-PHASE 4
GRADUATION APPLICATION
SUBMISSION DATE: _____

NAME: _____
PHONE: _____

APPLICATIONS ***MUST*** BE SUBMITTED ***1 WEEK*** BEFORE ELIGIBILITY DATE
YOU ***MUST*** MEET THE FOLLOWING CRITERIA TO TRANSITION TO GRADUATE:
(PLACE AN 'X' IF YOU HAVE COMPLETED THESE)

☐ **YOU HAVE BEEN IN THE PROGRAM FOR A MINIMUM OF 54 WEEKS:**
WHAT DATE DID YOU COMPLETE YOU INTAKE AT BRANDYWINE COUNSELING? _____

☐ **YOU HAVE COMPLETED A MINIMUM OF 12 CONSECUTIVE WEEKS OF TREATMENT?**
COUNSELOR/CASE MANAGER SIGNATURE_____

☐ **YOU HAVE SUBMITTED A MINIMUM OF 14 WEEKS OF NEGATIVE URINE DRUG SCREENS:**
WHAT IS YOUR CLEAN DATE? _____ (NOT PERSONAL TIME, COURT TIME)

☐ **YOU ARE MAKING PROGRESS IN TREATMENT**
COUNSELOR/CASE MANAGER SIGNATURE: _____

☐ **YOU HAVE COMPLETED YOUR 'WRAP' BOOKLET IN INDIVIDUAL COUNSELING**
COUNSELOR/CASE MANAGER SIGNATURE: _____

☐ **YOU HAVE 45 DAYS PROGRAM COMPLIANCE** (TOTALLY SANCTION FREE)

☐ **YOU HAVE COMPLETED YOUR COMMUNITY SERVICE** (240 hours)
PROBATION OFFICER SIGNATURE: _____

☐ **YOU HAVE PAID ALL OTHER COSTS YOU OWE TO ALL OTHER DUI PROGRAMS?**
PROBATION OFFICER SIGNATURE_____

☐ **YOU HAVE SET UP A NEW PAYMENT PLAN WITH THE COURTS OF COMMON PLEAS?**
CLIENT SIGNATURE_____

☐ **YOU HAVE NO OWED BALANCE AT BRANDYWINE COUNSELING -** *CURRENT BALANCE:* _____
BRANDYWINE CLINICAL SUPERVISOR SIGNATURE: _____

☐ **IDENTIFY 3 PERSONAL GOALS THAT YOU HAVE ACCOMPLISHED SINCE BEING IN THE PROGRAM:**

1. _____
2. _____
3. _____

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PERSONAL JOURNEY

ARE THERE ANY OTHER SERVICES THAT YOU ARE INTERESTED IN STAYING WITH AFTER GRADUATION?

PLEASE DESCRIBE THE MOST DIFFICULT TIME YOU HAVE HAD IN YOUR RECOVERY DURING THE PROGRAM AND WHAT THE COURT TEAM COULD HAVE DONE TO HELP YOU. ALSO INCLUDE *WHY* YOU THINK YOU ARE READY TO GRADUATE FROM THE PROGRAM?

WHAT ARE YOU MOST PROUD OF?

CLIENT SIGNATURE DATE

PROGRAM REPRESENTATIVE SIGNATURE TO APPROVE DATE

BCCS
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Change is good.

DUI TREATMENT COURT
TRACK 3-PHASE 1
APPLICATION TO TRANSITION TO PHASE 2
SUBMISSION DATE: _____

NAME: _____
PHONE: _____

APPLICATIONS ***MUST*** BE SUBMITTED ***1 WEEK*** BEFORE ELIGIBILY DATE
YOU **MUST** MEET THE FOLLOWING CRITERIA TO TRANSITION TO PHASE 2:

☐ **YOU HAVE SUCCESSFULLY COMPLETED INPATIENT TREATMENT**
WHERE DID YOU COMPLETE INPATIENT TREATMENT AND WHAT DATES WERE YOU THERE?
_____

☐ **WHEN DID YOU START IOP?** _____

☐ **YOU HAVE BEEN IN PHASE 1 FOR A MINIMUM OF 12 WEEKS FROM THE DATE YOU COMPLETED YOUR INTAKE AT BRANDYWINE COUNSELING:**
WHAT DATE DID YOU COMPLETE YOUR INTAKE? _____

☐ **YOU ARE MAKING PROGRESS IN TREATMENT**
COUNSELOR/CASE MANAGER SIGNATURE: _____

☐ **YOU HAVE 30 DAYS PROGRAM COMPLIANCE** (TOTALLY SANCTION FREE)

☐ **YOU HAVE IDENTIFIED YOUR COMMUNITY SERVICE SITE:** _____

☐ **IF YOU HAVE A VEHICLE REGISTERED IN YOUR NAME, YOU HAVE HAD YOUR IID INSTALLED IN YOUR CAR 30 DAYS AFTER ENTRY:**
WHAT IS YOUR ENTRY DATE? _____

☐ **YOU HAVE HAD YOUR TAD INSTALLED** – *PROBATION SIGNATURE:* _____

☐ **IDENTIFY 3 OF YOUR BIGGEST STRUGGLES IN PHASE 1:**
1. _____
2. _____
3. _____

☐ **IDENTIFY 3 PERSONAL GOALS THAT YOU WOULD LIKE TO ACCOMPLISH DURING PHASE 2:**
1. _____
2. _____
3. _____

B C C S
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Change is good.

CLIENT SIGNATURE DATE

PROGRAM REPRESENTATIVE SIGNATURE TO APPROVE DATE

BCCS
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Change is good.

DUI TREATMENT COURT
TRACK 3-PHASE 2
APPLICATION TO TRANSITION TO PHASE 3
SUBMISSION DATE: _____

NAME: _____
PHONE: _____

APPLICATIONS ***MUST*** BE SUBMITTED ***1 WEEK*** BEFORE ELIGIBILITY DATE
YOU ***MUST*** MEET THE FOLLOWING CRITERIA TO TRANSITION TO PHASE 3:
(PLACE AN 'X' IF YOU HAVE COMPLETED THESE)

☐ **YOU HAVE BEEN IN PHASE 2 FOR A MINIMUM OF 16 WEEKS.**
WHAT DATE DID YOU TRANSITION TO PHASE 2? _____

☐ **YOU HAVE SUCCESSFULLY COMPLETED 12 WEEKS OF IOP GROUPS?**
WHAT DATE DID YOU COMPLETE IOP? _____

☐ **YOU HAVE SUBMITTED AT LEAST 4 WEEKS OF NEGATIVE URINE DRUG SCREENS WHILE IN PHASE 2:**
WHAT IS YOUR CLEAN DATE? _____ (NOT PERSONAL TIME, COURT TIME)

☐ **YOU ARE MAKING PROGRESS IN TREATMENT**
COUNSELOR/CASE MANAGER SIGNATURE: _____

☐ **YOU HAVE 30 DAYS PROGRAM COMPLIANCE** (TOTALLY SANCTION FREE)

☐ **YOU HAVE COMPLETED 60 HOURS OF COMMUNITY SERVICE**

☐ **IDENTIFY 3 OF YOUR BIGGEST STRUGGLES IN PHASE 2:**
1. _____
2. _____
3. _____

☐ **IDENTIFY 3 PERSONAL GOALS THAT YOU WOULD LIKE TO ACCOMPLISH DURING PHASE 3:**
1. _____
2. _____
3. _____

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CLIENT SIGNATURE DATE

PROGRAM REPRESENTATIVE SIGNATURE TO APPROVE DATE

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DUI TREATMENT COURT
TRACK 3-PHASE 3
APPLICATION TO TRANSITION TO PHASE 4
SUBMISSION DATE: _____

NAME: _____
PHONE: _____

APPLICATIONS ***MUST*** BE SUBMITTED ***1 WEEK*** BEFORE ELIGIBILY DATE
YOU **MUST** MEET THE FOLLOWING CRITERIA TO TRANSITION TO PHASE 4:

☐ **YOU HAVE BEEN IN PHASE 3 FOR A MINIMUM OF 16 WEEKS**
WHAT DATE DID YOU TRANSITION TO PHASE 3? _____

☐ **YOU HAVE SUBMITTED AT LEAST 8 WEEKS OF NEGATIVE URINE DRUG SCREENS**
WHAT IS YOUR CLEAN DATE? _____ (NOT PERSONAL TIME, COURT TIME)

☐ **YOU ARE MAKING PROGRESS IN TREATMENT**
COUNSELOR/CASE MANAGER SIGNATURE: _____

☐ **YOU HAVE RECEIVED THE WRAPBOOK AND BEGAN WORKING ON IN IT INDIVIDUAL COUNSELING**
COUNSELOR/CASE MANAGER SIGNATURE: _____

☐ **YOU HAVE 45 DAYS PROGRAM COMPLIANCE** (TOTALLY SANCTION FREE)

☐ **YOU HAVE COMPLETED AT LEAST 160 HOURS OF COMMUNITY SERVICE**
PROBATION OFFICER SIGNATURE: _____

☐ **YOU HAVE NO OWED BALANCE AT BRANDYWINE COUNSELING, IF YOU HAVE A BALANCE YOU CANNOT PAY, YOU HAVE SET UP AN APPROVED PAYMENT PLAN-** *CURRENT BALANCE*: _____
BRANDYWINE CLINICAL SUPERVISOR SIGNATURE: _____

☐ **IDENTIFY 3 PERSONAL GOALS THAT YOU WOULD LIKE TO ACCOMPLISH PRIOR TO GRADUATION:**

1. _____
2. _____
3. _____

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THE FOLLOWING IS INFORMATION THE TEAM WOULD LIKE TO KNOW ABOUT YOU, THIS SECTION **MUST BE** COMPLETED TO TRANSITION TO THE NEXT PHASE

ARE YOU CURRENLY EMPLOYED? ___YES ___NO

IF YES, WHERE? _____

WHAT IS YOUR POSITION? _____

---OR---

ARE YOU ENROLLED IN SCHOOL? ___YES ___NO

IF YES, WHERE? _____

WHAT ARE YOU GOING TO SCHOOL FOR? _____

DO YOU ATTEND ANY SELF-HELP GROUPS? ___YES ___NO

DO YOU HAVE A MENTOR/SPONSOR? ___YES ___NO

PERSONAL JOURNEY

ARE THERE ANY OTHER SERVICES THAT YOU ARE INTERESTED IN GETTING INVOLVED WITH?

_____

_____

_____

PLEASE DESCRIBE THE MOST DIFFICULT TIME YOU HAD IN YOUR RECOVERY DURING THE PROGRAM AND WHAT THE COURT TEAM COULD HAVE DONE TO HELP YOU. ALSO INCLUDE *WHY* YOU THINK YOU ARE READY TO MOVE TO PHASE 4 (WHAT IS DIFFERENT TODAY THAN BEFORE YOU STARTED IN THE TREATMENT COURT?)

_____

_____

_____

_____

OTHER COMMENTS/SUGGESTIONS/CHANGES YOU WOULD MAKE?

_____

_____

_____

WHAT REWARD/INCENTIVE WOULD BE MEANINGFUL FOR YOU TO CONTINUE MAKING POSITIVE CHOICES?

_____

_____

_____

_____ _____

CLIENT SIGNATURE DATE PROGRAM REPRESENTATIVE SIGNATURE TO APPROVE DATE

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DUI TREATMENT COURT
TRACK 3-PHASE 4
GRADUATION APPLICATION
SUBMISSION DATE: _____

NAME: _____
PHONE: _____

APPLICATIONS ***MUST*** BE SUBMITTED ***1 WEEK*** BEFORE ELIGIBILITY DATE
YOU ***MUST*** MEET THE FOLLOWING CRITERIA TO TRANSITION TO GRADUATE:
(PLACE AN 'X' IF YOU HAVE COMPLETED THESE)

☐ **YOU HAVE BEEN IN THE PROGRAM FOR A MINIMUM OF 40 WEEKS:**
WHAT DATE DID YOU COMPLETE YOU INTAKE AT BRANDYWINE COUNSELING? _____

☐ **YOU HAVE A MINIMUM OF 12 CONSECUTIVE WEEKS OF TREATMENT:**
COUNSELOR/CASE MANAGER SIGNATURE_____

☐ **YOU HAVE SUBMITTED AT LEAST 14 WEEKS OF NEGATIVE URINE DRUG SCREENS:**
WHAT IS YOUR CLEAN DATE? _____ (NOT PERSONAL TIME, COURT TIME)

☐ **YOU ARE MAKING PROGRESS IN TREATMENT**
COUNSELOR/CASE MANAGER SIGNATURE: _____

☐ **YOU HAVE COMPLETED YOUR 'WRAP' BOOKLET IN INDIVIDUAL COUNSELING**
COUNSELOR/CASE MANAGER SIGNATURE: _____

☐ **YOU HAVE 45 DAYS PROGRAM COMPLIANCE** (TOTALLY SANCTION FREE)

☐ **YOU HAVE COMPLETED YOUR COMMUNITY SERVICE** (240 hours)
PROBATION OFFICER SIGNATURE: _____

☐ **YOU HAVE PAID ALL OTHER COSTS YOU OWE TO ALL OTHER DUI PROGRAMS?**
PROBATION OFFICER SIGNATURE_____

☐ **YOU HAVE SET UP A NEW PAYMENT PLAN WITH THE COURTS OF COMMON PLEAS?**
CLIENT SIGNATURE_____

☐ **YOU HAVE NO OWED BALANCE AT BRANDYWINE COUNSELING -** *CURRENT BALANCE:* _____
CLINICAL SUPERVISOR SIGNATURE: _____

☐ **IDENTIFY 3 PERSONAL GOALS THAT YOU HAVE ACCOMPLISHED SINCE BEING IN THE PROGRAM:**

1. _____
2. _____
3. _____

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PERSONAL JOURNEY

ARE THERE ANY OTHER SERVICES THAT YOU ARE INTERESTED IN STAYING WITH AFTER GRADUATION?

PLEASE DESCRIBE THE MOST DIFFICULT TIME YOU HAVE HAD IN YOUR RECOVERY DURING THE PROGRAM AND WHAT THE COURT TEAM COULD HAVE DONE TO HELP YOU. ALSO INCLUDE *WHY* YOU THINK YOU ARE READY TO GRADUATE FROM THE PROGRAM?

WHAT ARE YOU MOST PROUD OF?

CLIENT SIGNATURE DATE

PROGRAM REPRESENTATIVE SIGNATURE TO APPROVE DATE