

9. _____ I understand CTC provides positive rewards for success in this program.
10. _____ I understand that I can be sanctioned for non-compliance with my treatment plan, the court's requirements or any court order.
11. _____ I will sign all releases of confidentiality necessary for the court, including releases that allow access to my assessment, treatment information, medical, mental health, and behavioral health records. I understand the court will also issue an order allowing for the exchange of information between the treatment provider and the CTC Team members.

I have read this document and have reviewed it with my attorney. I understand and agree to abide by the above terms of the CTC Program.

Participant Signature

Date

I certify that on _____
a copy of this document was emailed/hand-delivered to:

- | | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> AG | <input type="checkbox"/> PD |
| <input type="checkbox"/> OCS | <input type="checkbox"/> Tribe _____ |
| <input type="checkbox"/> GAL | <input type="checkbox"/> OPA-AJR |
| <input type="checkbox"/> OPA-ASD | <input type="checkbox"/> OPA-CLS |
| <input type="checkbox"/> _____ | |

Clerk: _____