

# SPOKANE COUNTY DUI THERAPEUTIC COURT PROBATION CONDITIONS

PO Box 2352 721 North Jefferson St, Suite 200 Spokane, Washington 99260-2352 Phone: (509) 477-2230 Fax: (509) 477-2231 E mail: dctherapeuticcourts@spokanecounty.org

| Name: | Case Number(s): |
|-------|-----------------|
| anie  |                 |

You must follow all of the conditions listed on the Sentencing Order and Judgment and all of the general conditions and directions imposed by the Court and your Probation Officer. This list is an explanation of probation conditions, not a complete list of conditions. Additional conditions or conditions not found on this list may be added to your probation.

The following conditions apply to you for the full term of your probation unless modified in writing by the Court.

## **Driving Rules:**

- No driving of motor vehicles without providing probation your valid driver's license, proof of insurance and Ignition Interlock Device if required by Washington Department of Licensing or the Court.
- "Motor Vehicles" may include any definition found in Washington State Code and includes off-road vehicles, boats, personal watercraft, golf cards and other motor-powered vehicles.

#### **Alcohol and Drugs**

- Do not consume or possess alcohol, marijuana, marijuana by-products, illegal drugs, or mind-altering substances.
- Do not manufacture any beer, wine, hard cider, or any other alcoholic beverage.
- Do not ingest non-alcoholic beer or wine, poppy seeds in any form, kombucha, flushing agents, natural or herbal remedies such as Kratom, Spice, CBD, Bath Salts, or Salvia.
- Do not ingest substances containing creatine.
- Do not use or consume any products which are not your own such as beverages, foods, or vape pens.
- You may not enter or frequent bars or cannabis retailers or any other business whose primary purpose is in the sale of alcohol or cannabis.

## Medications

- Do not ingest over-the-counter medications such as NyQuil, Benadryl, Zyrtec without consulting with a pharmacist or your probation officer.
- You must provide a copy of prescribed medications to your probation officer and testing agency immediately upon receiving the prescription.
- Do not take any other person's prescribed medication.
- You will be required to sign a release of information and obtain acknowledgement that the prescribing physician
  is aware that you have been diagnosed with a substance use disorder and are in a recovery-based program prior
  to receiving any narcotic medication.

## **Employment**

- You are required to maintain full time employment (unless proof of disability or retirement is provided) while in DUI Court.
- If unemployed, you are required to be job searching and provide verification of your efforts as directed by the Court. Or enrolled in an educational program or a combination of education and employment.
- Employment in restaurants or bars may be permitted, provided the participant maintains sobriety, program compliance and has the approval of the Court. Failure to maintain sobriety and program compliance may result in a Court ordered removal from the work site.

#### **Treatment**

- You must complete a substance use disorder and mental health evaluation at the direction of your probation officer or the Court.
- You must attend and complete treatment as directed by your treatment provider.
- You must attend the DUI Victim's Impact Panel within 60 days of entering the program.
- You must engage in MRT by phase 3 or as directed by your treatment provider or probation officer.
- You must complete MRT prior to graduation.
- You must attend self-help meetings as directed by your treatment provider.

## **Drug and Alcohol Testing and Monitoring**

I understand and agree that I may be tested, at my own expense, using any combination of the following, and must do so immediately after being requested to by my probation officer or treatment provider:

| Breath Alcohol Testing (PBT) | Urinalysis    | Drug Sweat Patch |
|------------------------------|---------------|------------------|
| Mouth Swabs                  | Polygraph     | SCRAM            |
| In Home Testing Device       | Hair Follicle | Nail Testing     |

### **Electronic Monitoring**

- You must maintain the established testing schedule of any EHM, CAM or In Home Testing Device imposed by the Court.
- You must not tamper with or damage any electronic monitoring equipment, or you will be financially responsible for the cost of replacement.
- The length of electronic monitoring may be extended based upon performance.
- You must follow all directions of the Electronic Monitoring personnel.

## **Release of Information and Waiver of Rights**

- I agree and authorize the presiding Judge over DUI Court to discuss my case and treatment progress with the DUI Court Team outside of my presence.
- I agree and acknowledge I will not disclose to any other person, business, or organization any other DUI Court participant's treatment information I hear during a DUI Court session.
- I authorize my treatment providers to exchange my treatment information with the DUI Court team.
- I authorize the Probation Officer and Court to discuss my treatment progress and records during DUI Court sessions including testing results.

- I understand this consent will remain in effect and cannot be revoked by me until termination or successful completion of probation and the DUI Court program.
- I understand that I cannot participate in DUI Court without all releases remaining in effect.

## **Publicity Consent**

- I am over eighteen years of age.
- I consent to and authorize the use, publication, and reproduction of all media by the DUI Court team for all photographs/videos taken of me, with or without names as the case may be for any editorial, promotional, advertising, educational or other purposes.
- I understand that any photographs or videos may place my picture in a story, on a website or on the cover of any or all publicity materials for DUI Courts.
- I release the DUI Court, its staff, and employees, or anyone it authorized, from all claims relating to or arising from the uses consented above.

| **ALL LAW ENFORCEMENT CONTACT MUST BE REPORTED IM | IMEDIATELY TO YOUR PROBATION OFFICER REGARDLESS |
|---|---|
| OF THE SITUATION.                                 |   |

I HEREBY ACCKNOWLEDGE RECEIPT AND UNDERSTANDING OF THESE PROBATION CONDITIONS AND AGREE TO ABIDE BY THEM FROM THIS DATE FORWARD UNTIL I HAVE COMPLETED THE DUI COURT PROGRAM AND MY PROBATION HAS BEEN CLOSED.

| Signature | Date      |
|-----------|-----------|
| Signature | Date      |
|           | Signature |