District Attorney General
Lisa Zavogiannis
Program Director
C. Brad Price
Treatment Provider
Volunteer / Donna Vize, Peer Case Manager/
Marianne Cripps

31ST JUDICIAL DISTRICT ADULT RECOVERY CT.

P.O. Box 639
201 Locust Street, Suite 13
McMinnville, TN 37110
(931) 474-1071
www.warrencountytn.gov

Public Defender
John Partin
Probation
Vickie Rowland
Police Liaisons
Derwin Adcock, Marc Martin

ADULT RECOVERY COURT JUDGE
Larry Bart Stanley, Jr.
ADULT RECOVERY COURT ELIGIBILITY FORM

Do you have a substance abuse or mental health problem? If your answer is Yes and you have been charged with a criminal offense or violation of probation, then you may be eligible for the 31st Judicial District Adult Recovery Court Program. The Adult Recovery Court Program is designed to assist those with substance abuse problems and/or mental health issues, to regain his/her life by participating in treatment, educational programs, support groups, etc. and to develop a productive citizen for the benefit of the participant and the community, by allowing the participant to avoid a long term jail sentence for punishment for his/her crime.

YOU MAY BE ELIGIBLE IF: (Must be 18 years of age)

1. Must meet statutory requirements for suspended sentences. Have a B felony or less offense / charge.
2. Must be a non-violent felony offender
3. Must have a substance abuse addiction or mental health issue.
4. Must be a resident of Warren or Van Buren counties
5. Must be willing and able to participate in an 18 month (minimum) drug treatment rehabilitation program as directed by the Court: including regular random urine screens
6. Must be able to make arrangements for transportation to treatment
7. Cannot have a hold or pending charge in another jurisdiction
8. Cannot currently be on parole
9. Cannot have a sex offense conviction or pending sex offense charge

If you think you are eligible, you will need to read the attached brochure and also fill out the attached application and return immediately to the Adult Recovery Court Director. A criminal history and background check will be performed to verify you have no prior violent criminal history. The District Attorney makes the final decision to any applicants to Adult Recovery Court. If the criminal background check shows you have no prior record that would exclude you from participation, you will be set up for an Alcohol and Drug Abuse Assessment and A.S.I. (Addiction Severity Index 5th Edition) with Cheer Mental Health. The Adult Recovery Court Team, which consists of the District Attorney, Public Defender, Director, Compliance Manager, Probation Officer, Treatment Provider, Police Liaisons from the City and County Departments, and the Adult Recovery Court Judge, will meet and make a decision based on information collected from you. The District Attorney can veto any decision made by the team but the ultimate decision will be made by the Adult Recovery Court Judge. If you are accepted into the Adult Recovery Court Program, the Director will inform you and your attorney. You will attend the next scheduled Circuit Court and will enter your plea. At this time appointments will be made with the treatment provider and compliance manager. Your attorney will no longer represent you unless the Adult Recovery Court Judge is considering revoking you from the program. If you are denied from participation in the program, the Director will notify you and your attorney. If you **successfully** complete the program, you will receive a suspended jail sentence and have the tools needed to lead a Drug Free lifestyle.

If you are **unsuccessful** to comply with the Program guidelines a violation of probation hearing will be scheduled and sentencing would be imposed as set out in the plea agreement.

The following explains the Program Phases and possible sanctions for non compliance.

Phase I: (approximately 6 months)

Meet with Adult Recovery Court Compliance Manager weekly, begin payment of program fee, random urine screens minimum of once a week, self-help support meetings 3 times a week, intensive outpatient therapy treatment, or inpatient treatment if deemed necessary, obtain a self-support sponsor, appear before the Adult Recovery Court Judge weekly, submit weekly journal entry and home visits conducted by law enforcement liaison and/or Compliance Manager.

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Phase II: (approximately 6 months)
Meet with Adult Recovery Court Compliance Manager every other week, curfew of 9:00p.m., continue payment of program fee, random urine screens minimum of once a week, appear before the Adult Recovery Court Judge every other week, submit weekly journal entry, self-help support meetings two times a week, maintain a self-support sponsor, after completion of therapy, attend weekly Relapse Prevention Group, have stable employment or be involved in Job Skills Training, and home visits conducted by law enforcement liaison and/or Compliance Manager

Phase III: (approximately 6 months)
Meet with Adult Recovery Court Compliance Manager once a month or as needed, curfew of 11:00p.m., continue payment of program fee, random urine screens minimum of once a week, self-help support meetings two times a week, after completion of relapse group, attend weekly Continuing Care Group, obtain a self-support sponsor, appear before the Adult Recovery Court Judge every four weeks, submit weekly journal entry, and home visits conducted by law enforcement liaison and/or Compliance Manager.

Possible sanctions include but are not limited to: community service work, increase in treatment, returning to a previous phase, jail time or being terminated from the Program. The Team will make a recommendation to the Judge for sanctions but the Judge has the final say on any sanction and may use a sanction not listed above.

Costs of the program will be $1,000.00 payable over the time period in Adult Recovery Court. Graduation from the program will not be possible until the program fee and court costs are paid in full. .

I, _____, have no convictions for a **violent felony offense** and have read or have had read to me this form and the informational brochure and understand the entire contents of each document. I need substance abuse treatment and willing and voluntarily want to participate in the Adult Recovery Court Program and will follow the requirements of the Adult Recovery Court Program, if I am admitted.

_____
Print Name

_____ _____
Applicant Signature DOB / Social Security #

THIS FORM MUST BE SUBMITTED WITH THE APPLICATION TO:
C. Brad Price, Adult Recovery Court Director
P.O. Box 639
201 Locust Street, Suite 13
McMinnville, TN 37110
(931) 474-1071

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