

EXHIBIT “A”

**BERKS COUNTY COURT
OF
COMMON PLEAS**



VETERANS TREATMENT COURT

**PARTICIPANT HANDBOOK
Revised February 2020**

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MISSION STATEMENT

The mission of the Berks County Veterans Treatment Court program is to divert our combat veterans from the traditional criminal justice system and provide them with comprehensive rehabilitative services that address substance abuse, mental health, or adjustment issues that have occurred in correlation with their military service.

The goals of the program are to honor the service of our veterans, reduce recidivism, improve community relations, and restore our military heroes to productive, successful, law-abiding lives.

TEAM MEMBERS

Court of Common Pleas
The Honorable Stephen B. Lieberman, Presiding Judge

Treatment Court Coordinator
Jessica Bodor, Assistant Chief Probation Officer

The team also includes Adult Probation Officers, an Assistant District Attorney, an Assistant Public Defender, representatives from Treatment Access and Services Center, Inc. (TASC), a Veterans Justice Outreach Coordinator, a mentor coordinator, and a representative from Veterans Affairs.

Each team member agrees to carry out the daily tasks involved in planning and monitoring operations of this Veterans Treatment Court Program. Furthermore, the group will conduct staffings for the Veterans Treatment Court Program and will also meet outside the court setting to review operations and discuss modifications to the policies and procedures of this program.

PROGRAM COMPONENTS AND GOALS

When you begin and as you progress through the Veterans Treatment Court Program, think about your personal goals and what you would like to achieve. Set goals you think will help you stay clean and sober and will support your decision making, growth and recovery. Goals can be written on the goals sheet in the Appendix of this document.

In addition to your personal and treatment goals, there are program requirements that are outlined in this manual and are listed on the Phase Checklists (see Appendix). You are required to reside in Berks County throughout your involvement in Treatment Court. Additional requirements include, but are not limited to the following:

- Live in an environment with people who support my recovery
- Attend support group meetings and sober living activities regularly
- Attend all sessions with the Judge
- Attend and engage in drug, alcohol and mental health treatment as scheduled with a positive attitude
- Meet with your Probation Officer as scheduled
- Develop a support list and identify a mentor, sponsor and/or other support person
- Call in for urine screening daily, report as scheduled, and provide undiluted, drug-free screens
- Be a good role model for others in Treatment Court and in the recovery community
- Become a stable and responsible parent
- Be a dependable employee / obtain employment
- Get a driver's license (if applicable)
- Get your own house or apartment (if applicable)
- Pay all costs, fines and restitution
- Cooperate with case management services (if applicable)
- Complete ordered community service
- Participate in risk assessments and risk reduction activities

RISK ASSESSMENT

Prior to admission to Veterans Treatment Court, you will participate in a risk and needs assessment, the Risk and Needs Triage (RANT) to help determine your appropriateness for Veterans Treatment Court and to begin to assess what services are necessary to help you be successful. In addition, at the end of Phase 1 and prior to advancement to Phase 2, your probation officer will administer the Ohio Risk Assessment System: Community Supervision Tool (ORAS-CST). This tool will help assess your risk to reoffend, will aid in determining your needs, and will help identify any barriers that could impact on your ability to be successful. Additional programming may be assigned based upon your needs.

DRUG AND ALCOHOL AND MENTAL HEALTH **TREATMENT THROUGH THE VETERANS** **ADMINISTRATION**

As part of the Veterans Treatment Court Program each participant will be vetted to determine eligibility for Veterans Administration benefits regarding Drug and Alcohol and Mental Health Treatment services. Once admitted into the Veterans Treatment Court Program each participant will meet with the Veterans Justice Outreach Coordinator (VJO) to have an assessment and determine an action plan if further treatment is deemed necessary. Once any required assessments are completed the Veterans Justice Outreach Coordinator, in conjunction with the participant, will come up with a list of groups and individual treatment sessions they will attend. Each participant's treatment plan could be different and they are required to attend their treatment as directed.

JUDICIAL REVIEW

Unless you are a resident in a distant inpatient treatment program, you **MUST** attend the Judicial Review at the Berks County Courthouse. You will attend once every two weeks, monthly, or otherwise as directed by the court.

MY ATTENDANCE SCHEDULE:

() Every two weeks Starts_____ Ends_____

() Once a month Starts_____ Ends _____

() Other Starts_____ Ends_____

You must arrive at the Berks County Courthouse at least 30 minutes before the review so you can pass through security, remit payment towards fines and costs (a minimum of \$40.00 a month shall be paid) and check in with the court officials at the courtroom. While payments may be made while you are in Phase 1 and Phase 2, the requirement of making these regular payments begins in Phase 3.

Things to remember for Judicial Review:

- Pay your fees at the Clerk of Courts **PRIOR** to coming to court. Bring your receipt with you to court.
- **DRESS APPROPRIATELY:** No shorts, tank tops, etc. No hats worn in the courtroom. Your appropriate clothing demonstrates respect for the court.
- **BE QUIET WHEN THE JUDGE TALKS.** Comments of others have meaning for you and it is important to show respect to others. Electronic devices including cell phones should be turned off.
- If the judge or probation officer has asked you to bring documents to show the court, have them with you during check-in. These documents may include: journals, essays, verification of support group meeting attendance, verification of community service, your date book, etc.

Your probation officer, veterans justice outreach coordinator (VJO), or the judge may ask you to meet with them after the review. Be prepared to stay for a few extra minutes. You may also be directed to submit a drug screen or breathalyzer test while present for your review.

VETERANS TREATMENT COURT PHASES

The Berks County Veterans Treatment Court operates in four (4) phases. As you progress in treatment and in all other areas of the program you will progress to the next phase. Each phase has fewer requirements as you grow in your recovery.

The Veterans Treatment Court Team will monitor your status in each phase and will decide when you have met the requirements to move to the next phase. Your progress through these phases will depend to a large part on your efforts to complete your requirements in a timely manner.

You must remember that the phases are designed to help you stay strong in your recovery while moving toward independence. If you have questions about where you stand in your phases, talk to your probation officer and/or the Veterans Justice Outreach Coordinator.

If you have accomplished the requirements of your current phase, review your current phase checklist with your probation officer, sign and date the checklist and request advancement to the next phase. Once completed, you will submit that form to the Veterans Treatment Court Probation Officer. It will then be reviewed at the next Veterans Treatment Court Team meeting and the status of your advancement will be addressed at your next review before the Veterans Treatment Court Judge.

PHASE I START _____ FINISH _____

PHASE II START _____ FINISH _____

PHASE III START _____ FINISH _____

PHASE IV START _____ FINISH _____

SUPPORT LIST

These people will help me successfully complete the Veterans Treatment Court Program. This group may include friends, family members, support group sponsor, employers, veteran mentors, probation/parole officers, VJOs, etc. Ask them for their support or thank them for what they have done. Letting others know your needs and how you feel about them makes for a stronger recovery support system.

_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date

ADULT PROBATION AND PAROLE OFFICE

While you participate in Veterans Treatment Court, an officer from the Berks County Adult Probation and Parole Office will closely supervise you, will assist you in your recovery and help you make positive changes in your life. The probation officer represents the court and will support you and hold you accountable to follow your court order and rules outlined in Veterans Treatment Court Agreement and this Manual. In addition, your probation officer will assist you to become a productive and law-abiding member of the community. This is done by challenging you to learn and grow so you can improve your decision making.

You will receive a list of the rules upon entry into Veterans Treatment Court. Read these rules carefully and ask your attorney if there is anything you do not understand. While participating in Veterans Treatment Court you must follow these rules or face a penalty from the court. It is your responsibility to report to the probation officer as directed.

You may receive curfews, electronic monitoring, or other restrictions while involved in Veterans Treatment Court. Your probation officer will explain the rules regarding any of these programs.

The Veterans Treatment Court will require you to complete journals, essays, sober leisure activities, meetings, employment searches, and other programs. Your probation officer will monitor these requirements and report the status to the Veterans Court Treatment Team.

The probation officer will also conduct random drug and alcohol testing while you participate in Treatment Court.

My Probation Officer _____

Phone number _____

Email _____

Probation Office Address:

**Berks County Adult Probation/Parole
633 Court Street
7th Floor Services Center
Reading, PA 19601**

MENTORSHIP PROGRAM

Upon entry into the Veterans Treatment Court Program each participant will be assigned a mentor. The purpose of the Veterans Mentorship Program is to support each veteran through their readjustment to civilian life, to assist them in navigating through the court, treatment, and VA systems, and to act as a friend and ally throughout this difficult time.

Having fellow veterans participate as mentors is an integral and unique component of the Veterans Treatment Court Program, as veterans share common values and experiences in both combat and in the often-difficult transition into civilian life. Mentors offers support and encouragement for fellow veterans by spending one-on- one time with each veteran following Veterans Treatment Court proceedings. These mentoring sessions usually do not last longer than 30 minutes and give the veteran the opportunity to express concerns and receive feedback and support from another veteran.

All potential mentor volunteers are required to complete an application and attend a brief face-to-face interview with the Mentor Coordinator prior to being trained and accepted into the program.

DRUG AND ALCOHOL TESTING

Urine Screening

All participants are required to submit to urine drug screens. Each participant will be assigned a pin and must call the drug testing hotline daily (1-800-494-1250) and enter their pin number to see if they have drug testing. Participants are able call to each day after 5 am. If a participant's pin is called, he/she must report for drug testing. Urine collection is done at TASC, 19 North 6th Street 1st Floor, Reading, Pennsylvania. You may also be tested by your probation officer both at the office and in the field. Each participant will be given written information pertaining to urine drug testing times as well as their pin number to access the Redwood drug screening system.

All urine collections are observed by a male or female monitor. All urine screens will be a \$2.00 co-pay paid directly to TASC. However, participants being sanctioned due to a positive test or a diluted sample may be required to pay the full co-pay for testing costs as a sanction. Participants are expected to attend every drug test for their particular pin. Participants must come prepared to give a urine sample. If they cannot, this is considered a positive test. Diluted or adulterated urines are unacceptable and are also viewed as a positive drug screen. Participants who attempt to pass a false urine may be charged with a misdemeanor offense.

Urin es will be sent to the laboratory when a participant refuses to acknowledge a positive drug test result or when the probation officer suspects drug use. The participant must pay the upfront re-testing fee of \$35.00 per substance if they wish to have their sample retested. This fee shall be paid within 48 hours of their notification of the positive result. They will be refunded their money if the test comes back negative. If the lab confirms a positive drug test, the participant will be sanctioned appropriately.

Urine testing frequency will be on a random basis. Participants will not be told how many times a week they will be called for a urine; they need to call to check for their urine every day.

Breath Testing

The use of alcohol by Veterans Treatment Court participants is prohibited. Participants will be breath-tested on a regular basis.

Oral Fluids Testing

The use of oral fluid testing may be used should the participant not be able to produce a urine sample at the time it is requested.

Additional information on drug and alcohol testing is contained in the Appendix of this document ("Drug Screening Guidelines" and "Alcohol Testing Contract").

SANCTIONS AND INCENTIVES

The use of graduated sanctions and incentives with Veterans Treatment Court participants can help shape behavior and improve outcomes. In order to be effective, there must be a proper balance of sanctions and incentives. Within the framework, incremental, proportionate and predictable responses are delivered to encourage and reinforce positive behaviors and discourage negative, noncompliant behaviors. Sanctions are administered when participants fail to comply with program requirements (supervision, treatment, drug testing, etc.) and incentives are in response to positive behavior and achievements.

Possible incentives and sanctions include:

Incentives

Decreased drug testing
Early dismissal from court
Less frequent court appearances
Reduction in fines and costs
Draw from the ammo can
Verbal praise/applause
Phase promotion
Decreased probation contacts
Travel allowance
Additional “windows” while on EM
Removal of monitoring device
Phase advancement
Gift cards
Draw from the footlocker
Other tangible items
Graduation

Sanctions

Increased drug testing
Increased community service hours
Increased court appearances
Paying for drug tests
Writing assignments
Verbal admonishment
Incarceration
Increased probation contacts
Travel restrictions
Installation of monitoring device
Additional monitoring time
Reduction of “windows”
Life skills assignments
Increased community restrictions
Phase demotion
Termination

These lists are not all inclusive but are a guide that may be used when administering an incentive or sanction. The Veterans Treatment Court Team may divert from this list at any time and assign other sanctions or incentives. In addition, treatment interventions may be assigned but should not be categorized as sanctions.

SANCTIONABLE BEHAVIORS

Participant behaviors, which may be sanctioned, include, but are not limited to the following:

- Positive or diluted urine test
- Failure to submit urine sample
- Unexcused absence or absences from counseling sessions
- Failure to follow treatment conduct rules
- Willful failure to pay costs, fees and restitution as ordered
- Failure to attend scheduled status hearing without just cause
- Arrested for a new offense
- Failure to comply with treatment provider recommendations
- Leaving the jurisdiction without permission of the Treatment Court Team
- Failure to attend self-help groups per treatment plan recommendation
- Possession or delivery of drugs at treatment site
- Violent or abusive behavior at treatment site, program site or other place of contact or participation
- Failure to comply with directives given by the Court, Treatment Court Team or treatment providers
- Failure to move through the phases in the appropriate designated time frame
- Dishonesty to court personal and other treatment court staff

BEHAVIORS WORTHY OF INCENTIVE

Participant behaviors, which the Veterans Treatment Court team may apply an incentive, include, but are not limited to the following:

- Attend all scheduled Veterans Treatment Court sessions as scheduled
- Attend all scheduled outpatient treatment sessions as scheduled
- Attend all scheduled appointments with their mentor
- Attend all urine screens when called
- Continuously have negative urine screens
- Follow all the rules of the Veterans Treatment Court program
- Make consistent payments on fines, costs, and restitution
- Show progress in all aspects of your recovery
- Being honest with yourself, court and treatment staff

SCRAM/GPS

As part of a sentence and/or as a sanction, participants may be placed on electronic monitoring while in Treatment Court. The Secure Continuous Remote Alcohol Monitor (SCRAM) is an ankle bracelet that is worn 24 hours a day/7 days a week and monitors alcohol consumption by sampling the participant's perspiration. The SCRAM bracelet is worn to ensure that participants do not drink alcohol and to assist in their path to abstinence from alcohol. The SCRAM bracelet communicates the information gathered via a landline phone or internet ethernet cable. Participants may be required to pay up to \$8.00 per day for the use of the bracelet with a minimum of two months up from prior to installation of the bracelet. Verification of alcohol use may result in further sanctioning.

The Global Positioning System (GPS) is an ankle bracelet that is worn 24 hours a day/7 days a week and monitors the participant's whereabouts using global positioning points. This information gathered from the bracelet is communicated through cellular service. Participants may be required to pay up to \$5.00 per day for this service with a minimum of two months being paid up front, prior to the installation of the device. The assigned probation officer will determine the schedule for windows (time allowed away from the residence) and will monitor the participant's whereabouts. Deviations from the approved schedule will be considered violations of probation.

TERMINATION

Warrants, new arrests or a violation of any aspect of program rules and regulations may result in a participant's termination from the Veterans Treatment Court Program. Other specific violations which could result in termination include the following:

- A pattern of missed and/or positive drug tests
- Tampering with drug tests
- Demonstrating a lack of program response by failing to cooperate with the Veterans Treatment Court Team or treatment program
- Violence or the threat of violence directed at Veterans Treatment Court Team members, treatment staff, other participants of the program and/or clients of treatment providers
- A pattern of dishonesty with the Veterans Treatment Court Team

Following a termination petition, a hearing will be held before an impartial Judge to provide evidence that would warrant termination from Veterans Treatment Court. If a participant is then terminated their case, if pretrial, will be returned to the originating Judge for sentencing. If they are post-conviction their case would then go through the regular Gagnon procedure. Sentencing shall be within the sole discretion of the sentencing judge, limited only by the maximum penalty allowed by law.

TREATMENT COURT POLICY ON NARCOTIC MEDICATIONS AND PROHIBITED SUBSTANCES

Due to the high potential of narcotic medications to interfere with treatment and recovery efforts, the Berks County Veterans Treatment Court prohibits the use of all addictive medications. Addictive medications include all opiate-based pain medications, benzodiazepines or anti-anxiety medications, stimulant medications for the treatment of ADHD, sleeping pills and muscle relaxers. The list includes, but is not limited to, the following and includes any generic versions of these drugs:

ADDERALL	AMBIEN	AMYTAL
ATIVAN	CODEINE	CONCERTA
DEMEROL	DEXEDRINE	DILAUDID
FOCALIN	HALCION	KLONOPIN
LORCET	LORTAB	LIBRIUM
LUNESTA	MORPHINE	NEMBUTAL
OPANA	OXYCODONE	OXYCONTIN
PERCOCET	PERCODAN	RITALIN
ROXANOL	SECONAL	SOMA
SONATA	STADOL	TYLOX
TRAMADOL	VALIUM	VICODIN
XANAX	MEDICAL MARIJUANA	CBD OIL
FENTANYL	OTC CORICIDIN	MARINOL
GABAPENTIN	NEURONTIN	KRATOM

Participants in Berks County Veterans Treatment Court and individuals seeking entry into the Berks County Veterans Treatment Court are expected to notify all their treating physicians that they are in recovery. If a treatment physician wishes to treat the individual with narcotic or addictive medications, the individual shall immediately disclose this information to the Treatment Court Team.

Treatment Court participants using such medications absent permission from the Treatment Court Judge are subject to termination from the program.

Exceptions to this policy are made only in rare occasions, such as in the case of *documented* medical emergency treatment. Participants who habitually seek exception to this policy are subject to termination. If a prescribing physician recommends that a client must be continuously maintained on prohibited prescriptions in order to sustain a certain quality of life, the client may no longer participate in Treatment Court.

Consuming alcohol in any form is prohibited. The use of diet pills while in Treatment Court is prohibited. Additionally, the consumption of poppy seeds is strictly prohibited while in the program. Any positive drug tests for opiates will always be deemed positive for illegal

substances. Lastly, consumption of salvia, morning glory seeds and any other such mood altering or hallucinogenic substance are strictly prohibited.

An additional copy of this policy is located in the Appendix of this manual. The participant shall sign the signature line of the document and the assigned probation officer shall keep the original signed document.

COSTS, FINES AND RESTITUTION

While you are attending Veterans Treatment Court, you will be required to pay any costs, fines, and restitution that are owed to the Berks County Clerk of Courts Office. A payment plan will be set through the Berks County Adult Probation and Parole Office.

You will be required to make a payment towards fines and costs prior to each court review session starting in Phase 3. It is expected that you pay a minimum of \$40.00 per month on monies owed. You will meet with your probation officer and develop a financial plan that includes a payment plan for your financial obligations to the Court.

Upon successful completion of Veterans Treatment Court, you may be eligible to have the certain assessed costs and fines waived by the Veterans Treatment Court Judge. Restitution and certain costs cannot be waived.

If you are ordered to pay restitution, you are expected to make regular restitution payments while involved in Veterans Treatment Court and make every attempt to pay it off prior to your completion of the program.

**Berks County Clerk of Courts
633 Court Street
4th floor, Courthouse
Reading, PA 19601**

610-478-6550

EMPLOYMENT

As a participant of Veterans Treatment Court, you will be required, throughout Phases II, III and IV, to obtain/maintain employment unless you have been determined to be disabled by the Social Security Administration and/or the Veterans Administration. You will be required to provide pay stubs from your employer to your probation officer as proof of employment. You must notify your probation officer immediately of any change or loss of employment. If you do not maintain employment for a two-week period, you will be required to complete community service hours as directed and will also be required to engage in an active job search and provide verification (See job search form in the Appendix of this manual). All employment and community service work must be approved by the Veterans Treatment Court Team.

If you need assistance in finding employment, consult your probation officer or case manager. Berks Connections/Pretrial Services has additional services with regard to resume building and has a computer lab that participants can utilize to assist with their job search.

COMMUNITY SERVICE

As part of your sentence into the Veterans Treatment Court Program, you will be assigned 48 hours of community service. This provides each veteran with an opportunity to give back to the community and find a positive activity to help others. Unless employed or determined to be disabled by the Social Security Administration and/or Veterans Administration, you will be required to complete community service hours as determined by your Veterans Treatment Court Probation Officer. Community service sites must be approved by your Veterans Treatment Court Probation Officer. Participants who do not maintain employment for a two-week period will be subject to 20 community service hours per week.

It is important to keep track of your days/hours worked and report your hours worked to the Veterans Treatment Court Probation Officer through the community service log which you can obtain from the Adult Probation Office. Hours submitted will be verified with the agency where you worked. Community service hours will be reviewed by the Veterans Treatment Court Team prior to your Veterans Treatment Court session.

You may also be required to complete additional community service hours as a result of a sanction administered by the Court. In addition, you may be assigned to participate in community service activities specifically for Treatment Court participants.

TRAVEL/VACATION GUIDELINES

All Veterans Treatment Court participants are NOT permitted to travel outside of the boundaries of Berks County without the authorization of his/her probation officer.

Travel requests must be submitted to the Veterans Treatment Court Probation Officer at the earliest possible date. The probation officer will review all travel requests and will discuss each request with the participant's counselor and/or members of the treatment team. Extended travel and/or travel outside of Pennsylvania will be reviewed by the Veterans Treatment Court Team prior to authorization.

Any Veterans Treatment Court participant granted permission to travel for the purposes of vacation, etc. must have a drug test conducted at TASC prior to leaving and immediately upon return from said travel/vacation. Additionally, participants may be required to attend support group meetings while traveling and provide verification of attendance.

ALL TRAVEL IS SUBJECT TO PROBATION DISCRETION AND MUST BE APPROVED BY YOUR PROBATION OFFICER.

YOU MUST HAVE PERMISSION PRIOR TO DEPARTURE AND OBTAIN A TRAVEL PERMIT.

CALENDAR

While a participant in Veterans Treatment Court, you will be required to maintain a daily calendar. Your calendar must be brought to all court sessions, probation visits, treatment sessions and any other Treatment Court related appointments and may be reviewed by the judge, counselor and probation officer.

The following activities, with dates and times, shall be listed in your calendar:

- Group sessions
- Individual sessions
- Probation officer appointments
- Mentor appointments
- Work schedule
- Community service hours
- Leisure activities
- Goal completion date for each phase
- Veterans Treatment Court sessions
- Recovery related activities
- Veterans Affairs appointments

DIRECTORY OF SERVICES

Attached (in the Appendix of this document) is a copy of the Directory of Services published by Berks Connections/ Pretrial Services. This directory contains a variety of community-based services that a Treatment Court participant may find helpful or necessary. It is the goal of the Treatment Court Program to assist each participant with their daily living. Please see your Probation Officer or a representative from Pretrial Services with questions about any of the services listed or if you are in need of services that are not listed in the directory.

ACKNOWLEDGMENT OF PARTICIPANT

I _____, hereby acknowledge that I have received a copy of the Berks County Drug Treatment Court Participant Manual. I fully understand that it is my responsibility to review the participant manual and understand all contents. I will be given the opportunity to have any section clarified by my probation officer if necessary.

Signature of Participant Date

Probation Officer Date

APPENDIX

ACKNOWLEDGMENT OF PARTICIPANT

PHASE 1 CHECKLIST

PHASE 2 CHECKLIST

PHASE 3 CHECKLIST

PHASE 4 CHECKLIST

INTRODUCTION ESSAY

GOAL WORKSHEET

TREATMENT COURT POLICY ON NARCOTIC MEDICATIONS AND PROHIBITED
SUBSTANCES WITH PARTICIPANT ACKNOWLEDGMENT

URINE TESTING GUIDELINES

ALCOHOL TESTING CONTRACT

JOB SEARCH FORM

RELEASE OF INFORMATION

DIRECTORY OF SERVICES

MISCELLANEOUS PROGRAMMING

BERKS COUNTY VETERANS TREATMENT COURT PROGRAM PHASE 1 CHECKLIST (7/19/19)

CLIENT _____ ENTRY DATE _____

PHASE 1 (3-6)			
Requirements:	Date:	Requirements:	Date:
Meet with Veterans Justice Outreach Coordinator for Treatment Planning and attend all Veterans Affairs appointments		Sign releases of information with treatment and applicable family members and significant others	
Call daily and attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed screen:		Identify need in the following areas: Employment/Resume: Yes / No Financial/Bank Account: Yes / No Education/Literacy/GED Yes / No Parenting: Yes / No	
Attend all twice monthly Court appearances		Provide a copy of the most recent pay stub for employment if applicable	
Attend twice monthly office visits with probation officer Date of Last Missed Appointment:		Complete the support list in the manual and start changing people, places and things	
Be present for scheduled home visits (once every other month) with your probation officer		Develop a transportation plan	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Establish and maintain a stable living environment	
Meet with the Mentor Coordinator to secure a mentor and meet with or speak to your mentor a minimum of once weekly		Write an essay for the Judge on “Why you are ready for advancement to Phase 2”	
Attend all recommended support groups and/or recovery related events and present log in court		Complete the Phase 1 checklist for advancement to Phase 2	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Days sober and no missed drug/alcohol tests for advancement to Phase 2- 60 days minimum	
Maintain a date book/calendar with all meetings and appointments and bring to all appointments and court sessions		Prior to advancement to Phase 2, participate in an Ohio Risk Assessment (ORAS) to assess risk, need and responsivity factors	

As evidenced by the above signatures, I have completed all requirements of Phase 1 and am now requesting advancement to Phase 2.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY VETERANS TREATMENT COURT PROGRAM PHASE 2 CHECKLIST (7/19/19)

CLIENT _____ ENTRY DATE _____

PHASE 2 (3-6)			
Requirements:	Date:	Requirements:	Date:
Call daily and attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed drug screen:		If appropriate, obtain or maintain gainful employment and provide pay stubs or continue with other approved use of time.	
Attend all twice monthly Court appearances		Maintain a stable living environment	
Attend twice monthly office visits with your probation officer Date of last missed appointment:		Demonstrate changing of people, places and things and utilize mentor, sponsor and/or support list	
Be present for scheduled home visits with your probation officer (once every other month)		Exhibit appropriate use of leisure time	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Develop a financial plan including a payment plan for legal costs/fines, child support and any court ordered restitution	
Attend all Veteran Affairs appointments and comply with all treatment planning as directed by the VJO		Days sober and no missed drug/alcohol tests for advancement to Phase 3- 90 days	
Attend all recommended support groups and/or recovery related events and present logs in court		Review the Ohio Risk Assessment (ORAS) with your probation officer and participate in risk reduction activities and programming as recommended by the Treatment Court Team	
Maintain a date book/calendar with all meetings and appointments and bring to all appointments and court sessions		Plead guilty and be sentenced or be placed on Intermediate Punishment	
Meet with or speak to your assigned mentor a minimum of once weekly		Complete the Phase 2 checklist for advancement to Phase 3	

As evidenced by the above signatures, I have completed all requirements of Phase 2 and am now requesting advancement to Phase 3.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY VETERANS TREATMENT COURT PROGRAM PHASE 3 CHECKLIST (7/19/19)

CLIENT _____ ENTRY DATE _____

PHASE 3 (3-6)			
Requirements:	Date:	Requirements:	Date:
Call daily and attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed screen:		Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)	
Attend all twice monthly Court appearances		If appropriate, maintain gainful employment or continue with other approved use of time	
Attend twice monthly office visits with your probation officer Date of Last Missed Appointment:		Demonstrate changing of people, places and things and utilize mentor, sponsor and/or support list	
Be present for scheduled home visits with your probation officer (once every other month)		Maintain a stable living environment	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Exhibit appropriate use of leisure time	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Maintain a scheduled payment plan for legal costs/fines, child support, and any court ordered restitution as per your financial plan	
Attend all recommended support groups and/or recovery related events and present logs in court		Perform 48 hours of Community Service if unemployed; 16 if employed full time	
Attend all Veteran Affairs appointments and comply with all treatment planning as directed by the VJO		Days sober and no missed drug/alcohol tests for advancement to Phase 3-90 days	
Meet with or speak to your assigned mentor a minimum of once weekly		Continue with appropriate risk reduction activities as recommended by the Treatment Court Team	
Maintain a date book/ calendar regarding all meetings and appointments and bring date book to all appointments and court sessions		Complete Phase 3 checklist for advancement to Phase 4	

As evidenced by the above signatures, I have completed all requirements of Phase 3 and am now requesting advancement to Phase 4.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY VETERANS TREATMENT COURT PROGRAM PHASE 4 CHECKLIST (7/19/19)

CLIENT _____ ENTRY DATE _____

PHASE 4 (3-6)			
Requirements:	Date:	Requirements:	Date:
Call daily and attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive screen: Date of last missed screen:		Demonstrate changing of people, places and things and utilize mentor, sponsor and/or support list	
Attend all monthly Court appearances		If appropriate, maintain gainful employment or continue with other approved use of time.	
Attend once monthly office visits with your probation officer Date of Last Missed Appointment:		Exhibit appropriate use of leisure time	
Be present for scheduled home visits with your probation officer (once every other month)		Complete required community service hours	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Pay restitution in full and demonstrate consistent compliance with scheduled payment plans for legal costs/fines and child support	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Last missed appointment:		Meet with Mentor Coordinator about future mentorship role	
Attend all recommended support groups and/or recovery related events and present logs in court		Attend and engage in the Treatment Court Alumni Group	
Attend all Veteran Affairs appointments and comply with all treatment planning as directed by the VJO		Maintain a stable living environment	
Meet with or speak to your assigned mentor a minimum of once weekly		Continue to participate in risk reduction activities as directed by the Treatment Court Team	
Maintain a date book/ calendar regarding all meetings and appointments and bring date book to all appointments and court sessions		Days sober and no missed drug/alcohol tests for graduation- 90 days	
Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)		Complete Phase 4 checklist for Graduation	

As evidenced by the above signatures, I have completed all requirements of Phase 4 and am now requesting to Graduate.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY VETERANS TREATMENT COURT INTRODUCTION ESSAY

CLIENT _____

Please write an essay which includes the following topics:

How old you are?

Who makes up your family?

What your life was like growing up?

Who do you currently live with?

Did you graduate from high school and complete any further education?

Briefly describe your service history.

What jobs you have worked?

What is your drug use history?

Also please write a short paragraph on why you want to be in Veterans Treatment Court and what you hope to accomplish through your participation.

GOALS

1. _____

2. _____

3. _____

4. _____

5. _____

Treatment Court Policy on Narcotic Medications and Prohibited Substances

Due to the high potential of narcotic medications to interfere with treatment and recovery efforts, the Berks County Treatment Court prohibits the use of all addictive medications. Addictive medications include all opiate-based pain medications, benzodiazepines or anti-anxiety medications, stimulant medications for the treatment of ADHD, sleeping pills and muscle relaxers. The list includes, but is not limited to, the following and includes any generic version of these drugs:

ADDERALL	AMBIEN	AMYTAL
ATIVAN	CODEINE	CONCERTA
DEMEROL	DEXEDRINE	DILAUDID
FOCALIN	HALCION	KLONOPIN
LORCET	LORTAB	LIBRIUM
LUNESTA	MORPHINE	NEMBUTAL
OPANA	OXYCODONE	OXYCONTIN
PERCOCET	PERCODAN	RITALIN
ROXANOL	SECONAL	SOMA
SONATA	STADOL	TYLOX
TRAMADOL	VALIUM	VICODIN
XANAX	MEDICAL MARIJUANA	CBD OIL
FENTANYL	OTC CORICIDIN	MARINOL
GABAPENTIN	NEURONTIN	KRATOM

Participants in Berks County Treatment Court and individuals seeking entry into the Berks County Treatment Court are expected to notify all their treating physicians that they are in recovery. If a treatment physician wishes to treat the individual with narcotic or addictive medications, the individual shall immediately disclose this information to the Treatment Court team.

Treatment Court participants using such medications absent permission from the Treatment Court Judge are subject to termination from the program.

Exceptions to this policy are made only in rare occasions, such as in the case of *documented* medical emergency treatment. Participants who habitually seek exception to this policy are subject to termination. If a prescribing physician recommends that a client must be continuously maintained on prohibited prescriptions in order to sustain a certain quality of life, the client may no longer participate in treatment court.

Consuming alcohol in any form is prohibited. The use of diet pills while in Treatment Court is prohibited. Additionally, the consumption of poppy seeds is strictly prohibited while in the program. Any positive tests for opiates will always be deemed a positive for illegal substances. Lastly, consumption of salvia, morning glory seeds and any other such mood altering or hallucinogenic substance are strictly prohibited.

Veterans Treatment Court

TASC Collections - Urine Testing Guidelines

Urine collections are done at TASC Drug Testing Center, 19 North 6th St, Suite 100, Reading, PA 19601. Enter at the 6th Street entrance of the building and ask security to direct you to the TASC drug testing facility.

- **HOURS:** ****Call every day of the week****
 - Monday - Friday 7:30am – 6pm
 - Saturday 9am-12pm

During inclement weather the hours at TASC will be posted on 69 News and on this website <http://berkstasc.org/wp/>

- All urine collections will be observed by a lab technician. **NO EXCEPTIONS**
- All urine collections for treatment court are no cost to you.
- This letter will note the **frequency** of your testing. When you call the number below after 5am of the testing day, and enter your pin, you will be told if you need to report for a urine test that day.

These are considered sanctionable events in DUI Treatment Court:

- Failure to call for your testing schedule
- Failure to report for testing when scheduled
- Failure to call Saturdays and Sundays before 12
- Failure to call with enough time to get to the lab
- Failure to provide a sample after reporting
- Continued diluted test results

****Diluted Test results will be reviewed in court****

****On the day of the test please limit your consumption of liquids to no more than 2 (8 oz.) glasses 2 hours before the test. ****

Call this number after 5am the day of the test

(800) 494-1250

Enter the Pin # assigned to you

Pin #:

Please call every day.

EtG Testing

a urine test for detecting alcohol consumption...



INCIDENTAL ALCOHOL EXPOSURE CONTRACT

In an effort to promote abstinence and recovery for Treatment Court participants, the TASC Urine Collection Center is now offering EtG testing, a urine test that detects for the consumption of alcohol. When being monitored for EtG, and consistent with principles of recovery, it is important to avoid certain products that contain alcohol.

Therefore, in order to prevent “false positives,” it is YOUR responsibility to limit your consumption or exposure to the following substances:

COUGH /COLD SYRUPS:

Treatment Court participants have always been prohibited from ingesting alcohol-containing cough syrups, such as Nyquil, Dayquil, Vicks Formula 44, and so forth. Treatment Court participants are required to *read the labels* of all prescription and over-the-counter medications to determine if they contain alcohol.

MOUTHWASH/BREATH STRIPS:

Most mouthwashes, including Listerine, Scope, Listermint, etc. contain alcohol. Treatment Court participants are required to *read the labels* of all mouthwashes and breath-freshening products to determine if they contain alcohol. Non-alcoholic mouthwashes are available as an alternative.

NON-ALCOHOLIC BEER AND WINE:

Although legally considered “non-alcoholic,” NA beers such as O’Doul’s, Sharps, etc. do contain a small amount of alcohol that could produce a positive EtG test. Treatment Court participants are not permitted to consume these products.

HAND SANITIZER:

Hand sanitizers (Purell, Germex, etc.) and other antiseptic gels and foams contain up to 70% alcohol. Excessive, unnecessary or repeated use of these products could result in a positive EtG test. Hand washing with soap and water is just as effective for killing germs.

HYGIENE PRODUCTS:

Aftershave, colognes, perfumes, deodorants (i.e. Axe) and body washes often contain alcohol. Excessive use of these products could result in a positive EtG test. Treatment Court participants must use these products sparingly to avoid reaching detection levels.

SOLVENTS AND LACQUERS:

Many solvents, lacquers, and flooring products contain ethyl alcohol. Excessive inhalation of vapors that contain alcohol can result in a positive alcohol test. Frequency of use and exposure to such products should be kept to a minimum. If you work in an environment where contact with such products is unavoidable, you must discuss this with your probation officer.

FOOD AND OTHER INGESTIBLE PRODUCTS:

There are numerous consumable products that contain ethyl alcohol and could result in a positive EtG reading. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts, such as Ginko Biloba, contain alcohol. Communion wine, food cooked with wine, and flambé dishes (alcohol poured over food and ignited) must be avoided.

REMEMBER!

When in doubt, don't use, consume, or apply!

I HAVE READ/ HAD READ TO ME AND I UNDERSTAND MY RESPONSIBILITIES TO AVOID PRODUCTS THAT CONTAIN ALCOHOL.

Participant

Date

Witness

Date

JOB SEARCH FORM

Drug Treatment Court Participant's Name: _____

Place of Employment: _____

Address: _____

Phone Number: _____

Copy of Application Attached **Date Submitted:** _____

Person Accepting Application – Signature: _____

Person Accepting Application – Print Name: _____

(Verification Necessary if Submitted Online)

Place of Employment: _____

Address: _____

Phone Number: _____

Copy of Application attached **Date Submitted:** _____

Person Accepting Application – Signature: _____

Person Accepting Application – Print Name: _____

(Verification Necessary if Submitted Online)

**BERKS COUNTY TREATMENT COURTS
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I _____, understand and consent to the disclosure of my diagnosis, urinalysis results, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program and prognosis. This information may be disclosed only as necessary for, and pertinent to application and participation in one of the Treatment Court Programs.

I understand that the Treatment Court Team Members include the Judge, District Attorney's Office, Public Defender's Office, Treatment Court Coordinator, Treatment Court Probation Officers, Treatment Access Services Inc. (TASC), Berks Connections Pretrial Services (BCPS) Case Managers, Sheriff's Office, Treatment Court Treatment Providers and other members designated on the Berks County Treatment Court Team.

Additional agencies and/or individuals may include but are not limited to: Council on Chemical Abuse, Administrative Office of Pennsylvania Courts, Veterans Justice Outreach Coordinator, Veteran Mentor Coordinator, YMCA Housing Staff and Service Access Management (SAM) Staff.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in these regulations. That the recipients of this information may disclose it only in connection with their official duties.

I understand that my records are also protected under federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Section 160 & 164, and that such HIPAA protections may not apply to a redisclosure by the recipients of information disclosed pursuant to this authorization.

This consent expires automatically as follows:

- There has been a formal and effective termination, revocation or withdrawal of my participation in Treatment Court.
- I have successfully completed the Treatment Court Program.

I recognize that my review hearings are held in an open and public courtroom and it is possible that an observer could connect my identity with the fact that I am in treatment as a condition of participation in Treatment Court.

I understand that if I refuse to consent to disclosure or attempt to revoke my consent prior to the expiration of this consent, that such action are grounds for termination from Treatment Court. I do hereby acknowledge that I have read, am familiar with, and fully understand the terms and conditions of this consent. I understand that I am entitled to receive a copy of this authorization after it is signed.

I have been offered a copy of this form and I have _____ Accepted _____ Refused

Dated: _____
Signature of Treatment Court Participant

Witness: _____
Position

Driver’s License and ID Reinstatement/ Replacement

PA Department of Transportation.....800-932-4600

Call or go online for Driver’s license status/suspension info

Berks Co. Domestic Relations Section.....610-478-2900

Handle suspensions related to child support

Berks County Services Center- 6th Floor 633 Court St. Reading, PA

PA Driver’s License Center.....610-775-7728

Renewal fees: DL is \$30.50, ID is \$29.50. Checks/money orders only

600 East Lancaster Avenue Shillington, PA 19607

Social Security Card

Social Security Administration.....1-866-274-5960

Bring photo ID, no cost 201 Penn St. 2nd Floor Reading, PA 19601

Birth Certificate

Fee varies by state (PA is \$20), complete paper or online

application, photo ID is required, family may be able to help apply

Housing

Berks Coalition to End Homelessness.....610-372-7222

Oversight and governance to local agencies receiving HUD funding.

336 S 18th St. Reading, PA 19601

Berks Community Action Program.....610-376-6571

Housing referral. 247 N. 5th St. 1st Floor Reading, PA 19601

Housing Programs and Shelters

Hope Rescue Mission.....610-375-4224

Homeless shelter and rooms for rent. Services available to men only.

645 N. Sixth St. Reading, 19601

Mary’s Shelter610-376-1973

Pregnant women and children only. Must schedule intake interview and

meet qualifications. Diaper drive available.

736 Upland Ave. Reading, PA 19607

Opportunity House610-374-4696

430 N. 2nd St. Reading, PA 19601

ADDAPT.....610-478-8800

428 Walnut St. Reading, PA 19601

Berks Counseling Center610-373-4281

Transitional/permanent housing at various locations.

645 Penn St. Reading, PA 19601

Berks County Housing Authority610-370-0822

Subsidized housing: low-income/ elderly individuals.

1803 Butter Lane Reading, PA 19606

Bridge of Hope – Berks County.....610-568-1250

2 yr. holistic program assisting single mothers: must be 20 years of age or

older. Must have a GED & 12-24 months of sobriety. Referrals preferred.

300 Church St. Reading 19601

Clare of Assisi House.....484-869-5483

Transitional house for women coming out of prison that need a home

Plan. Applications should be submitted prior to release.

City of Reading Housing Authority.....610-372-3933

Housing assistance to low income families through public housing and

section 8 programs. *Must be a Reading resident.*

815 Franklin St. Reading, PA 19602

Easy Does ItLeesport 610-373-2463 , Reading 610-373-955

Transitional & permanent housing for chemically dependent men &

women 1300 Hilltop Rd, Leesport and 647 Walnut St, Reading

Family Promise of Berks County.....610-373-3323

Provides housing for low income homeless families in Berks County

325 N 5th St. #1 Reading, PA 19601

Freedom Gate Ministries.....610-750-5685

Christian aftercare support for ex-prisoners.

131-133 S. 9th St. Reading, PA 19602

Hogar Crea.....610-372-8410

18-20 months intensive drug and alcohol program for males.

302 S. 5th St. Reading, PA 19602

Mary’s Home.....610-603-8010

Provides up to 2 years of transitional housing for single mothers with

newborns. 736 Upland Avenue Reading, PA 19607

Neighborhood Housing Services of Greater Berks610-372-843

Educates returning citizens on their rights and responsibilities.

213 N. 5th St. Suite 1030 Reading, PA 19601

New Person Center.....610-777-2222

Transitional housing for men (primarily sexual offenses) coming out of

prison. Private Christian faith-based 3 month program. Application

process. 730 Philadelphia Ave. Reading, PA 19607

Oxford House – Reading.....610-372-0631

Group Home for recovering male substance abusers. New members

must be approved by existing members. 1045 N. 5th St. Reading 19601

Oxford House –East Reading

1806 Perkiomen Avenue Reading, PA 19606

Salvation Army.....610-373-5208

Provides assistance with electric and gas bills.

PO Box 1099 301 S. 5th St. Reading, PA 19601

PA Adult & Teen Challenge Treatment Center 717-933-4181, 717-673-4219

Medical detox, 30 day rehab and 14 mo. Recovery program.

PO Box 98 33 Teen Challenge Road Rehrersburg, PA

YMCA of Reading and Berks County.....610-378-4736

Group home settings for chemically dependent, men/ women. Must be

Berks County resident for 90 days. History of Arson, Child Abuse, Sex and

Violent Crimes not permitted 631 Washington St.

YMCA Camp Joy Program.....20 bed program for men with history

of substance abuse and involvement in the Criminal Justice system.

Single Room Occupancy Units – at the YMCA

Rooms for rent to men and women. Residents are exempt from program

requirements and eligibility.

Soup Kitchens / Food Pantries

Holy Trinity Church of God/C.A.R.E.....610-374-0790

130 W. Buttonwood St. Reading 19601 M- F 11:30am to 1:30pm

Kennedy House.....610-378-1947

530 Spruce Street Reading Soup Kitchen Sat-Sun 11:30pm –12:30pm

Food Pantry: Wed. 9:30-11:30am

New Journey United Methodist Church.....610-375-2662

138 S. 6th Street Reading. Mon/Tues/Thurs/Fri 11:30-12:30p

Mobile Faith Kitchen.....610-621-5227

5th and Penn St. (1st, 3rd and 5th Fridays of month starting at 5:30pm and

kitchen cupboard Wed. 10am-1pm.....610-375-3310

Boyertown Area Multi-Service Inc.....610-367-6957

Provides services to individuals in Boyertown School District – townships

of Amity, Oley, Hereford, District and Pike. Call for appts.

200 W. Spring St. Boyertown, PA 19512

City Reach Church’s Faith.....610-621-5227

1011A Cotton St. Reading, PA 19602

2nd & 4th Saturdays of the month 11:30am

Friend, Inc.....610-683-7790

658D Noble St. Kutztown, PA 19530

Must be resident of Fleetwood/Kutztown/Topton/Albany/Greenwich/

Longswamp/Rockland/ Maiden creek/Maxatawny/Richmond/

Ruscombmanor. 658D Noble St. Kutztown, PA 19530

1st & 3rd weeks of the month (Call for appt.)

Greater Berks Food Bank.....610-926-5802

Provides food to local pantries/ soup kitchens/shelters. Call to get food

pantry closest to you. 117 Morgan Drive Reading, PA 19608

New Journey United Methodist Church.....610-375-3310

138 S. 6th St. Reading 19602 Kitchen Cupboard: Wed: 10a-12p (Bring ID)

Lunch served Mon/Tues/Thurs/Fri: 11:30am-12:30pm

Salvation Army.....610-373-5208

PO Box 1099 301 S. 5th St. Reading, PA 19601. 2nd and last Thursday of

month at 4:30pm & Tues. and Thurs. at 9:30am

St. James Chapel Church of God and Christ.....610-375-7537

11 S. 9th St. Reading, PA 19602

4th Wed. of month: 10:00am - 12:00pm (Need ID)

Women Infants & Children.....610-939-8353

Vouchers for healthy food for pregnant/breastfeeding/postpartum

women with infants and children under 5yrs.

Clothing Resources

Catholic Charities.....610-376-7144

Assistance with footwear necessary for employment

400 Washington St; Suite 100 Madison Bldg. Reading, PA 19601

City Thrift Shop.....610-376-3320

Clothing for men and women available at a discounted price.

314 Penn St. Reading, PA 19602

Goodwill.....610-777-5250

Clothing and footwear available at a discounted price.

602 E. Lancaster Ave Shillington, PA 19607

Hispanic Center.....610-376-3748

Provides info/referrals/advocacy to those seeking help with basic needs

such as housing, food, clothing, health care, education, legal issues,

financial concerns, government forms, notary service, job apps.

501 Washington St. Reading, PA 19601

New Journey Community Outreach.....610-375-2662

Clothing Center available at no cost to the public. Back to work clothing

available by appointment.

138 S. 6th Street Reading, PA 19602 Fridays 10:30am - 12:30pm

Spring Valley Church of God.....610-929-7969

Free clothing for women, men and children. 1st Sat of each month

10a-12pm (call first to confirm open)

2727 Old Pricetown Road Temple, PA 19560

Hope Rescue Mission.....610-375-4224

Sells used clothing, shoes and furniture at affordable prices.

645 N. 6th St. Reading, PA 19601

Childcare or Parenting Needs

Berks Community Action Program610-376-6571

Fatherhood Initiative Program – Fathers learn values and responsibility,

Family Center and Parenting classes

645 Penn St. Reading, PA 19601

BCIU – Berks County Intermediate Unit..... 610-987-2248

Subsidized childcare for those who are unable to afford it

1111 Commons Boulevard PO Box 16050 Reading, PA 19605

Even Start Family Literacy Program.....484-258-7000

Offers ESL, Parenting skills, PACT and Child Development classes for

residents in the Reading School District with children between the ages

of 0 and 8 years old.

Second Street Learning Center.....610-374-4696, ext. 242

Accepts childcare subsidies and assists with subsidy enrollment

paperwork. Accepts children age 6 weeks to 13 years of age with special

needs. 430 N. 2nd St. Reading, PA 19601

Mary’s Shelter.....610-376-1973

Prenatal care/child care. Parenting, relational and housekeeping skills.

Partnering with Diaper Bank. 736 Upland Ave. Reading, PA 19607

Caring Community

Community Prevention Partnership..... 610-921-9820

New Road Ministry.....610-373-3907

Interactive coaching centering on life topics and fellowship around a

family-style meal. Hopewell Mennonite Church

6th & Cherry St. Reading, PA 19602 Thursdays at 5:45pm

Domestic Violence

SAFE BERKS.....610-373-1206

24 hr. Bilingual Hotline: 844-789-SAFE (7233)

TEXT LINE: TEXT SAFE BERKS to 20121

255 Chestnut St. Reading, PA 19602

Reentry Guide

A resource guide for returning citizens

Published by

Berks Connections/Pretrial Services

A Life Improvement Business

www.berksconnections.org



This resource guide was created by Berks Connections/Pretrial Services with assistance from local agencies and government departments that participate in the Berks County Community Resources Network.

Returning home can be difficult - we hope that this guide helps you to find resources that make you ready to reenter!

Berks Connections/Pretrial Services

Berks County Courthouse – 16th Floor

633 Court Street

Reading, PA 19601

610-478-6920



United Way of Berks County

Updated May 25, 2018

Employment Programs

Pennsylvania CareerLink Berks County.....610-988-1300

Government “one stop” location for employment-related assistance.

www.pacareerlink.state.pa.us 1920 Kutztown Rd, Suite F Reading, PA

Berks Connections/Pretrial Services.....610-478-6920

Referrals/assistance for residents of BCJ-CRC, referred clients of the DOC and Berks County Treatment Courts.

Berks County Courthouse - 16th Fl. 633 Court St. Reading, PA 19601

Berks Personnel Network / Threshold.....610-288-1448

Employment support services; Available to individuals with disabilities/barriers to employment. 1015 Rockland St. Reading, PA 19604

Community Skills Program®.....610-376-3380

Counseling & Rehabilitation, Inc. Vocational/psychological testing, job develop & placement, case management and cognitive rehab therapy to people with brain injuries/neurological impairments. Referrals only. 1150 Berkshire Blvd Suite 210 Wyomissing, PA 19610

Office of Vocational Rehabilitation.....610-621-5800

Vocational evaluation, training, placement & support services for individuals with disability. Applications online/phone. 3602 Kutztown Road, Suite 200 Reading, PA 19605

United Community Services.....610-374-3319

GED and vocational education, work readiness and on-site construction experience and job placement. 1251 N. Front St. Reading, PA 19601

Hispanic Center.....610-376-3748

Provides assistance with job applications. 501 Washington St. Reading, PA 19601

Public Assistance / Food Stamps / Medical Assistance/Veterans

Assistance

Berks County Assistance Office.....610-736-4211

Apply in person or apply online 625 Cherry St. 3rd Floor Reading, PA

Social Security Administration.....866-274-5960

Must be aged, blind, disabled or Medicare eligible through employment to apply. 201 Penn Street, 2nd Floor Reading, PA

Berks VA Clinic.....484-220-2572

Provides Primary Care, nurses, lab, social work, psychiatry, psychology, group therapy support/ counseling, assessments, treatments and referrals to honorably discharged vets and their spouses through the CHAMP program.

2752 Century Blvd. Wyomissing, PA 19610

Berks County Veterans Affairs.....610-378-5601

Submits claims pertaining to service connected benefits/pension/ burial/death benefits/state veteran’s benefits. 726 Cherry St. Reading

Lebanon VA Medical Center(Incarcerated Veterans Reentry Center).....717-272-6621 or 800-409-8771

Substance abuse treatment, vocational and independent living skills programs, Community Transitional Residence Programs, ongoing support, case management and coordination of treatment. 1700 South Lincoln Ave Lebanon, PA 17042

Opportunity House.....610-374-4696

Provides assistance to veterans. 430 N. 2nd. St. Reading, PA 19601

Hope Rescue Mission.....610-375-4224

On site social/resource center for veterans. Single occupancy rooms for homeless veterans. Food, clothing and toiletries available for veterans. 645 N. 6th St. Reading, PA 19601

Drug/Alcohol and Mental Health Referrals and Treatment

Treatment Access & Service Center..... 610-375-4426

Intake and assessment services for individuals without private insurance. 19 N. 6th Street Suite 300 Reading, PA 19601

Council on Chemical Abuse.....610-376-8669

Offer educational resources on their website:

www.councilonchemicalabuse.org

ADAPPT.....610-478-8800

Intensive drug & alcohol program for state parolees with maximum stay of 90 days where parolees are provided with treatment services. 428 Walnut St. Reading, PA 19601

Berks Counseling Center.....610-373-4281

Outpatient and intensive outpatient counseling services for chemically dependent individuals. 645 Penn Street Reading, PA 19601

Caron Foundation.....610-678-2332

Inpatient and outpatient services for patients 13+ years of age 243 N. Galen Hall Road PO Box 150 Wernersville, PA 19565

Family Guidance Center.....610-374-4963

Outpatient mental health and drug and alcohol therapy. 1235 Penn Avenue; Suite 205-206 Wyomissing, PA 19610

New Directions Treatment Services.....610-478-0646

Dual diagnosis treatment, methadone maintenance and chemical dependency services 20-22 N. 6th Avenue West Reading, PA 19611

Pennsylvania Counseling Services.....610-478-8088

Reading Psychiatric.....610-478-8088

Outpatient and intensive outpatient drug and alcohol counseling 125 S. 5th Street Reading, PA 19602

Reading Hospital Medical Center.....610-988-8070

Drug & alcohol center offers detox, short-term residential, individual/group counseling, aftercare. 401 Buttonwood St. West Reading, PA

Easy Does It, Inc.....610-373-2463

Provides space for 12 step meetings, drug and alcohol free social events. Meetings for AA, NA, OA, Al-Anon, Alateen 1300 Hilltop Road, Leesport PA & 647 Walnut Street Reading, PA

Hogar Crea.....610-372-8410

18-20 month intensive drug and alcohol program for males. 302 S. 5th St. Reading, PA 19602

Adult/Teen Challenge Treatment Center.....717-933-4181/717-673-4219

Medical detox, 30 day rehab and 14 month recovery program. 33 Teen Challenge Rd. Rehrersburg, PA 19550

YMCA of Reading and Berks County.....610-378-4736

Group home settings for chemically dependent homeless men and women. Must be resident for at least 90 days. 631 Washington St. Reading, PA 19601

Berks County MH/DD Program.....610-478-3271

Subcontracts with SAM to provide MH and MR programs & administers oversight with the HealthChoices program. 633 Court Street; 8th Floor Berks County Services Center Reading, PA 19601

Service Access Management, Inc.....610-236-0530

Mental Health intake and assessment services for individuals who do not have private insurance. 19 N. 6th St. Reading, PA 19601

Greater Reading Mental Health Alliance.....610-775-3000

Referral information and advocates for parents and children. 1234 Penn Avenue Wyomissing, PA 19610

Berks Counseling Center.....610-373-4281

Mental health counseling/services for children adolescents and adults. 645 Penn. St. Reading, PA 19601

Child & Family Support Services, Inc..... 610-376-8558

Therapy for adults/couples/families. 4 South 4th St. 2nd Fl. Reading, PA

Family Guidance Center.....610-374-4963

Provides psychiatric services and medication management. 1235 Penn. Ave. Suite 205-206 Wyomissing, PA 19610

New Directions Treatment Services.....610-478-0646

Licensed psychiatric outpatient services for adults, provides evaluation, medications management, psychotherapy. 20-22 N. 6th Ave. West Reading, PA 19611

Mosaic House.....610-375-7840

Psycho/Social rehabilitation center. Assists with a MH/MR diagnosis with education and employment services. 525 Franklin St. Reading, PA 19601

Pennsylvania Counseling Services Reading Psychiatric....610-685-2188

Provides outpatient mental health counseling and psychiatric care. Spanish-speaking services available. 125 S. 5th St. Reading, PA 19609

Pennsylvania Counseling Services Reading-Wyomissing..610-670-7270

Provides mental health counseling. Medical Assistance not accepted. 1733 Penn Ave. Reading, PA 19609

Progressions.....610-375-7454

Outpatient MH/MR therapy for adults, family and children. 144 N. 6th St. Reading, PA 19601

Reading Hospital Medical Center.....610-988-8070

Provides inpatient and outpatient services as well as partial hospitalization programs for individuals experiencing psychiatric, emotional or behavioral health problems. 6th and Spruce St. West Reading, PA 19611

Health and Dental Needs

Berks County State Health Center.....610-378-4377

Tuberculosis treatment and diagnosis, communicable disease control/investigation, info on PKU, SIDS, Animal Bite and Child Lead Poisoning. 625 Cherry St.; Room 401 Reading

Berks Deaf & Hard of Hearing Services.....610-685-4520

TTY: 610-685-4525 2045 Centre Avenue Reading, PA 19605

Berks Community Health Center.....610-988-4838

838 Penn Street Reading, PA 19602 (main location)

Co-County Wellness Services.....610-375-6523

Services for HIV/STD/HCV prevention, risk reduction, counseling, planning, testing and screening in addition to services for HIV positive individuals. 429 Walnut St. Reading, PA 19601

Farias Health Care.....610-898-0766

New patient visits, physicals, sick visits, follow-up appointments and injection. Payment based on household income. 525 Penn St. Reading, PA 19601 Monday – Friday (Hours 8:30am-4:30pm)

Planned Parenthood of Northeast PA.....610-376-8061

Education about safe sex, STD care and prevention, birth control and pregnancy tests to clients under the age of 18 (fees are based on household income) 48 S. 4th Street Reading, PA 19601

St. Joseph Medical Center.....610-378-2445

Dental Clinic 145 N. 6th St. Reading, PA 19601

Salvation Army.....610-373-5208

Prescription Assistance when funds available. 301 S. 5th St. Reading

Western Berks Free Medical Clinic610-693-6207

Clinic at St. Daniel’s Lutheran Church and meets the minor acute healthcare needs 480 Big Spring Road Besonia, PA 19551 Wednesdays beginning at 6pm by appointments only. Women’s Clinic 3rd Tues. of every month by appt. only

GED/ESL/Education Related Assistance

Catholic Charities.....610-376-7144

Provides GED and job training. 400 Washington St. Suite 100 Madison Bldg. Reading, PA 19601

Even Start Family Literacy Program.....610-370-8540 ext. 60218

ESL/ Parenting skills/PACT/Child Development classes for residents in the Reading School District: children between 0-8 yrs. old

Hispanic Center.....610-376-3748

Refers to appropriate agencies who provide ESL testing. 501 Washington St. Reading, PA 19601

Literacy Council of Reading / Berks.....610-670-9960

Workplace foundation skills training, support, materials and linkage services for clients. Also offers ESL classes and 1:1 literacy trainings and GED classes. 35 South Dwight Street West Lawn, PA 19609

Reading Area Community College (RACC).....610-372-4721 ext. 5322

ABE/GED/ESL classes & GED testing. 10 S 2nd Street Reading 111 Riverfront Dr. Reading, PA 19602

United Community Services.....610-374-3319

YouthBuild Program provides 17-24 yr. olds with GED and vocational education, on site construction experience and job placement 1251 N. Front St. Reading, PA 19601

Wisdom 31.....610-373-5777

Beginning intermediate and advanced ESL classes as well as citizenship classes. 640 Centre Avenue Reading, PA 19601

Berks County Career & Technology Center.....610-374-4073

1057 County Road Leesport, PA 19533

Berks Technical Institute.....610-372-1722

2205 Ridgewood Road Wyomissing, PA 19610

Ilead.....610-624-3712

Charter school provides Associate’s Degrees in human services 401 Penn St. Reading, PA 19601

RACC Schmidt Training and Technology Center.....610-372-4721

10 S. 2nd St. Reading, PA 19603

Bus and Taxi

BARTA.....610-921-0601

www.bartabus.com 1700 N. 11th St. Cost: \$1.70 plus \$0.25 to transfer or ride between different route Zones. 1 Day Pass is \$4 when purchased on the bus and \$3 if purchased ahead

Inter-City Bus Terminal.....610-373-9911

Bus transportation between Reading and surrounding cities 20 N. 3rd St. Reading, PA 19601

Reading Metro Taxi.....610-374-5111

615 Elm Street Reading, PA 19601

Grab-A-Cab.....610-478-1111

YMCA Reconnection Program.....610-378-4700

Transportation costs to reconnect with supportive services and loved ones outside the Berks County area. 631 Washington St. Reading, PA

Miscellaneous

Berks Community Action Program610-376-6571

Budgeting assistance/credit repair/tax assistance 247 N. 5th Street, 1st Floor Reading, PA

Berks Co. Election Services.....610-478-6490

Berks County Services Center – 1st Fl. 633 Court St. Reading, PA

Legal Services

Pennsylvania State Parole.....610-378-4331

Reading State Office Building 633 Cherry Street Reading, PA

Berks Co. Adult Probation & Parole Office.....610-478-3400

633 Court St, 7th Floor Reading, PA Mon. – Fri. 8am – 5pm

Berks Co. Juvenile Probation Office610-478-3200

633 Court St, 10th Floor Reading, PA Mon.-Fri. 8am – 5pm

Berks Co. Domestic Relations Section.....610-478-2900

633 Court St, 6th Floor Reading, PA Mon.-Fri. 8am-5pm

Berks County Bar Association..... 610-375-4591

Lawyer Referral Service 544 Court Street Reading, PA

Berks County Clerk of Courts.....610-478-6550

Access your record and pay criminal case fines and costs. Berks County Courthouse – 4th Fl. 633 Court St. Reading, PA

Mid-Penn Legal Services.....1-800-326-9177

Provides legal services for Barriers to Employment, Custody, Domestic Violence, Debt Collection, Housing (including landlord/tenant issues and utility issues), SSI/SSD, unemployment, wage claims and welfare issues. 501 Washington Street – 4th Floor Reading, PA 19601

Pennsylvania Prison Society.....215-564-4775

Reviews prison conditions & provides assistance with inmate rights/advocacy. 245 N. Broad St; Suite 200 Philadelphia, PA

Hispanic Center.....610-376-3748

Provides info. and referrals regarding legal issues and government forms. 501 Washington St. Reading, PA

VA Groups

Cognitive Behavioral Therapy (CBT) for criminal and addictive thinking

Tuesday: 0900

CBOC: Wyomissing

Karen Madrigal (12 week)

Dialectical Behavior Therapy: (DBT)

Tuesday: 0900

CBOC: Wyomissing

Karen Madrigal (12 Week)

Men's Group

CBOC: Wyomissing

Karen Madrigal (6 months) Cert for Men's group and Anger Mgt

Peer Recovery Group

Wednesday's: 1300-1400

Donald Rindfuss

726 Cherry St.

Moral Recognition Therapy (MRT)

Friday: 1330-1500

Gelu Negrea: Harrisburg

Smart Recovery Group

Friday: 1300-1400

CBOC: Wyomissing

Karen Madrigal

MOTIVE

RAISE YOUR STANDARDS

We believe you have the power to improve every aspect of your life by taking charge of your personal physical fitness. Excellence, like fitness, is a lifestyle, a state of mind, a way of being - it shows up in the way we talk, walk, eat, work, play, relax, and treat others. Attend our classes and raise your standards for fitness... and life!

F4R

The fitness-for-recovery programs are a holistic approach to recovery. They are both unique and all-encompassing because our participants have the opportunity to grow in ALL aspects of their wellbeing: physical, social, mental and emotional. When ALL components of an individual's wellness are addressed during their recovery, we strengthen the entire person. It's about giving those in recovery the tools they need to move forward, healthfully. It's about providing participants with the opportunity to overcome obstacles, persevere in the face of trial, find strength in community, embrace accountability, and experience a sense of self-worth. Join us!

**FOR CLASS DATES AND TIMES
CHECK OUT OUR WEBSITE.**

WWW.MOTIVE.FITNESS/F4R

**LOCATED AT
THE READING
YMCA**

CLASSES

Cross Training

Yoga

TRX

Running / Walking

**FREE CLASSES
FOR
TREATMENT
COURT
PARTICIPATES**

**Bring a friend over 18
for just \$5**



MOTIVE Fitness Assessment

Name: _____
 (Last) (First) (MI)

Email: _____ Phone: _____

DOB: ____ / ____ / ____ Weight: _____ Sex: M F

<i>Do you have any complications in the following areas? If yes, please explain.</i>		
High Blood Pressure	NO YES	
High Cholesterol Level	NO YES	
Cigarette Smoking	NO YES	How long?
Diabetes	NO YES	Insulin dependent?
Are you currently taking any medication?	NO YES	Explain:
Shortness of breath	NO YES	Explain:
Knees	NO YES	Explain:
Low Back	NO YES	Explain:
Neck/Shoulders	NO YES	Explain:
Hips/Pelvis	NO YES	Explain:
Flexibility	NO YES	Explain:
Any other areas	NO YES	Explain:

1. How would you rate your exercise level on a scale of 1 to 5 (5 indicating very active) for each age range through your present age: 15-20 _____ 21-30 _____ 31-40 _____ 41-50 _____ 51+ _____

2. Were you a high school and/or college athlete? NO YES If yes, specify:

3. Do you have any negative feeling toward, or have you had any bad experiences with, physical activity programs? NO YES -If yes, specify: _____

4. Do you start exercise programs but then find yourself unable to stick with them? NO YES

5. Are you currently involved in regular endurance (cardiovascular) exercise?
 NO YES -If yes, specify: _____

6. How much time are you willing to commit to an exercise program?
 _____ minutes/day _____ days/week

7. What types of exercise interest you?

MOTIVE FITNESS – RELEASE AND WAIVER OF LIABILITY

Participant Name:	
Phone #:	
Emergency Contact:	

Birth Date:	/ /	Age: _____
Email:		
Phone #:		

I, the above-participant (or the parent and/or guardian on behalf of the above-participant that is a minor), for myself as well as for my personal representatives, heirs, successors and permitted assigns (hereinafter collectively referred to as "I", "me" and/or "Participant"), request to participate and engage in physical activities at the direction of Motive Fitness, LLC ("Motive"), including but not limited to, personal training, physical exercise, fitness training and/or weight lifting (hereinafter referred to collectively as the "Physical Activities"). In consideration of Motive's grant of permission for me to participate and engage in the Physical Activities, and other good and valuable consideration, I acknowledge, agree and represent as follows (collectively, the "Release/Waiver"):

1. **MEDICAL CONDITION.** I am unaware of any medical condition, illness or health related issue ("Medical Conditions") that would prevent me from safely engaging in the Physical Activities or which poses a risk to me or others engaging in the Physical Activities. I assume all responsibility for my Medical Conditions as they relate to engaging in the Physical Activities. I have consulted with a physician and have not been instructed by such physician to refrain from engaging in the Physical Activities. If, at any time, I believe that it is unsafe for me to continue engaging in the Physical Activities, I shall immediately notify my physician and discontinue the Physical Activities.

2. **ASSUMPTION OF RISK.** I understand that engaging in the Physical Activities involves risk of serious injury (including permanent disability and death), severe social and economic losses as well as other unknown risks not reasonably foreseeable at this time, whether caused by my own actions or inactions or the actions or inactions of others engaging in the Physical Activities and/or the conditions in which the Physical Activities take place (collectively, the "Risks"). I knowingly and freely accept and assume all such Risks and all responsibility for losses, costs and damages to my personal property and/or personal injury (including permanent disability and death) incurred by me relating to the Risks as well as my participation in the Physical Activities generally.

3. **GENERAL RELEASE; COVENANT NOT TO SUE.** I hereby release and forever discharge Motive, as well as Motive's officers, members, trainers, agents, representatives, volunteers, employees, successors, assigns, other participants and, if applicable, the owner and lessor of the premises upon which the Physical Activities occur (collectively, the "Released Parties") from and with respect to any and all liability, claims, demands, suits, rights and/or causes of action of whatever kind or nature, now or hereafter existing, whether known or unknown, present or future, foreseen or unforeseen, whether caused by the negligence of the Released Parties or otherwise, arising out of, or in the course of my participation in, the Physical Activities (collectively, the "Claims") including, without limitation, Claims for personal injury (including permanent disability and death) or property damage of any kind or nature whatsoever. Furthermore, I covenant not to sue Motive as well as any of the other Released Parties for any Claims arising directly or indirectly out of my participation in the Physical Activities. Also, I relinquish my rights to sue Motive and the other Released Parties.

4. **INDEMNIFICATION.** I agree to indemnify, save and hold harmless Motive as well as the other Released Parties from and against any and all loss, damage, claim, suit, liability, demand, cost and/or expense (including reasonable attorney's fees), paid or incurred by Motive and/or the other Released Parties, or asserted against any of them, caused in whole or in part, by, or arising directly or indirectly out of, my participation in the Physical Activities and/or my breach of this Release/Waiver.

5. **CONSENT TO TREATMENT.** I consent to have a trainer, emergency service technician or other healthcare provider ("Provider") provide me with medical assistance and/or treatment if such assistance and/or treatment is reasonably necessary (and I agree to be responsible for the payment of such assistance and/or services rendered).

6. **PROMOTIONAL/MARKETING MATERIAL.** I consent to being photographed and/or videotaped by Motive (including its representatives and/or agents). I understand that any and all photographs, videos, recordings and/or likenesses of me captured by Motive (as well as Motive's representatives and agents) become the sole property of Motive. Additionally, I grant Motive the right, permission and authority to use my name and any such photographs, videos, recordings and/or likenesses for any legitimate purpose, including but not limited to, promoting, advertising and/or marketing Motive's business.

7. **NO REPRESENTATIONS.** I have not requested or received any express representations or warranties regarding the condition upon which the Physical Activities occur nor has Motive made and does not make any actual or implied representations or warranties regarding the condition upon which the Physical Activities occur.

8. **DAMAGE TO EQUIPMENT.** I am responsible to repair and/or replace, at my expense, any damaged equipment or fixtures located at or within the premises where the Physical Activities occur if such damage is caused, in whole or in part, by me. If Motive pays for the foregoing, I agree to reimburse Motive such amount upon demand.

9. **RULES AND REGULATIONS.** I reviewed Motive's rules, regulations and policies at www.motive.fitness and agree to abide by them and any amendments to them.

10. **CONDITION PRECEDENT.** I acknowledge that my execution of this Release/Waiver is a condition precedent to me engaging in the Physical Activities.

11. **BINDING EFFECT.** I agree that all covenants, agreements and representations made in this Release/Waiver are made on my behalf as well as on behalf of my heirs, personal representatives, successors and permitted assigns, including but not limited to, such covenants, agreements and representations under paragraphs 2 (Assumption of Risk), 3 (General Release; Covenant Not to Sue), 4 (Indemnification), 5 (Consent to Treatment), 6 (Promotional/Marketing Material) and 12 (Miscellaneous). For the avoidance of all doubt, I agree that this Release/Waiver is binding upon me as well as my respective heirs, personal representatives, successors and permitted assigns.

12. **MISCELLANEOUS.** I understand and agree to the following: (a) **Entire Agreement; Modification.** This Release/Waiver represents the entire and integrated understanding of Motive and me with respect to the subject matter of this Release/Waiver. (b) **Severability.** If any part of this Release/Waiver is found to be unenforceable, the other provisions shall remain fully valid and enforceable. (c) **Survival.** The provisions of this Release/Waiver shall continue in full force and effect even after the termination of my participation in the Physical Activities. (d) **Notice.** Any notice required by this Release/Waiver shall be sent to Motive via email (at bill@motive.fitness) and to me at my email noted above—I shall immediately notify Motive if any of my contact information changes. (e) **Waiver.** No waiver by Motive or the Released Parties of any of the provisions of this Release/Waiver shall be effective unless the waiver is in writing and signed by the party waiving such provision. (f) **Attorneys' Fees.** I shall reimburse Motive for all costs of suit and other expenses paid or incurred by Motive (including reasonable attorneys' fees) with respect to any action, controversy, claim or dispute arising out of or relating to the Physical Activities or this Release/Waiver. (g) **Governing Law.** This Release/Waiver and the undertakings hereunder shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania (without reference to the principals of conflicts of law). (h) **Mediation; Jurisdiction; Waiver of Jury Trial.** In the event of any controversy or claim arising out of or relating to the Physical Activities or this Release/Waiver, I agree to first attempt to settle the dispute by mediation and that any unresolved controversy or claim shall be subject to non-appealable binding arbitration through the Berks County Bar Association. NOTWITHSTANDING THE FOREGOING, I VOLUNTARILY WAIVE ANY RIGHT TO A TRIAL BY JURY WITH RESPECT TO ANY AND ALL DISPUTES BETWEEN MOTIVE AND ME. (i) **Assignment.** I shall not assign this Release/Waiver. (j) **Counterparts.** This Release/Waiver may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Facsimile or other electronically delivered copies of signature pages to this Release/Waiver shall be treated as original signatures for all purposes.

I HAVE READ THIS RELEASE/WAIVER, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF IT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

IN WITNESS WHEREOF, I have duly executed this Release/Waiver on the _____ (day) day of _____ (month), _____ (year).

For a Participant **AT LEAST 18 Years of Age**

For a Participant **UNDER 18 Years of Age***

SIGN: _____
NAME: _____

BY: _____
NAME: _____

* I represent that I am the parent and/or guardian of the minor Participant and that I am legally responsible for the minor Participant. I, for myself and on behalf of the minor Participant, consent and agree to the terms and conditions of this Release/Waiver, and agree that WE are bound by this Release/Waiver.

EXHIBIT “B”

**BERKS COUNTY COURT
OF
COMMON PLEAS**



MENTAL HEALTH TREATMENT COURT

PARTICIPANT HANDBOOK

Revised June 2019

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MISSION STATEMENT

The mission of the Berks County Mental Health Treatment Court Program is to integrate substance abuse / mental health treatment with the justice system for the promotion of public safety, individual responsibility, and reduction of substance abuse / mental health related recidivism. Further, the Berks County Mental Health Treatment Court Program provides a judicially supervised regimen of individualized treatment, case management, and intensive supervision to the offender with mental health and substance abuse issues through a coordinated interdisciplinary approach that treats the diagnosis and addiction while protecting public safety.

TEAM MEMBERS

Court of Common Pleas

The Honorable Senior Judge Stephen B. Lieberman, Presiding Judge

Treatment Court Coordinator

Jessica Bodor, Assistant Chief Probation Officer

The team also includes an Adult Probation Officer, an Assistant District Attorney, an Assistant Public Defender, representatives from Treatment Access and Services Center, Inc. (TASC), Berks Connections/Pretrial Services (BCPS), Service Access Management Inc. (SAM), Greater Reading Mental Health Alliance (GRMHA) and local treatment providers including Pennsylvania Counseling Center, Berks Counseling Center, New Directions Treatment Services, and the YMCA.

Each team member agrees to carry out the daily tasks involved in planning and monitoring operations of this Mental Health Treatment Court Program. Furthermore, the group will conduct staffings for the Mental Health Treatment Court Program and will also meet outside the court setting to review operations and discuss modifications to the policies and procedures of this program.

PROGRAM COMPONENTS AND GOALS

When you begin and as you progress through the Mental Health Treatment Court Program, think about your personal goals and what you would like to achieve. Set goals you think will help you stay clean and sober and will support your decision making, growth and recovery. Goals can be written on the goals sheet in the Appendix of this document.

In addition to your personal and treatment goals, there are program requirements that are outlined in this manual and are listed on the Phase Checklists (see Appendix). You are required to reside in Berks County throughout your involvement in Treatment Court. Additional requirements include, but are not limited to the following:

- Live in an environment with people who support my recovery
- Attend support group meetings and sober leisure activities regularly
- Attend all sessions with the Judge
- Attend and engage in mental health and drug and alcohol (if applicable) treatment as scheduled with a positive attitude
- Meet with your Probation Officer as scheduled
- Develop a support list and identify a mentor, sponsor and/or other support person
- Call in for urine screening daily, report as scheduled, and provide undiluted, drug-free screens
- Be a good role model for others in Treatment Court and in the recovery community
- Become a stable and responsible parent
- Be a dependable employee / obtain employment
- Complete a GED program or other educational or vocational program (if applicable)
- Get a driver's license (if applicable)
- Get your own house or apartment (if applicable)
- Pay all costs, fines and restitution
- Cooperate with case management services (if applicable)
- Cooperate with certified recovery support specialist (if applicable)
- Cooperate with certified peer support specialist (if applicable)
- Complete ordered community service
- Participate in risk assessments and risk reduction activities
- Complete Advanced Alcohol Safe Driving classes (if applicable)

RISK ASSESSMENTS

Prior to admission to Mental Health Treatment Court, you will participate in a risk and needs assessment, the Risk and Needs Triage (RANT) and a mental health / drug and alcohol evaluation, to accurately assess what services are necessary to help you be successful. In addition, at the end of Phase 1 and prior to advancement to Phase 2, your probation officer will administer the Ohio Risk Assessment System: Community Supervision Tool (ORAS-CST). This tool will help assess your risk to reoffend, will aid in determining your needs, and will help identify any barriers that could impact on your ability to be successful. Additional programming may be assigned based upon your needs.

JUDICIAL REVIEW

Unless you are a resident in a distant inpatient treatment program, you **MUST** attend the Judicial Review at the Berks County Courthouse. You will attend either once every two weeks, or monthly as directed by the court.

MY ATTENDANCE SCHEDULE:

() Every two weeks Starts _____ Ends _____

() Once a month Starts _____ Ends _____

You must arrive at the Berks County Courthouse at least 30 minutes before the review so you can pass through security and check in with the Court officials in the courtroom.

Things to remember for Judicial Review:

- If making a payment, pay your fees at the Clerk of Courts **PRIOR** to coming to court. Bring your receipt with you to court.
- **DRESS APPROPRIATELY:** No shorts, tank tops, etc. No hats worn in the courtroom. Your appropriate clothing demonstrates respect for the court.
- **BE QUIET WHEN THE JUDGE TALKS.** Comments of others have meaning for you and it is important to show respect to others. Electronic devices including cell phones should be turned off.
- If the judge or probation officer has asked you to bring documents to show the court, have them with you during check-in. These documents may include: journals, essays, verification of support group meeting attendance, verification of community service, your date book, etc.

Your probation officer, case manager, or the judge may ask you to meet with them after the review. Be prepared to stay for a few extra minutes. You may also be directed to submit a drug screen or breathalyzer test while present for your review.

MENTAL HEALTH TREATMENT COURT PHASES

The Berks County Mental Health Treatment Court operates in four (4) phases. As you progress in treatment and in all other areas of the program you will progress to the next phase. Each phase has fewer requirements as you grow in your recovery.

The Mental Health Treatment Court Team will monitor your status in each phase and will decide when you have met the requirements to move to the next phase. Your progress through these phases will depend to a large part on your efforts to complete your requirements in a timely manner.

You must remember that the phases are designed to help you stay strong in your recovery while moving toward independence. If you have questions about where you stand in your phases, talk to your case manager and/or probation officer.

If you have accomplished the requirements of your current phase, review your current phase checklist with your probation officer, sign and date the checklist and request advancement to the next phase. Once completed, you will submit that form to your Mental Health Treatment Court Probation Officer. It will then be reviewed at the next Mental Health Treatment Court Team meeting and the status of your advancement will be addressed at your next review before the Mental Health Treatment Court Judge.

PHASE I	START _____	FINISH _____
PHASE II	START _____	FINISH _____
PHASE III	START _____	FINISH _____
PHASE IV	START _____	FINISH _____

SUPPORT LIST

These people will help me successfully complete the Mental Health Treatment Court Program. This group may include friends, family members, support group sponsor, employers, teachers, probation/parole officers, case managers, etc. Ask them for their support or thank them for what they have done. Letting others know your needs and how you feel about them makes for a stronger recovery support system.

_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date

ADULT PROBATION AND PAROLE OFFICE

While you participate in Mental Health Treatment Court, an officer from the Berks County Adult Probation and Parole Office will closely supervise you, will assist you in your recovery and will help you make positive changes in your life. The probation officer represents the court and will support you and hold you accountable to follow your court order and rules outlined in Treatment Court Agreement and this Manual. In addition, your probation officer will assist you to become a productive and law-abiding member of the community. This is done by challenging you to learn and grow so you can improve your decision making.

You will receive a list of the rules upon entry into Mental Health Treatment Court. Read these rules carefully and ask your attorney if there is anything you do not understand. While participating in Mental Health Treatment Court you must follow these rules or face a penalty from the court. It is your responsibility to report to the probation officer as directed.

You may receive curfews, electronic monitoring, or other restrictions while involved in Mental Health Treatment Court. Your probation officer will explain the rules regarding any of these programs.

The Mental Health Treatment Court will require you to complete journals, essays, sober leisure activities, mental health counseling, meetings if applicable, employment searches, and other programs. Your probation officer will monitor these requirements and report the status to the Mental Health Court Treatment Team.

The probation officer will also conduct random drug and alcohol testing while you participate in Mental Health Treatment Court.

My Probation Officer _____

Phone number _____

Email _____

Probation Office Address:

**Berks County Adult Probation/Parole
633 Court Street
7th Floor Services Center
Reading, PA 19601**

DRUG AND ALCOHOL TESTING

Urine Screening

All participants are required to submit to urine drug screens. Each participant will be assigned a pin and must call the drug testing hotline daily (1-800-494-1250) and enter their pin number to see if they have drug testing. Participants are able call to each day after 5 am. If a participant's pin is called, he/she must report for drug testing. Urine collection is done at TASC, 19 North 6th Street 1st Floor, Reading, Pennsylvania. You may also be tested by your probation officer both at the office and in the field. Each participant will be given written information pertaining to urine drug testing times as well as their pin number to access the Redwood drug screening system.

All urine collections are observed by a male or female monitor. All urine screens are generally free to the defendant. However, participants being sanctioned due to a positive test or a diluted sample may be required to pay testing costs as a sanction. Participants are expected to attend every drug test for their particular pin. Participants must come prepared to give a urine sample. If they cannot, this is considered a positive test. Diluted or adulterated urines are unacceptable and are also viewed as a positive drug screen. Participants who attempt to pass a false urine may be charged with a misdemeanor offense.

Urin es will be sent to the laboratory when a participant refuses to acknowledge a positive drug test result or when the probation officer suspects drug use. The participant must pay the upfront re-testing fee of \$35.00 per substance if they wish to have their sample retested. This fee shall be paid within 48 hours of their notification of the positive result. They will be refunded their money if the test comes back negative. If the lab confirms a positive drug test, the participant will be sanctioned appropriately.

Urine testing frequency will be on a random basis. Participants will not be told how many times a week they will be called for a urine; they need to call to check for their urine every day.

Breath Testing

The use of alcohol by Mental Health Treatment Court participants is prohibited. Participants will be breath-tested on a regular basis.

Oral Fluids Testing

The use of oral fluid testing may be used should the participant not be able to produce a urine sample at the time it is requested.

Additional information on drug and alcohol testing is contained in the Appendix of this document ("Drug Screening Guidelines" and "Alcohol Testing Contract").

SANCTIONS AND INCENTIVES

The use of graduated sanctions and incentives with Mental Health Treatment Court participants can help shape behavior and improve outcomes. In order to be effective, there must be a proper balance of sanctions and incentives. Within the framework, incremental, proportionate and predictable responses are delivered to encourage and reinforce positive behaviors and discourage negative, noncompliant behaviors. Sanctions are administered when participants fail to comply with program requirements (supervision, treatment, drug testing, etc.) and incentives are in response to positive behavior and achievements.

Possible incentives and sanctions include:

Incentives

Decreased drug testing
Early dismissal from court
Less frequent court appearances
Reduction in fines and costs
Fishbowl picks
Verbal praise/applause
Phase promotion
Decreased probation contacts
Travel allowance
Additional “windows” while on EM
Removal of monitoring device
Phase advancement
Gift cards
Other tangible items
Graduation

Sanctions

Increased drug testing
Increased community service hours
Increased court appearances
Paying for drug tests
Writing assignments
Verbal admonishment
Incarceration
Increased probation contacts
Travel restrictions
Installation of monitoring device
Additional monitoring time
Reduction of “windows”
Life skills assignments
Increased community restrictions
Phase demotion
Termination

These lists are not all inclusive but are a guide that may be used when administering an incentive or sanction. The Mental Health Treatment Court Team may divert from this list at any time and assign other sanctions or incentives. In addition, treatment interventions may be assigned but should not be categorized as sanctions.

SANCTIONABLE BEHAVIORS

Participant behaviors, which may be sanctioned, include, but are not limited to the following:

- Positive or diluted urine test
- Failure to submit urine sample
- Unexcused absence or absences from counseling sessions
- Failure to follow treatment conduct rules
- Willful failure to pay costs, fees and restitution as ordered
- Failure to attend scheduled status hearing without just cause
- Arrested for a new offense
- Failure to comply with treatment provider recommendations
- Leaving the jurisdiction without permission of the Treatment Court Team
- Failure to attend self-help group per treatment plan recommendation
- Possession or delivery of drugs at treatment site
- Violent or abusive behavior at treatment site, program site or other place of contact or participation
- Failure to comply with directives given by the Court, Treatment Court Team or treatment providers
- Failure to move through the phases in the appropriate designated time frame
- Dishonesty to court personal and other treatment court staff

BEHAVIORS WORTHY OF INCENTIVE

Participant behaviors, which the Mental Health Treatment Court team may apply an incentive, include, but are not limited to the following:

- Attendance at all scheduled Mental Health Treatment Court sessions
- Attendance at all scheduled outpatient treatment sessions
- Attendance at all urine screens when called
- Continuously having negative urine screens
- Following all the rules of the Mental Health Treatment Court program
- Making consistent payments on fines, costs, and restitution
- Attending all scheduled appointments with case management and peer support
- Showing progress in all aspects of your recovery
- Being honest with yourself, court and treatment staff

SCRAM / GPS

As part of a sentence and/or as a sanction, participants may be placed on electronic monitoring while in Treatment Court. The Secure Continuous Remote Alcohol Monitor (SCRAM) is an ankle bracelet that is worn 24 hours a day/7 days a week and monitors alcohol consumption by sampling the participant's perspiration. The SCRAM bracelet is worn to ensure that participants do not drink alcohol and to assist in their path to abstinence from alcohol. The SCRAM bracelet communicates the information gathered via a landline phone or internet ethernet cable. Participants may be required to pay up to \$8.00 per day for the use of the bracelet with a minimum of two months up from prior to installation of the bracelet. Verification of alcohol use may result in further sanctioning.

The Global Positioning System (GPS) is an ankle bracelet that is worn 24 hours a day/7 days a week and monitors the participant's whereabouts using global positioning points. This information gathered from the bracelet is communicated through cellular service. Participants may be required to pay up to \$5.00 per day for this service with a minimum of two months being paid up front, prior to the installation of the device. The assigned probation officer will be determining the schedule for windows (time allowed away from the residence) and will monitor the participant's whereabouts. Deviations from the approved schedule will be considered violations of probation.

TERMINATION

Warrants, new arrests or a violation of any aspect of program rules and regulations may result in a participant's termination from the Mental Health Treatment Court Program. Other specific violations which could result in termination include the following:

- A pattern of missed and/or positive drug tests
- Tampering with drug tests
- Demonstrating a lack of program response by failing to cooperate with the Mental Health Treatment Court team or treatment program
- Violence or the threat of violence directed at Mental Health Treatment Court team members, treatment staff, other participants of the program and/or clients of treatment providers
- A pattern of dishonesty with the Mental Health Treatment Court Team

Following a termination petition, a hearing will be held before an impartial Judge to provide evidence that would warrant termination from Mental Health Treatment Court. If the participant has pending cases that have not been sentenced after termination, they will be transferred back to the original Judge for final disposition of the charges. If a participant is post-conviction their case would then go through the regular Gagnon procedure. Re-sentencing shall be within the sole discretion of the sentencing judge, limited only by the maximum penalty allowed by law.

TREATMENT COURT POLICY ON NARCOTIC MEDICATIONS AND PROHIBITED SUBSTANCES

Due to the high potential of narcotic medications to interfere with treatment and recovery efforts, the Berks County Treatment Court prohibits the use of all addictive medications. Addictive medications include all opiate-based pain medications, benzodiazepines or anti-anxiety medications, stimulant medications for the treatment of ADHD, sleeping pills and muscle relaxers. The list includes, but is not limited to, the following and includes any generic versions of these drugs:

ADDERALL	AMBIEN	AMYTAL
ATIVAN	CODEINE	CONCERTA
DEMEROL	DEXEDRINE	DILAUDID
FOCALIN	HALCION	KLONOPIN
LORCET	LORTAB	LIBRIUM
LUNESTA	MORPHINE	NEMBUTAL
OPANA	OXYCODONE	OXYCONTIN
PERCOCET	PERCODAN	RITALIN
ROXANOL	SECONAL	SOMA
SONATA	STADOL	TYLOX
TRAMADOL	VALIUM	VICODIN
XANAX	MEDICAL MARIJUANA	CBD OIL
FENTANYL	OTC CORICIDIN	MARINOL
GABAPENTIN	NEURONTIN	KRATOM

Participants in Berks County Treatment Court and individuals seeking entry into the Berks County Treatment Court are expected to notify all their treating physicians that they are in recovery. If a treatment physician wishes to treat the individual with narcotic or addictive medications, the individual shall immediately disclose this information to the Treatment Court team.

Treatment Court participants using such medications absent permission from the Treatment Court Judge are subject to termination from the program.

Exceptions to this policy are made only in rare occasions, such as in the case of *documented* medical emergency treatment. Participants who habitually seek exception to this policy are subject to termination. If a prescribing physician recommends that a client must be continuously maintained on prohibited prescriptions in order to sustain a certain quality of life, the client may no longer participate in Treatment Court.

Consuming alcohol in any form is prohibited. The use of diet pills while in Treatment Court is prohibited. Additionally, the consumption of poppy seeds is strictly prohibited while in the program. Any positive drug tests for opiates will always be deemed positive for illegal substances. Lastly, consumption of salvia, morning glory seeds and any other such mood altering or hallucinogenic substance are strictly prohibited.

An additional copy of this policy is located in the Appendix of this manual. The participant shall sign the signature line of the document and the assigned probation officer shall keep the original signed document.

COSTS, FINES AND RESTITUTION

While you are attending Mental Health Treatment Court, you will be required to pay any costs, fines, and restitution that are owed to the Berks County Clerk of Courts Office. A payment plan will be set through the Berks County Adult Probation and Parole Office.

You will be required to make payments towards fines and costs as per your payment plan beginning in Phase 3. You may, however, begin to make payments in Phase 1 or 2. You will meet with your probation officer and develop a financial plan that includes a payment plan for your financial obligations to the Court.

Upon successful completion of Mental Health Treatment Court, you may be eligible to have the certain assessed costs and fines waived by the Mental Health Treatment Court Judge. Restitution and certain costs cannot be waived.

If you are ordered to pay restitution, you are expected to make regular restitution payments while involved in Mental Health Treatment Court and make every attempt to pay it off prior to your completion of the program.

**Berks County Clerk of Courts
633 Court Street
4th floor, Courthouse
Reading, PA 19601**

610-478-6550

EMPLOYMENT

As a participant of Mental Health Treatment Court, you will be required, throughout Phases II, III, and IV, to obtain/maintain employment unless you have been determined to be disabled by the Social Security Administration. You will be required to provide pay stubs from your employer to your probation officer as proof of employment. You must notify your probation officer immediately of any change or loss of employment. If you do not maintain employment for a two-week period, you will be required to complete community service hours as directed and will also be required to engage in an active job search and provide verification (See job search form in the Appendix of this manual). All employment and community service work must be approved by the Mental Health Treatment Court Team.

If you need assistance in finding employment, consult your probation officer or case manager. Berks Connections/Pretrial Services has additional services with regard to resume building and has a computer lab that participants can utilize to assist with their job search.

COMMUNITY SERVICE

As part of your sentence into the Mental Health Treatment Court Program, you may be assigned community service hours. This provides you with an opportunity to give back to the community and find a positive activity to help others. Community service sites must be approved by your Mental Health Treatment Court Probation Officer. Participants who do not maintain employment for a two-week period may be subject to 20 community service hours per week.

It is important to keep track of your days/hours worked and report your hours worked to the Mental Health Treatment Court Probation Officer through the community service log which you can obtain from the Adult Probation Office. Hours submitted will be verified with the agency where you worked. Community service hours will be reviewed by the Mental Health Treatment Court Team prior to your Mental Health Treatment Court session.

You may also be required to complete additional community service hours as a result of a sanction administered by the Court. In addition, you may be assigned to participate in community service activities specifically for Treatment Court participants.

TRAVEL/VACATION GUIDELINES

All Mental Health Treatment Court participants are NOT permitted to travel outside of the boundaries of Berks County without the authorization of his/her probation officer.

Travel requests must be submitted to the Mental Health Treatment Court Probation Officer at the earliest possible date. The probation officer will review all travel requests and will discuss each request with the participant's counselor and/or members of the treatment team. Extended travel and/or travel outside of Pennsylvania will be reviewed by the Mental Health Treatment Court Team prior to authorization.

Any Mental Court Treatment Court participant granted permission to travel for the purposes of vacation, etc. must have a drug test conducted at TASC prior to leaving and immediately upon return from said travel/vacation. Additionally, participants may be required to attend support group meetings while traveling and provide verification of attendance.

ALL TRAVEL IS SUBJECT TO PROBATION DISCRETION AND MUST BE APPROVED BY YOUR PROBATION OFFICER.

YOU MUST HAVE PERMISSION PRIOR TO DEPARTURE AND OBTAIN A TRAVEL PERMIT.

**TREATMENT COURT CERTIFIED RECOVERY
SUPPORT SPECIALIST / PEER SUPPORT SPECIALIST**

At any time during your participation in Treatment Court, you may be required to meet with a certified Recovery Support Specialist (RSS) or a certified Peer Support Specialist. The certified RSS/ Peer Support will assist in monitoring your treatment attendance/compliance, your involvement in recovery-oriented programs and attendance self-help groups. The certified RSS/ Peer Support will offer you guidance, support, coaching and experience on the recovery process by assisting you to build a recovery plan and community supports that work for you.

Generally, you will meet with your certified RSS/ Peer Support at least twice a month. However, you may be required to meet with your certified RSS more frequently.

Peer Support Specialist: _____

Telephone Number: _____

Certified Recovery Support Specialist: _____

Telephone Number: _____

CALENDAR

While a participant in Mental Health Treatment Court, you will be required to maintain a daily calendar. Your calendar must be brought to all court sessions, probation office visits, treatment sessions and any other Treatment Court related appointments and may be reviewed by the judge, counselor and probation officer.

The following activities, with dates and times, shall be listed in your calendar:

- Group sessions
- Individual sessions
- Probation officer appointments
- Work schedule
- Community service hours
- Leisure activities
- Goal completion date for each phase
- Mental Health Treatment Court sessions
- Recovery related activities

DIRECTORY OF SERVICES

Attached (in the Appendix of this document) is a copy of the Directory of Services published by Berks Connections/ Pretrial Services. This directory contains a variety of community-based services that a Mental Health Treatment Court participant may find helpful or necessary. It is the goal of the Mental Health Treatment Court Program to assist each participant with their daily living. Please see your Probation Officer or a representative from Pretrial Services with questions about any of the services listed or if you need services that are not listed in the directory.

APPENDIX

ACKNOWLEDGMENT OF PARTICIPANT

PHASE 1 CHECKLIST

PHASE 2 CHECKLIST

PHASE 3 CHECKLIST

PHASE 4 CHECKLIST

GOAL WORKSHEET

TREATMENT COURT POLICY ON NARCOTIC MEDICATIONS AND PROHIBITED SUBSTANCES
WITH PARTICIPANT ACKNOWLEDGMENT

URINE TESTING GUIDELINES

ALCOHOL TESTING CONTRACT

JOB SEARCH FORM

NOTICE OF ACT 122

RELEASE OF INFORMATION

DIRECTORY OF SERVICES

MISCELLANEOUS PROGRAMMING

ACKNOWLEDGMENT OF PARTICIPANT

I _____, hereby acknowledge that I have received a copy of the Berks County Drug Treatment Court Participant Manual. I fully understand that it is my responsibility to review the participant manual and understand all contents. I will be given the opportunity to have any section clarified by my probation officer if necessary.

Signature of Participant Date

Probation Officer Date

BERKS COUNTY MENTAL HEALTH TREATMENT COURT PROGRAM PHASE 1 CHECKLIST (revised 5/21/19)

CLIENT _____ ENTRY DATE _____

PHASE 1 (3-6 months)			
Requirements:	Date:	Requirements:	Date:
Attend all twice monthly Court appearances		If appropriate, participate in psychiatric medication monitoring and take medications as prescribed	
Attend twice monthly office visits with probation officer Date of last missed appointment:		Provide the Court with medical documentation for all current prescribed medications	
Be present for scheduled home visits (once every other month) with your probation officer		Maintain a date book/calendar documenting all meetings and appointments and bring to all appointments and court sessions	
Reporting frequency for Court appearances, office visits, and home visits may be increased at the discretion of the Judge		Establish and maintain a stable and appropriate living arrangement	
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed screen:		If necessary, develop a transportation plan to help ensure attendance at all required events	
Attend and engage in recommended mental health or dual diagnosis treatment and exhibit adequate progress with your treatment plan Date of last missed appointment:		Start changing people, places and things	
Participate in appropriate case management, recovery support services and/or peer support services as recommended by the treatment court team		Prior to advancement to Phase 2, participate in an Ohio Risk Assessment System (ORAS) to assess risk, need and responsivity factors	
Sign releases of information with all case management, treatment providers and applicable family members and significant others		Days sober and no missed drug/alcohol tests for advancement to Phase 2- 60 days	
Attend and engage in 3 recovery related activities per week (if dually diagnosed, one activity must be a substance abuse support group) and maintain a log of all activities and bring the log to all court appearances			
Provide the Treatment Court team with a copy of your current case plan from your case management agency and/or your Wellness Recovery Action Plan (WRAP) from your Peer Support Specialist			

As evidenced by the above signatures, I have completed all requirements of Phase 1 and am now requesting advancement to Phase 2.

Client Signature

Date

Form received by: _____
Signature to Treatment Court Team Member

Date

BERKS COUNTY MENTAL HEALTH TREATMENT COURT PROGRAM PHASE 2 CHECKLIST (revised 5/21/19)

CLIENT _____ ENTRY DATE _____

PHASE 2 (3-6 months)			
Requirements:	Date:	Requirements:	Date:
Attend all twice monthly Court appearances		Maintain a stable and appropriate living arrangement	
Attend twice monthly office visits with probation officer Date of last missed appointment:		Complete support list in participant manual and identify a mentor, sponsor or other support person	
Be present for scheduled home visits (once every other month) with probation officer		Identify needs in the following areas: Education/Employment/GED Parenting	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		If necessary, review transportation plan to help ensure attendance at all required events	
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed screen:		Maintain a date book/calendar documenting all meetings and appointments and bring date book to all appointments and court sessions	
Attend and engage in recommended mental health or dual diagnosis treatment and exhibit adequate progress with your treatment plan Date of last missed appointment:		Demonstrate changing of people, places and things	
Participate in appropriate case management, recovery support services and/or peer support services as recommended by the treatment court team		Review employability and current income sources and develop an income plan that includes employment, if appropriate	
If updated, provide the Treatment Court team with a copy of your case plan and/or Wellness Recovery Action Plan		If not employed, develop a plan for appropriate use of leisure time that may include an educational program, volunteer work, community service, participation in other programming, etc.	
Attend and engage in 3 recovery related activities per week (if dually diagnosed, one activity must be a substance abuse support group), maintain a log of all activities and bring the log to all court appearances		Review the Ohio Risk Assessment System (ORAS) with your probation officer and participate in risk reduction activities and programming as recommended by the Treatment Court team	
If appropriate, participate in psychiatric medication monitoring and take medications as prescribed		Days sober and no missed drug/alcohol tests for advancement to Phase 3- 90 days	
Provide the Court with medical documentation for all current prescribed medications			

As evidenced by the above signatures, I have completed all requirements of Phase 2 and am now requesting advancement to Phase 3.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY MENTAL HEALTH TREATMENT COURT PROGRAM PHASE 3 CHECKLIST (revised 5/21/19)

CLIENT _____ ENTRY DATE _____

PHASE 3 (3 to 6 months)			
Requirements:	Date:	Requirements:	Date:
Attend all twice monthly Court appearances		Maintain a stable and appropriate living arrangement	
Attend all twice monthly office visits with probation officer Date of last missed appointment:		Demonstrate changing of people, places and things and utilize mentor, sponsor and/or support list	
Be present for all home visits (once every other month) with probation officer		Maintain a date book/calendar documenting all meetings and appointments and bring date book to all appointments and court sessions	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Review areas of need (education, literacy, parenting, transportation)	
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive screen: Date of last missed screen:		Maintain employment or continue to follow plan for appropriate use of leisure activity	
Attend and engage in recommended mental health or dual diagnosis treatment and exhibit adequate progress with your treatment plan Date of last missed appointment:		Continue to participate in risk reduction activities as directed by the Treatment Court team	
Participate in appropriate case management, recovery support services and/or peer support services as recommended by the treatment court team		Develop and submit a scrapbook reflecting your journey in recovery	
If updated, provide the Treatment Court team with a copy of your case plan and/or Wellness Recovery Action Plan		Develop a financial plan for monies owed and make regular payments	
Attend and engage in 3 recovery related activities per week (if dually diagnosed, one activity must be a substance abuse support group), maintain a log of all activities and bring the log to all court appearances		Days sober and no missed drug/alcohol test for advancement to Phase 4- 90 days	
If appropriate, participate in psychiatric medication monitoring and take medications as prescribed			
Provide the Court with medical documentation for all current prescribed medications			

As evidenced by the above signatures, I have completed all requirements of Phase 3 and am now requesting advancement to Phase 4.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY MENTAL HEALTH TREATMENT COURT PROGRAM PHASE 4 CHECKLIST (revised 5/21/19)

CLIENT _____ ENTRY DATE _____

PHASE 4 (3 to 6 months)			
Requirements:	Date:	Requirements:	Date:
Attend monthly Court appearances		Maintain a stable and appropriate living arrangement	
Attend monthly office visit with probation officer as directed Date of last missed appointment:		Demonstrate changing of people, places and things and utilize mentor, sponsor and/or support list	
Be present for home visits (once every other month) with probation officer		Maintain a date book/calendar documenting all meetings and appointments and bring date book to all appointments and court sessions	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		If necessary, review areas of need (education, literacy, parenting, transportation)	
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed drug screen:		Maintain employment or continue to follow plan for appropriate use of leisure activity	
Attend and engage in recommended mental health or dual diagnosis treatment and exhibit adequate progress with your treatment plan Date of last missed appointment:		Continue to participate in risk reduction activities as directed by the Treatment Court team	
Participate in appropriate case management, recovery support services and/or peer support services as recommended by the Treatment Court team		Make regular payments on monies owed as per your financial plan	
If updated, provide the Treatment Court team with a copy of your case plan and/or Wellness Recovery Action Plan		Attend and engage in the Treatment Court Alumni group	
Attend and engage in 3 recovery related activities per week (if dually diagnosed, one activity must be a substance abuse support group), maintain a log of all activities, and bring the log to all court appearances		Days sober and no missed drug/alcohol tests for graduation- 90 days	
If appropriate, participate in psychiatric medication monitoring and take medications as prescribed			
Provide the Court with medical documentation for all current prescribed medications			

As evidenced by the above signatures, I have completed all requirements of Phase 4 and am now requesting to graduate.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

GOALS

1. _____

2. _____

3. _____

4. _____

5. _____

Treatment Court Policy on Narcotic Medications and Prohibited Substances

Due to the high potential of narcotic medications to interfere with treatment and recovery efforts, the Berks County Treatment Court prohibits the use of all addictive medications. Addictive medications include all opiate-based pain medications, benzodiazepines or anti-anxiety medications, stimulant medications for the treatment of ADHD, sleeping pills and muscle relaxers. The list includes, but is not limited to, the following and includes any generic version of these drugs:

ADDERALL	AMBIEN	AMYTAL
ATIVAN	CODEINE	CONCERTA
DEMEROL	DEXEDRINE	DILAUDID
FOCALIN	HALCION	KLONOPIN
LORCET	LORTAB	LIBRIUM
LUNESTA	MORPHINE	NEMBUTAL
OPANA	OXYCODONE	OXYCONTIN
PERCOCET	PERCODAN	RITALIN
ROXANOL	SECONAL	SOMA
SONATA	STADOL	TYLOX
TRAMADOL	VALIUM	VICODIN
XANAX	MEDICAL MARIJUANA	CBD OIL
FENTANYL	OTC CORICIDIN	MARINOL
GABAPENTIN	NEURONTIN	KRATOM

Participants in Berks County Treatment Court and individuals seeking entry into the Berks County Treatment Court are expected to notify all their treating physicians that they are in recovery. If a treatment physician wishes to treat the individual with narcotic or addictive medications, the individual shall immediately disclose this information to the Treatment Court team.

Treatment Court participants using such medications absent permission from the Treatment Court Judge are subject to termination from the program.

Exceptions to this policy are made only in rare occasions, such as in the case of *documented* medical emergency treatment. Participants who habitually seek exception to this policy are subject to termination. If a prescribing physician recommends that a client must be continuously maintained on prohibited prescriptions in order to sustain a certain quality of life, the client may no longer participate in treatment court.

Consuming alcohol in any form is prohibited. The use of diet pills while in Treatment Court is prohibited. Additionally, the consumption of poppy seeds is strictly prohibited while in the program. Any positive tests for opiates will always be deemed a positive for illegal substances. Lastly, consumption of salvia, morning glory seeds and any other such mood altering or hallucinogenic substance are strictly prohibited.

I understand and acknowledge this policy and agree to abide by all terms and conditions of the Berks County Treatment Court Medication Policy.

Participant

Date

Witness

Date

Mental Health Treatment Court

TASC Collections - Urine Testing Guidelines

Urine collections are done at TASC Drug Testing Center, 19 North 6th St, Suite 100, Reading, PA 19601. Enter at the 6th Street entrance of the building and ask security to direct you to the TASC drug testing facility.

- **HOURS:** ****Call every day of the week****
 - Monday - Friday 7:30am – 6pm
 - Saturday 9am-12pm

During inclement weather the hours at TASC will be posted on 69 News and on this website <http://berkstasc.org/wp/>

- All urine collections will be observed by a lab technician. **NO EXCEPTIONS**
- All urine collections for treatment court are no cost to you.
- This letter will note the **frequency** of your testing. When you call the number below after 5am of the testing day, and enter your pin, you will be told if you need to report for a urine test that day.

These are considered sanctionable events in DUI Treatment Court:

- Failure to call for your testing schedule
- Failure to report for testing when scheduled
- Failure to call Saturdays and Sundays before 12
- Failure to call with enough time to get to the lab
- Failure to provide a sample after reporting
- Continued diluted test results

****Diluted Test results will be reviewed in court****

****On the day of the test please limit your consumption of liquids to no more than 2 (8 oz.) glasses 2 hours before the test. ****

Call this number after 5am the day of the test

(800) 494-1250

Enter the Pin # assigned to you

Pin #:

Please call every day.

EtG Testing

a urine test for detecting alcohol consumption...



INCIDENTAL ALCOHOL EXPOSURE CONTRACT

In an effort to promote abstinence and recovery for Treatment Court participants, the TASC Urine Collection Center is now offering EtG testing, a urine test that detects for the consumption of alcohol. When being monitored for EtG, and consistent with principles of recovery, it is important to avoid certain products that contain alcohol.

Therefore, in order to prevent “false positives,” it is **YOUR** responsibility to limit your consumption or exposure to the following substances:

COUGH /COLD SYRUPS:

Treatment Court participants have always been prohibited from ingesting alcohol-containing cough syrups, such as Nyquil, Dayquil, Vicks Formula 44, and so forth. Treatment Court participants are required to *read the labels* of all prescription and over-the-counter medications to determine if they contain alcohol.

MOUTHWASH/BREATH STRIPS:

Most mouthwashes, including Listerine, Scope, Listermint, etc. contain alcohol. Treatment Court participants are required to *read the labels* of all mouthwashes and breath-freshening products to determine if they contain alcohol. Non-alcoholic mouthwashes are available as an alternative.

NON-ALCOHOLIC BEER AND WINE:

Although legally considered “non-alcoholic,” NA beers such as O’Doul’s, Sharps, etc. do contain a small amount of alcohol that could produce a positive EtG test. Treatment Court participants are not permitted to consume these products.

HAND SANITIZER:

Hand sanitizers (Purell, Germex, etc.) and other antiseptic gels and foams contain up to 70% alcohol. Excessive, unnecessary or repeated use of these products could result in a positive EtG test. Hand washing with soap and water is just as effective for killing germs.

HYGIENE PRODUCTS:

Aftershave, colognes, perfumes, deodorants (i.e. Axe) and body washes often contain alcohol. Excessive use of these products could result in a positive EtG test. Treatment Court participants must use these products sparingly to avoid reaching detection levels.

SOLVENTS AND LACQUERS:

Many solvents, lacquers, and flooring products contain ethyl alcohol. Excessive inhalation of vapors that contain alcohol can result in a positive alcohol test. Frequency of use and exposure to such products should be kept to a minimum. If you work in an environment where contact with such products is unavoidable, you must discuss this with your probation officer.

FOOD AND OTHER INGESTIBLE PRODUCTS:

There are numerous consumable products that contain ethyl alcohol and could result in a positive EtG reading. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts, such as Ginko Biloba, contain alcohol. Communion wine, food cooked with wine, and flambé dishes (alcohol poured over food and ignited) must be avoided.

REMEMBER!

When in doubt, don't use, consume, or apply!

I HAVE READ/ HAD READ TO ME AND I UNDERSTAND MY RESPONSIBILITIES TO AVOID PRODUCTS THAT CONTAIN ALCOHOL.

Participant

Date

Witness

Date

JOB SEARCH FORM

Drug Treatment Court Participant's Name: _____

Place of Employment: _____

Address: _____

Phone Number: _____

Copy of Application Attached **Date Submitted:** _____

Person Accepting Application – Signature: _____

Person Accepting Application – Print Name: _____

(Verification Necessary if Submitted Online)

Place of Employment: _____

Address: _____

Phone Number: _____

Copy of Application attached **Date Submitted:** _____

Person Accepting Application – Signature: _____

Person Accepting Application – Print Name: _____

(Verification Necessary if Submitted Online)

PA Act 122 of 1990

Notice of Requirements for Restoration of Operating Privileges

You are hereby notified that, as a result of your conviction for DUI, Section 1541(d) of the Pennsylvania Consolidated Statutes, Title 75, Vehicles-Continued Suspension of Operating Privilege, now applies to you.

Section 1541(d) provides that, “in order for driving privileges to be restored, a defendant must successfully complete all requirements of the treatment program ordered by the court. *Successful completion of a treatment program includes the payment of all court-imposed fines and costs, as well as fees to be paid to the treatment program...being current on a payment plan shall be considered as a part of a successfully completed program.*”

WHAT DOES THIS MEAN?

In order to have your driver’s license restored, you must:

- (1) **Successfully complete treatment at a licensed treatment program as recommended by your CRN evaluation.** Please be advised that treatment may include, but is not limited to, inpatient, outpatient, halfway housing, and aftercare counseling.
- (2) **Complete the Alcohol Safe Driving Program (ASDP).**
- (3) **Pay all court-imposed fines, costs, and restitution.**
 - a. If you are currently under probation/parole supervision for your DUI offense, you must be current with the minimum payment plan of \$200 per month.
 - b. If your DUI probation/parole has expired, you must satisfy your financial obligation in full in order for Act 122 to be approved.

This signature verifies that I have read and understand the above-listed conditions and have been officially notified of the requirements of PA Act 122 regarding the restoration of my driving privileges.

(Signature)

(Date)

**BERKS COUNTY TREATMENT COURTS
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I _____, understand and consent to the disclosure of my diagnosis, urinalysis results, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program and prognosis. This information may be disclosed only as necessary for, and pertinent to application and participation in one of the Treatment Court Programs.

I understand that the Treatment Court Team Members include the Judge, District Attorney's Office, Public Defender's Office, Treatment Court Coordinator, Treatment Court Probation Officers, Treatment Access Services Inc. (TASC), Berks Connections Pretrial Services (BCPS) Case Managers, Sheriff's Office, Treatment Court Treatment Providers and other members designated on the Berks County Treatment Court Team.

Additional agencies and/or individuals may include but are not limited to: Council on Chemical Abuse, Administrative Office of Pennsylvania Courts, Veterans Justice Outreach Coordinator, Veteran Mentor Coordinator, YMCA Housing Staff and Service Access Management (SAM) Staff.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in these regulations. That the recipients of this information may disclose it only in connection with their official duties.

I understand that my records are also protected under federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Section 160 & 164, and that such HIPAA protections may not apply to a redisclosure by the recipients of information disclosed pursuant to this authorization.

This consent expires automatically as follows:

- There has been a formal and effective termination, revocation or withdrawal of my participation in Treatment Court.
- I have successfully completed the Treatment Court Program.

I recognize that my review hearings are held in an open and public courtroom and it is possible that an observer could connect my identity with the fact that I am in treatment as a condition of participation in Treatment Court.

I understand that if I refuse to consent to disclosure or attempt to revoke my consent prior to the expiration of this consent, that such action are grounds for termination from Treatment Court. I do hereby acknowledge that I have read, am familiar with, and fully understand the terms and conditions of this consent. I understand that I am entitled to receive a copy of this authorization after it is signed.

I have been offered a copy of this form and I have _____ Accepted _____ Refused

Dated: _____
Signature of Treatment Court Participant

Witness: _____
Position

MOTIVE

RAISE YOUR STANDARDS

We believe you have the power to improve every aspect of your life by taking charge of your personal physical fitness. Excellence, like fitness, is a lifestyle, a state of mind, a way of being - it shows up in the way we talk, walk, eat, work, play, relax, and treat others. Attend our classes and raise your standards for fitness... and life!

F4R

The fitness-for-recovery programs are a holistic approach to recovery. They are both unique and all-encompassing because our participants have the opportunity to grow in ALL aspects of their wellbeing: physical, social, mental and emotional. When ALL components of an individual's wellness are addressed during their recovery, we strengthen the entire person. It's about giving those in recovery the tools they need to move forward, healthfully. It's about providing participants with the opportunity to overcome obstacles, persevere in the face of trial, find strength in community, embrace accountability, and experience a sense of self-worth. Join us!

**FOR CLASS DATES AND TIMES
CHECK OUT OUR WEBSITE.**

WWW.MOTIVE.FITNESS/F4R

**LOCATED AT
THE READING
YMCA**

CLASSES

Cross Training

Yoga

TRX

Running / Walking

**FREE CLASSES
FOR
TREATMENT
COURT
PARTICIPATES**

**Bring a friend over 18
for just \$5**



MOTIVE Fitness Assessment

Name: _____
 (Last) (First) (MI)

Email: _____ Phone: _____

DOB: ____ / ____ / ____ Weight: _____ Sex: M F

Do you have any complications in the following areas? If yes, please explain.

High Blood Pressure	NO YES
High Cholesterol Level	NO YES
Cigarette Smoking	NO YES How long?
Diabetes	NO YES Insulin dependent?
Are you currently taking any medication?	NO YES Explain:
Shortness of breath	NO YES Explain:
Knees	NO YES Explain:
Low Back	NO YES Explain:
Neck/Shoulders	NO YES Explain:
Hips/Pelvis	NO YES Explain:
Flexibility	NO YES Explain:
Any other areas	NO YES Explain:

1. How would you rate your exercise level on a scale of 1 to 5 (5 indicating very active) for each age range through your present age: 15-20 _____ 21-30 _____ 31-40 _____ 41-50 _____ 51+ _____

2. Were you a high school and/or college athlete? NO YES If yes, specify:

3. Do you have any negative feeling toward, or have you had any bad experiences with, physical activity programs? NO YES -If yes, specify: _____

4. Do you start exercise programs but then find yourself unable to stick with them? NO YES

5. Are you currently involved in regular endurance (cardiovascular) exercise?
 NO YES -If yes, specify: _____

6. How much time are you willing to commit to an exercise program?
 _____ minutes/day _____ days/week

7. What types of exercise interest you?

MOTIVE FITNESS – RELEASE AND WAIVER OF LIABILITY

Participant Name:	
Phone #:	
Emergency Contact:	

Birth Date:	/ /	Age: _____
Email:		
Phone #:		

I, the above-participant (or the parent and/or guardian on behalf of the above-participant that is a minor), for myself as well as for my personal representatives, heirs, successors and permitted assigns (hereinafter collectively referred to as "I", "me" and/or "Participant"), request to participate and engage in physical activities at the direction of Motive Fitness, LLC ("Motive"), including but not limited to, personal training, physical exercise, fitness training and/or weight lifting (hereinafter referred to collectively as the "Physical Activities"). In consideration of Motive's grant of permission for me to participate and engage in the Physical Activities, and other good and valuable consideration, I acknowledge, agree and represent as follows (collectively, the "Release/Waiver"):

1. **MEDICAL CONDITION.** I am unaware of any medical condition, illness or health related issue ("Medical Conditions") that would prevent me from safely engaging in the Physical Activities or which poses a risk to me or others engaging in the Physical Activities. I assume all responsibility for my Medical Conditions as they relate to engaging in the Physical Activities. I have consulted with a physician and have not been instructed by such physician to refrain from engaging in the Physical Activities. If, at any time, I believe that it is unsafe for me to continue engaging in the Physical Activities, I shall immediately notify my physician and discontinue the Physical Activities.

2. **ASSUMPTION OF RISK.** I understand that engaging in the Physical Activities involves risk of serious injury (including permanent disability and death), severe social and economic losses as well as other unknown risks not reasonably foreseeable at this time, whether caused by my own actions or inactions or the actions or inactions of others engaging in the Physical Activities and/or the conditions in which the Physical Activities take place (collectively, the "Risks"). I knowingly and freely accept and assume all such Risks and all responsibility for losses, costs and damages to my personal property and/or personal injury (including permanent disability and death) incurred by me relating to the Risks as well as my participation in the Physical Activities generally.

3. **GENERAL RELEASE; COVENANT NOT TO SUE.** I hereby release and forever discharge Motive, as well as Motive's officers, members, trainers, agents, representatives, volunteers, employees, successors, assigns, other participants and, if applicable, the owner and lessor of the premises upon which the Physical Activities occur (collectively, the "Released Parties") from and with respect to any and all liability, claims, demands, suits, rights and/or causes of action of whatever kind or nature, now or hereafter existing, whether known or unknown, present or future, foreseen or unforeseen, whether caused by the negligence of the Released Parties or otherwise, arising out of, or in the course of my participation in, the Physical Activities (collectively, the "Claims") including, without limitation, Claims for personal injury (including permanent disability and death) or property damage of any kind or nature whatsoever. Furthermore, I covenant not to sue Motive as well as any of the other Released Parties for any Claims arising directly or indirectly out of my participation in the Physical Activities. Also, I relinquish my rights to sue Motive and the other Released Parties.

4. **INDEMNIFICATION.** I agree to indemnify, save and hold harmless Motive as well as the other Released Parties from and against any and all loss, damage, claim, suit, liability, demand, cost and/or expense (including reasonable attorney's fees), paid or incurred by Motive and/or the other Released Parties, or asserted against any of them, caused in whole or in part, by, or arising directly or indirectly out of, my participation in the Physical Activities and/or my breach of this Release/Waiver.

5. **CONSENT TO TREATMENT.** I consent to have a trainer, emergency service technician or other healthcare provider ("Provider") provide me with medical assistance and/or treatment if such assistance and/or treatment is reasonably necessary (and I agree to be responsible for the payment of such assistance and/or services rendered).

6. **PROMOTIONAL/MARKETING MATERIAL.** I consent to being photographed and/or videotaped by Motive (including its representatives and/or agents). I understand that any and all photographs, videos, recordings and/or likenesses of me captured by Motive (as well as Motive's representatives and agents) become the sole property of Motive. Additionally, I grant Motive the right, permission and authority to use my name and any such photographs, videos, recordings and/or likenesses for any legitimate purpose, including but not limited to, promoting, advertising and/or marketing Motive's business.

7. **NO REPRESENTATIONS.** I have not requested or received any express representations or warranties regarding the condition upon which the Physical Activities occur nor has Motive made and does not make any actual or implied representations or warranties regarding the condition upon which the Physical Activities occur.

8. **DAMAGE TO EQUIPMENT.** I am responsible to repair and/or replace, at my expense, any damaged equipment or fixtures located at or within the premises where the Physical Activities occur if such damage is caused, in whole or in part, by me. If Motive pays for the foregoing, I agree to reimburse Motive such amount upon demand.

9. **RULES AND REGULATIONS.** I reviewed Motive's rules, regulations and policies at www.motive.fitness and agree to abide by them and any amendments to them.

10. **CONDITION PRECEDENT.** I acknowledge that my execution of this Release/Waiver is a condition precedent to me engaging in the Physical Activities.

11. **BINDING EFFECT.** I agree that all covenants, agreements and representations made in this Release/Waiver are made on my behalf as well as on behalf of my heirs, personal representatives, successors and permitted assigns, including but not limited to, such covenants, agreements and representations under paragraphs 2 (Assumption of Risk), 3 (General Release; Covenant Not to Sue), 4 (Indemnification), 5 (Consent to Treatment), 6 (Promotional/Marketing Material) and 12 (Miscellaneous). For the avoidance of all doubt, I agree that this Release/Waiver is binding upon me as well as my respective heirs, personal representatives, successors and permitted assigns.

12. **MISCELLANEOUS.** I understand and agree to the following: (a) **Entire Agreement; Modification.** This Release/Waiver represents the entire and integrated understanding of Motive and me with respect to the subject matter of this Release/Waiver. (b) **Severability.** If any part of this Release/Waiver is found to be unenforceable, the other provisions shall remain fully valid and enforceable. (c) **Survival.** The provisions of this Release/Waiver shall continue in full force and effect even after the termination of my participation in the Physical Activities. (d) **Notice.** Any notice required by this Release/Waiver shall be sent to Motive via email (at bill@motive.fitness) and to me at my email noted above—I shall immediately notify Motive if any of my contact information changes. (e) **Waiver.** No waiver by Motive or the Released Parties of any of the provisions of this Release/Waiver shall be effective unless the waiver is in writing and signed by the party waiving such provision. (f) **Attorneys' Fees.** I shall reimburse Motive for all costs of suit and other expenses paid or incurred by Motive (including reasonable attorneys' fees) with respect to any action, controversy, claim or dispute arising out of or relating to the Physical Activities or this Release/Waiver. (g) **Governing Law.** This Release/Waiver and the undertakings hereunder shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania (without reference to the principals of conflicts of law). (h) **Mediation; Jurisdiction; Waiver of Jury Trial.** In the event of any controversy or claim arising out of or relating to the Physical Activities or this Release/Waiver, I agree to first attempt to settle the dispute by mediation and that any unresolved controversy or claim shall be subject to non-appealable binding arbitration through the Berks County Bar Association. NOTWITHSTANDING THE FOREGOING, I VOLUNTARILY WAIVE ANY RIGHT TO A TRIAL BY JURY WITH RESPECT TO ANY AND ALL DISPUTES BETWEEN MOTIVE AND ME. (i) **Assignment.** I shall not assign this Release/Waiver. (j) **Counterparts.** This Release/Waiver may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Facsimile or other electronically delivered copies of signature pages to this Release/Waiver shall be treated as original signatures for all purposes.

I HAVE READ THIS RELEASE/WAIVER, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF IT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

IN WITNESS WHEREOF, I have duly executed this Release/Waiver on the _____ (day) day of _____ (month), _____ (year).

For a Participant **AT LEAST** 18 Years of Age

For a Participant **UNDER** 18 Years of Age*

SIGN: _____
NAME: _____

BY: _____
NAME: _____

* I represent that I am the parent and/or guardian of the minor Participant and that I am legally responsible for the minor Participant. I, for myself and on behalf of the minor Participant, consent and agree to the terms and conditions of this Release/Waiver, and agree that WE are bound by this Release/Waiver.

EXHIBIT “C”

**BERKS COUNTY COURT
OF
COMMON PLEAS**



DRUG TREATMENT COURT

PARTICIPANT HANDBOOK

Revised April 2022

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MISSION STATEMENT

The mission of the Berks County Drug Treatment Court is to integrate substance abuse treatment with the justice system for the promotion of public safety, individual responsibility, and reduction of drug/alcohol related recidivism. Further, the Berks County Drug Treatment Court provides a judicially supervised regimen of individualized treatment and intensive probation/parole supervision to the chemically-involved offender through a coordinated interdisciplinary approach that treats the addiction while protecting public safety.

TEAM MEMBERS

Court of Common Pleas
The Honorable M. Theresa Johnson, Presiding Judge

Treatment Court Coordinator
Adam Bechdel, Assistant Chief Probation Officer

The team also includes an Adult Probation Officer, an Assistant District Attorney, an Assistant Public Defender, representatives from Treatment Access and Services Center, Inc. (TASC), the Council on Chemical Abuse (COCA), Berks Connections/Pretrial Services (BCPS), local treatment providers including Pennsylvania Counseling Center, Berks Counseling Center, New Directions Treatment Services, and the YMCA.

Each team member agrees to carry out the daily tasks involved in planning and monitoring operations of this Drug Treatment Court Program. Furthermore, the group will conduct staffings for the Drug Treatment Court Program and will also meet outside the court setting to review operations and discuss modifications to the policies and procedures of this program.

PROGRAM COMPONENTS AND GOALS

When you begin and as you progress through the Drug Treatment Court Program, think about your personal goals and what you would like to achieve. Set goals you think will help you stay clean and sober and will support your decision making, growth and recovery. Goals can be written on the goals sheet in the Appendix of this document.

In addition to your personal and treatment goals, there are program requirements that are outlined in this manual and are listed on the Phase Checklists (see Appendix). You are required to reside in Berks County throughout your involvement in Treatment Court. Additional requirements include, but are not limited to the following:

- Live in an environment with people who support my recovery
- Attend support group meetings and sober leisure activities regularly
- Attend all sessions with the Judge
- Attend and engage in drug and alcohol treatment as scheduled with a positive attitude
- Meet with your Probation Officer as scheduled
- Develop a support list and identify a mentor, sponsor and/or other support person
- Call in for urine screening daily, report as scheduled, and provide undiluted, drug-free screens
- Be a good role model for others in Treatment Court and in the recovery community
- Become a stable and responsible parent
- Be a dependable employee / obtain employment
- Complete a GED program or other educational or vocational program (if applicable)
- Get a driver's license (if applicable)
- Get your own house or apartment (if applicable)
- Pay all costs, fines and restitution
- Cooperate with case management services (if applicable)
- Cooperate with certified recovery support specialist (if applicable)
- Complete ordered community service
- Participate in risk assessments and risk reduction activities

RISK ASSESSMENTS

Prior to admission to Drug Treatment Court, you will participate in a risk and needs assessment, the Risk and Needs Triage (RANT) to help determine your appropriateness for Drug Treatment Court and to begin to assess what services are necessary to help you be successful. In addition, at the end of Phase 1 and prior to advancement to Phase 2, your probation officer will administer the Ohio Risk Assessment System: Community Supervision Tool (ORAS-CST). This tool will help assess your risk to reoffend, will aid in determining your needs, and will help identify any barriers that could impact on your ability to be successful. Additional programming may be assigned based upon your needs.

JUDICIAL REVIEW

Unless you are a resident in a distant inpatient treatment program, you **MUST** attend the Judicial Review at the Berks County Courthouse. You will attend either once every two weeks, or monthly as directed by the court.

MY ATTENDANCE SCHEDULE:

- () Every two weeks Starts _____ Ends _____
- () Once a month Starts _____ Ends _____
- () Other Starts _____ Ends _____

You must arrive at the Berks County Courthouse at least 30 minutes before the review so you can pass through security, remit payment towards fines and costs (a minimum of \$40.00 a month shall be paid) and check in with the Court officials in the courtroom. While payments may be made while you are in Phase 1 and Phase 2, the requirements of making these regular payments begins in Phase 3.

Things to remember for Judicial Review:

- If making a payment, pay your fees at the Clerk of Courts **PRIOR** to coming to court. Bring your receipt with you to court.
- **DRESS APPROPRIATELY:** No shorts, tank tops, etc. No hats worn in the courtroom. Your appropriate clothing demonstrates respect for the court.
- **BE QUIET WHEN THE JUDGE TALKS.** Comments of others have meaning for you and it is important to show respect to others. Electronic devices including cell phones should be turned off.
- If the judge or probation officer has asked you to bring documents to show the court, have them with you during check-in. These documents may include: journals, essays, verification of support group meeting attendance, verification of community service, your date book, etc.

Your probation officer, case manager, or the judge may ask you to meet with them after the review. Be prepared to stay for a few extra minutes. You may also be directed to submit a drug screen or breathalyzer test while present for your review.

DRUG TREATMENT COURT PHASES

The Berks County Drug Treatment Court operates in four (4) phases. As you progress in treatment and in all other areas of the program you will progress to the next phase. Each phase has fewer requirements as you grow in your recovery.

The Drug Treatment Court Team will monitor your status in each phase and will decide when you have met the requirements to move to the next phase. Your progress through these phases will depend to a large part on your efforts to complete your requirements in a timely manner.

You must remember that the phases are designed to help you stay strong in your recovery while moving toward independence. If you have questions about where you stand in your phases, talk to your case manager and/or probation officer.

If you have accomplished the requirements of your current phase, review your current phase checklist with your probation officer, sign and date the checklist and request advancement to the next phase. Once completed, you will submit that form to your Drug Treatment Court Probation Officer. It will then be reviewed at the next Drug Treatment Court Team meeting and the status of your advancement will be addressed at your next review before the Drug Treatment Court Judge.

PHASE I	START _____	FINISH _____
PHASE II	START _____	FINISH _____
PHASE III	START _____	FINISH _____
PHASE IV	START _____	FINISH _____

SUPPORT LIST

These people will help me successfully complete the Drug Treatment Court Program. This group may include friends, family members, support group sponsor, employers, teachers, probation/parole officers, case managers, etc. Ask them for their support or thank them for what they have done. Letting others know your needs and how you feel about them makes for a stronger recovery support system.

_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date

ADULT PROBATION AND PAROLE OFFICE

While you participate in Drug Treatment Court, an officer from the Berks County Adult Probation and Parole Office will closely supervise you, will assist you in your recovery and will help you make positive changes in your life. The probation officer represents the court and will support you and hold you accountable to follow your court order and rules outlined in Treatment Court Agreement and this Manual. In addition, your probation officer will assist you to become a productive and law-abiding member of the community. This is done by challenging you to learn and grow so you can improve your decision making.

You will receive a list of the rules upon entry into Drug Treatment Court. Read these rules carefully and ask your attorney if there is anything you do not understand. While participating in Drug Treatment Court you must follow these rules or face a penalty from the court. It is your responsibility to report to the probation officer as directed.

You may receive curfews, electronic monitoring, or other restrictions while involved in Drug Treatment Court. Your probation officer will explain the rules regarding any of these programs.

The Drug Treatment Court will require you to complete journals, essays, sober leisure activities, mental health counseling, meetings if applicable, employment searches, and other programs. Your probation officer will monitor these requirements and report the status to the Drug Court Treatment Team.

The probation officer will also conduct random drug and alcohol testing while you participate in Drug Treatment Court.

My Probation Officer _____

Phone number _____

Email _____

Probation Office Address:

**Berks County Adult Probation/Parole
633 Court Street
7th Floor Services Center
Reading, PA 19601**

DRUG AND ALCOHOL TESTING

Urine Screening

All participants are required to submit to urine drug screens. Each participant will be assigned a pin and must call the drug testing hotline daily (1-800-494-1250) and enter their pin number to see if they have drug testing. Participants are able call to each day after 5 am. If a participant's pin is called, he/she must report for drug testing. Urine collection is done at TASC, 19 North 6th Street 1st Floor, Reading, Pennsylvania. You may also be tested by your probation officer both at the office and in the field. Each participant will be given written information pertaining to urine drug testing times as well as their pin number to access the Redwood drug screening system.

All urine collections are observed by a male or female monitor. All urine screens effective 1/1/20 will have a co-pay of \$2.00 paid directly to TASC. However, participants being sanctioned due to a positive test or a diluted sample may be required to pay full testing costs as a sanction. Participants are expected to attend every drug test for their particular pin. Participants must come prepared to give a urine sample. If they cannot, this is considered a positive test. Diluted or adulterated urines are unacceptable and are also viewed as a positive drug screen. Participants who attempt to pass a false urine may be charged with a misdemeanor offense.

Urin es will be sent to the laboratory when a participant refuses to acknowledge a positive drug test result or when the probation officer suspects drug use. The participant must pay the upfront re-testing fee of \$25.00 per substance if they wish to have their sample retested. This fee shall be paid within 48 hours of their notification of the positive result. They will be refunded their money if the test comes back negative. If the lab confirms a positive drug test, the participant will be sanctioned appropriately.

Urine testing frequency will be on a random basis. Participants will not be told how many times a week they will be called for a urine; they need to call to check for their urine every day.

Breath Testing

The use of alcohol by Drug Treatment Court participants is prohibited. Participants will be breath-tested on a regular basis.

Oral Fluids Testing

The use of oral fluid testing may be used should the participant not be able to produce a urine sample at the time it is requested.

Additional information on drug and alcohol testing is contained in the Appendix of this document ("Drug Screening Guidelines" and "Alcohol Testing Contract").

SANCTIONS AND INCENTIVES

The use of graduated sanctions and incentives with Drug Treatment Court participants can help shape behavior and improve outcomes. In order to be effective, there must be a proper balance of sanctions and incentives. Within the framework, incremental, proportionate and predictable responses are delivered to encourage and reinforce positive behaviors and discourage negative, noncompliant behaviors. Sanctions are administered when participants fail to comply with program requirements (supervision, treatment, drug testing, etc.) and incentives are in response to positive behavior and achievements.

Possible incentives and sanctions include:

Incentives

Decreased drug testing
Early dismissal from court
Less frequent court appearances
Reduction in fines and costs
Fishbowl picks
Verbal praise/applause
Phase promotion
Decreased probation contacts
Travel allowance
Additional “windows” while on EM
Removal of monitoring device
Phase advancement
Gift cards
Other tangible items
Graduation

Sanctions

Increased drug testing
Increased community service hours
Increased court appearances
Paying for drug tests
Writing assignments
Verbal admonishment
Incarceration
Increased probation contacts
Travel restrictions
Installation of monitoring device
Additional monitoring time
Reduction of “windows”
Life skills assignments
Increased community restrictions
Phase demotion
Termination

These lists are not all inclusive but are a guide that may be used when administering an incentive or sanction. The Drug Treatment Court Team may divert from this list at any time and assign other sanctions or incentives. In addition, treatment interventions may be assigned but should not be categorized as sanctions.

SANCTIONABLE BEHAVIORS

Participant behaviors, which may be sanctioned, include, but are not limited to the following:

- Positive or diluted urine test
- Failure to submit urine sample
- Unexcused absence or absences from counseling sessions
- Failure to follow treatment conduct rules
- Willful failure to pay costs, fees and restitution as ordered
- Failure to attend scheduled status hearing without just cause
- Arrested for a new offense
- Failure to comply with treatment provider recommendations
- Leaving the jurisdiction without permission of the Treatment Court Team
- Failure to attend self-help group per treatment plan recommendation
- Possession or delivery of drugs at treatment site
- Violent or abusive behavior at treatment site, program site or other place of contact or participation
- Failure to comply with directives given by the Court, Treatment Court Team or treatment providers
- Failure to move through the phases in the appropriate designated time frame
- Dishonesty to court personal and other treatment court staff

BEHAVIORS WORTHY OF INCENTIVE

Participant behaviors, which the Drug Treatment Court team may apply an incentive, include, but are not limited to the following:

- Attendance at all scheduled Drug Treatment Court sessions
- Attendance at all scheduled outpatient treatment sessions
- Attendance at all urine screens when called
- Continuously having negative urine screens
- Following all the rules of the Drug Treatment Court program
- Making consistent payments on fines, costs, and restitution
- Attending all scheduled appointments with case management and peer support
- Showing progress in all aspects of your recovery
- Being honest with yourself, court and treatment staff

SCRAM / GPS

As part of a sentence and/or as a sanction, participants may be placed on electronic monitoring while in Treatment Court. The Secure Continuous Remote Alcohol Monitor (SCRAM) is an ankle bracelet that is worn 24 hours a day/7 days a week and monitors alcohol consumption by sampling the participant's perspiration. The SCRAM bracelet is worn to ensure that participants do not drink alcohol and to assist in their path to abstinence from alcohol. The SCRAM bracelet communicates the information gathered via a landline phone or internet ethernet cable. Participants may be required to pay up to \$8.00 per day for the use of the bracelet with a minimum of two months up from prior to installation of the bracelet. Verification of alcohol use may result in further sanctioning.

The Global Positioning System (GPS) is an ankle bracelet that is worn 24 hours a day/7 days a week and monitors the participant's whereabouts using global positioning points. This information gathered from the bracelet is communicated through cellular service. Participants may be required to pay up to \$5.00 per day for this service with a minimum of two months being paid up front, prior to the installation of the device. The assigned probation officer will be determining the schedule for windows (time allowed away from the residence) and will monitor the participant's whereabouts. Deviations from the approved schedule will be considered violations of probation.

TERMINATION

Warrants, new arrests or a violation of any aspect of program rules and regulations may result in a participant's termination from the Drug Treatment Court Program. Other specific violations which could result in termination include the following:

- A pattern of missed and/or positive drug tests
- Tampering with drug tests
- Demonstrating a lack of program response by failing to cooperate with the Drug Treatment Court team or treatment program
- Violence or the threat of violence directed at Drug Treatment Court team members, treatment staff, other participants of the program and/or clients of treatment providers
- A pattern of dishonesty with the Drug Treatment Court Team

Following a termination petition, a hearing will be held before an impartial Judge to provide evidence that would warrant termination from Drug Treatment Court. If the participant has pending cases that have not been sentenced after termination, they will be transferred back to the original Judge for final disposition of the charges. If a participant is post-conviction their case would then go through the regular Gagnon procedure. Re-sentencing shall be within the sole discretion of the sentencing judge, limited only by the maximum penalty allowed by law.

TREATMENT COURT POLICY ON NARCOTIC MEDICATIONS AND PROHIBITED SUBSTANCES

Due to the high potential of narcotic medications to interfere with treatment and recovery efforts, the Berks County Treatment Court prohibits the use of all addictive medications. Addictive medications include all opiate-based pain medications, benzodiazepines or anti-anxiety medications, stimulant medications for the treatment of ADHD, sleeping pills and muscle relaxers. The list includes, but is not limited to, the following and includes any generic versions of these drugs:

ADDERALL	AMBIEN	AMYTAL
ATIVAN	CODEINE	CONCERTA
DEMEROL	DEXEDRINE	DILAUDID
FOCALIN	HALCION	KLONOPIN
LORCET	LORTAB	LIBRIUM
LUNESTA	MORPHINE	NEMBUTAL
OPANA	OXYCODONE	OXYCONTIN
PERCOCET	PERCODAN	RITALIN
ROXANOL	SECONAL	SOMA
SONATA	STADOL	TYLOX
TRAMADOL	VALIUM	VICODIN
XANAX	MEDICAL MARIJUANA*	CBD OIL
FENTANYL	OTC CORICIDIN	MARINOL
GABAPENTIN	NEURONTIN	KRATOM

Participants in Berks County Treatment Court and individuals seeking entry into the Berks County Treatment Court are expected to notify all their treating physicians that they are in recovery. If a treatment physician wishes to treat the individual with narcotic or addictive medications, the individual shall immediately disclose this information to the Treatment Court team.

Treatment Court participants using such medications absent permission from the Treatment Court Judge are subject to termination from the program.

*Medical Marijuana use will be addressed on a case-by-case basis. Consideration for use should be accompanied by a letter addressed to the Court from a treating physician that details, diagnosis and medical necessity for use. Other factors that will be considered include but are not limited to prior history of illegal use, convictions relative to the substance, and prior treatment records.

Exceptions to this policy are made only in rare occasions, such as in the case of *documented* medical emergency treatment. Participants who habitually seek exception to this policy are subject to termination. If a prescribing physician recommends that a client must be continuously maintained on prohibited prescriptions in order to sustain a certain quality of life, the client may no longer participate in Treatment Court.

Consuming alcohol in any form is prohibited. The use of diet pills while in Treatment Court is prohibited. Additionally, the consumption of poppy seeds is strictly prohibited while in the program. Any positive drug tests for opiates will always be deemed positive for illegal substances. Lastly, consumption of salvia, morning glory seeds and any other such mood altering or hallucinogenic substance are strictly prohibited.

An additional copy of this policy is located in the Appendix of this manual. The participant shall sign the signature line of the document and the assigned probation officer shall keep the original signed document.

COSTS, FINES AND RESTITUTION

While you are attending Drug Treatment Court, you will be required to pay any costs, fines, and restitution that are owed to the Berks County Clerk of Courts Office. A payment plan will be set through the Berks County Adult Probation and Parole Office.

You will be required to make payments towards fines and costs as per your payment plan beginning in Phase 3. You may, however, begin to make payments in Phase 1 or 2. You will meet with your probation officer and develop a financial plan that includes a payment plan for your financial obligations to the Court.

Upon successful completion of Drug Treatment Court, you may be eligible to have the certain assessed costs and fines waived by the Drug Treatment Court Judge. Restitution and certain costs cannot be waived.

If you are ordered to pay restitution, you are expected to make regular restitution payments while involved in Drug Treatment Court and make every attempt to pay it off prior to your completion of the program.

**Berks County Clerk of Courts
633 Court Street
4th floor, Courthouse
Reading, PA 19601**

610-478-6550

EMPLOYMENT

As a participant of Drug Treatment Court, you will be required, throughout Phases II, III, and IV, to obtain/maintain employment unless you have been determined to be disabled by the Social Security Administration. You will be required to provide pay stubs from your employer to your probation officer as proof of employment. You must notify your probation officer immediately of any change or loss of employment. If you do not maintain employment for a two-week period, you will be required to complete community service hours as directed and will also be required to engage in an active job search and provide verification (See job search form in the Appendix of this manual). All employment and community service work must be approved by the Drug Treatment Court Team.

If you need assistance in finding employment, consult your probation officer or case manager. Berks Connections/Pretrial Services has additional services with regard to resume building and has a computer lab that participants can utilize to assist with their job search.

COMMUNITY SERVICE

As part of your sentence into the Drug Treatment Court Program, you may be assigned community service hours. This provides you with an opportunity to give back to the community and find a positive activity to help others. Unless employed or determined to be disabled by the Social Security Administration, you will be required to complete community service hours as determined by your Drug Treatment Court Probation Officer. Community service sites must be approved by your Drug Treatment Court Probation Officer. Participants who do not maintain employment for a two-week period may be subject to 20 community service hours per week.

It is important to keep track of your days/hours worked and report your hours worked to the Drug Treatment Court Probation Officer through the community service log which you can obtain from the Adult Probation Office. Hours submitted will be verified with the agency where you worked. Community service hours will be reviewed by the Drug Treatment Court Team prior to your Drug Treatment Court session.

You may also be required to complete additional community service hours as a result of a sanction administered by the Court. In addition, you may be assigned to participate in community service activities specifically for Treatment Court participants.

TRAVEL/VACATION GUIDELINES

All Drug Treatment Court participants are NOT permitted to travel outside of the boundaries of Berks County without the authorization of his/her probation officer.

Travel requests must be submitted to the Drug Treatment Court Probation Officer at the earliest possible date. The probation officer will review all travel requests and will discuss each request with the participant's counselor and/or members of the treatment team. Extended travel and/or travel outside of Pennsylvania will be reviewed by the Drug Treatment Court Team prior to authorization.

Any Drug Treatment Court participant granted permission to travel for the purposes of vacation, etc. must have a drug test conducted at TASC prior to leaving and immediately upon return from said travel/vacation. Additionally, participants may be required to attend support group meetings while traveling and provide verification of attendance.

ALL TRAVEL IS SUBJECT TO PROBATION DISCRETION AND MUST BE APPROVED BY YOUR PROBATION OFFICER.

YOU MUST HAVE PERMISSION PRIOR TO DEPARTURE AND OBTAIN A TRAVEL PERMIT.

TREATMENT COURT CERTIFIED RECOVERY **SUPPORT SPECIALIST**

At any time during your participation in Drug Treatment Court, you may be required to meet with a certified Recovery Support Specialist (RSS). The certified RSS will assist in monitoring your treatment attendance/compliance, your involvement in recovery-oriented programs and attendance self-help groups. The certified RSS will offer you guidance, support, coaching and experience on the recovery process by assisting you to build a recovery plan and community supports that work for you.

Generally, you will meet with your certified RSS at least twice a month. However, you may be required to meet with your certified RSS more frequently.

Treatment Court Certified Recovery Specialist: _____

Telephone Number: _____

CALENDAR

While a participant in Drug Treatment Court, you will be required to maintain a daily calendar. Your calendar must be brought to all court sessions, probation office visits, treatment sessions and any other Treatment Court related appointments and may be reviewed by the judge, counselor and probation officer.

The following activities, with dates and times, shall be listed in your calendar:

- Group sessions
- Individual sessions
- Probation officer appointments
- Work schedule
- Community service hours
- Leisure activities
- Goal completion date for each phase
- Drug Treatment Court sessions
- Recovery related activities

SUPPORT GROUP VERIFICATION SHEET

While involved in Drug Treatment Court, you are required to attend SUPPORT GROUP meetings. You must have the secretary of the meeting sign this form **AFTER THE ACTIVITY HAS ENDED**. Please indicate the date of the meeting, the location and the time. Please submit this form to your probation officer. Bring this form to all Drug Treatment Court sessions.

Date of Meeting	Name and Location of Meeting	Signature of meeting secretary or representative	Time that this form was signed

SOBER LIVING ACTIVITIES DOCUMENTATION

While involved in Drug Treatment Court, you are required to participate in Sober Living Activities (i.e. Fitness Activities, Spirituality meetings, Alumni Group, Refuge Recovery, etc.) You must have a representative or coordinator of the event sign this form **AFTER THE ACTIVITY HAS ENDED**. Please complete all the below columns for each session attended and submit this form to your probation officer. Bring this form to all Drug Treatment Court sessions.

Date of Event/Activity	Name and Location of Event/Activity	Type of Activity	Signature of Event Representative or Coordinator

BERKS COUNTY DRUG TREATMENT COURT **PARTICIPANT OF THE MONTH BONUS**

Each time you attend a Judicial Review for Drug Treatment Court and you have completed the following, you will be entered into a monthly drawing if you have completed the following:

- Have made a payment on your fines and costs and have a copy of the receipt (a minimum of \$40 per month)
- Attend all treatment sessions as outlined in your treatment plan
- Attend self-help groups and recovery related events and hand in the verification forms
- Complete your weekly calendar
- Provide clean, un-diluted drug screens

The drawing will be held during the first Drug Treatment Court session of the month for the previous month of participation. The winner will receive a chance to pull from the awards bowl.

DIRECTORY OF SERVICES

Attached (in the Appendix of this document) is a copy of the Directory of Services published by Berks Connections/ Pretrial Services. This directory contains a variety of community-based services that a Treatment Court participant may find helpful or necessary. It is the goal of the Treatment Court Program to assist each participant with their daily living. Please see your Probation Officer or a representative from Pretrial Services with questions about any of the services listed or if you need services that are not listed in the directory.

APPENDIX

ACKNOWLEDGMENT OF PARTICIPANT

PHASE 1 CHECKLIST

PHASE 2 CHECKLIST

PHASE 3 CHECKLIST

PHASE 4 CHECKLIST

GOAL WORKSHEET

TREATMENT COURT POLICY ON NARCOTIC MEDICATIONS AND PROHIBITED SUBSTANCES
WITH PARTICIPANT ACKNOWLEDGMENT

URINE TESTING GUIDELINES

ALCOHOL TESTING CONTRACT

JOB SEARCH FORM

NOTICE OF ACT 122

RELEASE OF INFORMATION

DIRECTORY OF SERVICES

MISCELLANEOUS PROGRAMMING

BERKS COUNTY DRUG TREATMENT COURT PROGRAM PHASE 1 CHECKLIST (4/22/19)

CLIENT _____ ENTRY DATE _____

PHASE 1 (3-6)			
Requirements:	Date:	Requirements:	Date:
Complete the Introduction to Drug Court Essay		If recommended, participate with assigned recovery support specialist	
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed screen:		Identify need in the following areas: Employment/Resume: Yes / No Financial/Bank Account: Yes / No Education/Literacy/GED Yes / No Parenting: Yes / No	
Attend all twice monthly Court appearances.		Provide a copy of the most recent pay stub for employment if applicable	
Attend twice monthly office visits with probation officer Date of Last Missed Appointment:		Start changing people, places and things and complete support list in participant manual	
Be present for scheduled home visits (once every other month) with your probation officer		Complete 12 hours of community service	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Establish and maintain a stable living environment	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Develop a transportation plan	
Attend 3 recovery related events weekly including support group meetings and present logs in court		Establish a child support payment plan, if applicable	
Maintain a date book/calendar with all meetings and appointments and bring to all appointments and court sessions		Days sober and no missed drug/alcohol tests for advancement to Phase 2- 60 days minimum	
Select a home support group and secure a sponsor		Complete the Phase 1 checklist, essay and relapse prevention plan for advancement to Phase 2	
Sign releases of information with treatment and applicable family members and significant others		Prior to advancement to Phase 2, participate in an Ohio Risk Assessment (ORAS) to assess risk, need and responsibility factors	

As evidenced by the above signatures, I have completed all requirements of Phase 1 and am now requesting advancement to Phase 2.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY DRUG TREATMENT COURT PROGRAM PHASE 2 CHECKLIST (4/22/19)

CLIENT _____ ENTRY DATE _____

PHASE 2 (3-6)			
Requirements:	Date:	Requirements:	Date:
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed drug screen:		Obtain or maintain gainful employment and provide pay stubs or continue with other approved use of time.	
Attend all twice monthly Court appearances		Maintain a stable living environment	
Attend twice monthly office visits with your probation officer Date of last missed appointment:		Demonstrate changing of people, places and things and utilize support list	
Be present for scheduled home visits with your probation officer (once every other month)		Exhibit appropriate use of leisure time	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Complete 12 hours of community service	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Develop a financial plan and comply with payment plan for child support, if applicable	
Maintain a date book/calendar with all meetings and appointments. Bring to all appointments and Court sessions.		Days sober and no missed drug/alcohol tests for advancement to Phase 3- 90 days	
Attend 3 recovery related events weekly including support group meetings and present logs in court		Review the Ohio Risk Assessment (ORAS) with your probation officer and participate in risk reduction activities and programming as recommended by the Treatment Court Team	
If recommended, participate with assigned recovery support specialist		Plead guilty and be sentenced or be placed on Intermediate Punishment	
Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)		Complete Phase 2 checklist, essay and relapse prevention plan for Phase 3 advancement.	

As evidenced by the above signatures, I have completed all requirements of Phase 2 and am now requesting advancement to Phase 3.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY DRUG TREATMENT COURT PROGRAM PHASE 3 CHECKLIST (4/22/19)

CLIENT _____ ENTRY DATE _____

PHASE 3 (3-6)			
Requirements:	Date:	Requirements:	Date:
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen:		Maintain gainful employment or continue with other approved use of time	
Attend all twice monthly Court appearances		Maintain a stable living environment	
Attend twice monthly office visits with your probation officer Date of Last Missed Appointment:		Demonstrate changing of people, places and things and utilize support list	
Be present for scheduled home visits with your probation officer (once every other month)		Maintain a scheduled payment plan for legal costs/fines, child support, and any court ordered restitution as per your financial plan	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Complete 12 hrs. of Community Service	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Days sober and no missed drug/alcohol tests for advancement to Phase 3-90 days	
Maintain a date book/ calendar regarding all meetings and appointments. Bring date book to all apts. and court sessions.		Complete Personal Finance classes I and II with BCPS	
Attend 3 recovery related activities weekly including support groups and present logs in court		Continue with appropriate risk reduction activities as recommended	
Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)		Complete Phase 3 Project - Scrapbook	
If recommended, participate with assigned recovery support specialist		Complete Phase 3 checklist, essay and relapse prevention plan for advancement to Phase 4	

As evidenced by the above signatures, I have completed all requirements of Phase 3 and am now requesting advancement to Phase 4.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY DRUG TREATMENT COURT PROGRAM PHASE 4 CHECKLIST

CLIENT _____ ENTRY DATE _____

PHASE 4 (3-6)			
Requirements:	Date:	Requirements:	Date:
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive screen: Date of last missed screen:		Maintain gainful employment or continue with other approved use of time.	
Attend all monthly Court appearances		Maintain a stable living environment	
Attend once monthly office visits with your probation officer Date of Last Missed Appointment:		Demonstrate changing of people, places and things	
Be present for scheduled home visits with your probation officer (once every other month)		Attend and engage in the Treatment Court Alumni Group	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Pay restitution in full and demonstrate consistent compliance with scheduled payment plans for legal costs/fines and child support	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Last missed appointment:		Maintain stable living environment and lifestyle	
Attend 3 recovery related activities including support groups per week and present logs in Court		Days sober and no missed drug/alcohol tests for graduation- 90 days	
Maintain a date book/ calendar regarding all meetings and appointments. Bring date book to all appointments and court sessions. Set monthly goals to accomplish.			
Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)			
If recommended, participate with assigned recovery specialist		Complete Phase 4 checklist, essay and relapse prevention plan for Graduation	

As evidenced by the above signatures, I have completed all requirements of Phase 4 and am now requesting to Graduate.

Client Signature

Date

Form received by: _____
Signature to Treatment Court Team Member

Date

BERKS COUNTY DRUG TREATMENT COURT INTRODUCTION ESSAY

CLIENT _____

Please write an essay which includes the following topics:

How old you are?

Who makes up your family?

What your life was like growing up?

Who do you currently live with?

Did you graduate from high school and complete any further education?

What jobs you have worked?

What is your drug use history?

Also please write a short paragraph on why you want to be in Drug Treatment Court and what you hope to accomplish through your participation.

**BERKS COUNTY DRUG TREATMENT COURT
ADVANCEMENT ESSAY
PHASE 2 to PHASE 3**

CLIENT: _____

Please write an essay which includes the following topics: Looking back at the introduction essay that you completed at the start of Phase 1, what has changed? What goals that you set for yourself have you accomplished and what new goals have you set to accomplish moving forward?

**BERKS COUNTY DRUG TREATMENT COURT
ADVANCEMENT ESSAY
PHASE 3 to PHASE 4**

CLIENT _____

Please write an essay which includes the following topics: Looking back at prior phases, what has changed? What goals that you set for yourself have you accomplished and what new goals have you accomplished moving forward?

**BERKS COUNTY DRUG TREATMENT COURT
ADVANCEMENT ESSAY
GRADUATION**

CLIENT _____

Please write an essay which includes the following topics: Having completed your scrap book now, what reflections have you made as to the process of recovery through your journey in treatment court? What is one thing you are looking forward to as you move into the last phase of the program and how do you plan to maintain your sobriety once you are no longer a part of the treatment court program?

GOALS

1. _____

2. _____

3. _____

4. _____

5. _____

Treatment Court Policy on Narcotic Medications and Prohibited Substances

Due to the high potential of narcotic medications to interfere with treatment and recovery efforts, the Berks County Treatment Court prohibits the use of all addictive medications. Addictive medications include all opiate-based pain medications, benzodiazepines or anti-anxiety medications, stimulant medications for the treatment of ADHD, sleeping pills and muscle relaxers. The list includes, but is not limited to, the following and includes any generic version of these drugs:

ADDERALL	AMBIEN	AMYTAL
ATIVAN	CODEINE	CONCERTA
DEMEROL	DEXEDRINE	DILAUDID
FOCALIN	HALCION	KLONOPIN
LORCET	LORTAB	LIBRIUM
LUNESTA	MORPHINE	NEMBUTAL
OPANA	OXYCODONE	OXYCONTIN
PERCOCET	PERCODAN	RITALIN
ROXANOL	SECONAL	SOMA
SONATA	STADOL	TYLOX
TRAMADOL	VALIUM	VICODIN
XANAX	MEDICAL MARIJUANA*	CBD PRODUCTS
FENTANYL	OTC CORICIDIN	MARINOL
GABAPENTIN	NEURONTIN	KRATOM
DEXTROMETHORPHAN (DXM)		

Participants in Berks County Treatment Court and individuals seeking entry into the Berks County Treatment Court are expected to notify all their treating physicians that they are in recovery. If a treatment physician wishes to treat the individual with narcotic or addictive medications, the individual shall immediately disclose this information to the Treatment Court team.

Treatment Court participants using such medications absent permission from the Treatment Court Judge are subject to termination from the program.

*Medical Marijuana use will be addressed on a case-by-case basis. Consideration for use should be accompanied by a letter addressed to the Court from a treating physician that details, diagnosis and medical necessity for use. Other factors that will be considered include but are not limited to prior history of illegal use, convictions relative to the substance, and prior treatment records.

Exceptions to this policy are made only in rare occasions, such as in the case of *documented* medical emergency treatment. Participants who habitually seek exception to this policy are subject to termination. If a prescribing physician recommends that a client must be continuously maintained on prohibited prescriptions in order to sustain a certain quality of life, the client may no longer participate in treatment court.

Consumption of the following are strictly prohibited: alcohol in any form, diet pills, decongestants in any form, poppy seeds, salvia, morning glory seeds, and any other such mood altering or hallucinogenic substance. Any positive tests for opiates will always be deemed a positive for illegal substances.

I understand and acknowledge this policy and agree to abide by all terms and conditions of the Berks County Treatment Court Medication Policy.

Participant Date

Witness Date

DUI Treatment Court

TASC Collections - Urine Testing Guidelines

Urine collections are done at TASC Drug Testing Center, 19 North 6th St, Suite 100, Reading, PA 19601. Enter at the 6th Street entrance of the building and ask security to direct you to the TASC drug testing facility.

- **HOURS:** ****Call every day of the week****
 - Monday - Friday 7:30am – 6pm
 - Saturday 9am-12pm

During inclement weather the hours at TASC will be posted on 69 News and on this website <http://berkstasc.org/wp/>

- All urine collections will be observed by a lab technician. **NO EXCEPTIONS**
- All urine collections for treatment court are no cost to you.
- This letter will note the **frequency** of your testing. When you call the number below after 5am of the testing day, and enter your pin, you will be told if you need to report for a urine test that day.

These are considered sanctionable events in DUI Treatment Court:

- Failure to call for your testing schedule
- Failure to report for testing when scheduled
- Failure to call Saturdays and Sundays before 12
- Failure to call with enough time to get to the lab
- Failure to provide a sample after reporting
- Continued diluted test results

****Diluted Test results will be reviewed in court****

****On the day of the test please limit your consumption of liquids to no more than 2 (8 oz.) glasses 2 hours before the test. ****

Call this number after 5am the day of the test

(800) 494-1250

Enter the Pin # assigned to you

Pin #:

Please call every day.

EtG Testing

a urine test for detecting alcohol consumption...



INCIDENTAL ALCOHOL EXPOSURE CONTRACT

In an effort to promote abstinence and recovery for Treatment Court participants, the TASC Urine Collection Center is now offering EtG testing, a urine test that detects for the consumption of alcohol. When being monitored for EtG, and consistent with principles of recovery, it is important to avoid certain products that contain alcohol.

Therefore, in order to prevent “false positives,” it is YOUR responsibility to limit your consumption or exposure to the following substances:

COUGH /COLD SYRUPS:

Treatment Court participants have always been prohibited from ingesting alcohol-containing cough syrups, such as Nyquil, Dayquil, Vicks Formula 44, and so forth. Treatment Court participants are required to *read the labels* of all prescription and over-the-counter medications to determine if they contain alcohol.

MOUTHWASH/BREATH STRIPS:

Most mouthwashes, including Listerine, Scope, Listermint, etc. contain alcohol. Treatment Court participants are required to *read the labels* of all mouthwashes and breath-freshening products to determine if they contain alcohol. Non-alcoholic mouthwashes are available as an alternative.

NON-ALCOHOLIC BEER AND WINE:

Although legally considered “non-alcoholic,” NA beers such as O’Doul’s, Sharps, etc. do contain a small amount of alcohol that could produce a positive EtG test. Treatment Court participants are not permitted to consume these products.

HAND SANITIZER:

Hand sanitizers (Purell, Germex, etc.) and other antiseptic gels and foams contain up to 70% alcohol. Excessive, unnecessary or repeated use of these products could result in a positive EtG test. Hand washing with soap and water is just as effective for killing germs.

JOB SEARCH FORM

Drug Treatment Court Participant's Name: _____

Place of Employment: _____

Address: _____

Phone Number: _____

Copy of Application Attached **Date Submitted:** _____

Person Accepting Application – Signature: _____

Person Accepting Application – Print Name: _____

(Verification Necessary if Submitted Online)

Place of Employment: _____

Address: _____

Phone Number: _____

Copy of Application attached **Date Submitted:** _____

Person Accepting Application – Signature: _____

Person Accepting Application – Print Name: _____

(Verification Necessary if Submitted Online)

HYGIENE PRODUCTS:

Aftershave, colognes, perfumes, deodorants (i.e. Axe) and body washes often contain alcohol. Excessive use of these products could result in a positive EtG test. Treatment Court participants must use these products sparingly to avoid reaching detection levels.

SOLVENTS AND LACQUERS:

Many solvents, lacquers, and flooring products contain ethyl alcohol. Excessive inhalation of vapors that contain alcohol can result in a positive alcohol test. Frequency of use and exposure to such products should be kept to a minimum. If you work in an environment where contact with such products is unavoidable, you must discuss this with your probation officer.

FOOD AND OTHER INGESTIBLE PRODUCTS:

There are numerous consumable products that contain ethyl alcohol and could result in a positive EtG reading. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts, such as Ginko Biloba, contain alcohol. Communion wine, food cooked with wine, and flambé dishes (alcohol poured over food and ignited) must be avoided.

REMEMBER!

When in doubt, don't use, consume, or apply!

I HAVE READ/ HAD READ TO ME AND I UNDERSTAND MY RESPONSIBILITIES TO AVOID PRODUCTS THAT CONTAIN ALCOHOL.

Participant

Date

Witness

Date

**BERKS COUNTY TREATMENT COURTS
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I _____, understand and consent to the disclosure of my diagnosis, urinalysis results, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program and prognosis. This information may be disclosed only as necessary for, and pertinent to application and participation in one of the Treatment Court Programs.

I understand that the Treatment Court Team Members include the Judge, District Attorney's Office, Public Defender's Office, Treatment Court Coordinator, Treatment Court Probation Officers, Treatment Access Services Inc. (TASC), Berks Connections Pretrial Services (BCPS) Case Managers, Sheriff's Office, Treatment Court Treatment Providers and other members designated on the Berks County Treatment Court Team.

Additional agencies and/or individuals may include but are not limited to: Council on Chemical Abuse, Administrative Office of Pennsylvania Courts, Veterans Justice Outreach Coordinator, Veteran Mentor Coordinator, YMCA Housing Staff and Service Access Management (SAM) Staff.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in these regulations. That the recipients of this information may disclose it only in connection with their official duties.

I understand that my records are also protected under federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Section 160 & 164, and that such HIPAA protections may not apply to a redisclosure by the recipients of information disclosed pursuant to this authorization.

This consent expires automatically as follows:

- There has been a formal and effective termination, revocation or withdrawal of my participation in Treatment Court.
- I have successfully completed the Treatment Court Program.

I recognize that my review hearings are held in an open and public courtroom and it is possible that an observer could connect my identity with the fact that I am in treatment as a condition of participation in Treatment Court.

I understand that if I refuse to consent to disclosure or attempt to revoke my consent prior to the expiration of this consent, that such action are grounds for termination from Treatment Court. I do hereby acknowledge that I have read, am familiar with, and fully understand the terms and conditions of this consent. I understand that I am entitled to receive a copy of this authorization after it is signed.

I have been offered a copy of this form and I have _____ Accepted _____ Refused

Dated: _____
Signature of Treatment Court Participant

Witness: _____
Position

Driver’s License and ID Reinstatement/ Replacement

PA Department of Transportation.....800-932-4600

Call or go online for Driver’s license status/suspension info

Berks Co. Domestic Relations Section.....610-478-2900

Handle suspensions related to child support

Berks County Services Center- 6th Floor 633 Court St. Reading, PA

PA Driver’s License Center.....610-775-7728

Renewal fees: DL is \$30.50, ID is \$29.50. Checks/money orders only

600 East Lancaster Avenue Shillington, PA 19607

Social Security Card

Social Security Administration.....1-866-274-5960

Bring photo ID, no cost 201 Penn St. 2nd Floor Reading, PA 19601

Birth Certificate

Fee varies by state (PA is \$20), complete paper or online

application, photo ID is required, family may be able to help apply

Housing

Berks Coalition to End Homelessness.....610-372-7222

Oversight and governance to local agencies receiving HUD funding.

336 S 18th St. Reading, PA 19601

Berks Community Action Program.....610-376-6571

Housing referral. 247 N. 5th St. 1st Floor Reading, PA 19601

Housing Programs and Shelters

Hope Rescue Mission.....610-375-4224

Homeless shelter and rooms for rent. Services available to men only.

645 N. Sixth St. Reading, 19601

Mary’s Shelter610-376-1973

Pregnant women and children only. Must schedule intake interview and

meet qualifications. Diaper drive available.

736 Upland Ave. Reading, PA 19607

Opportunity House610-374-4696

430 N. 2nd St. Reading, PA 19601

ADDAPT.....610-478-8800

428 Walnut St. Reading, PA 19601

Berks Counseling Center610-373-4281

Transitional/permanent housing at various locations.

645 Penn St. Reading, PA 19601

Berks County Housing Authority610-370-0822

Subsidized housing: low-income/ elderly individuals.

1803 Butter Lane Reading, PA 19606

Bridge of Hope – Berks County.....610-568-1250

2 yr. holistic program assisting single mothers: must be 20 years of age or

older. Must have a GED & 12-24 months of sobriety. Referrals preferred.

300 Church St. Reading 19601

Clare of Assisi House.....484-869-5483

Transitional house for women coming out of prison that need a home

Plan. Applications should be submitted prior to release.

City of Reading Housing Authority.....610-372-3933

Housing assistance to low income families through public housing and

section 8 programs. *Must be a Reading resident.*

815 Franklin St. Reading, PA 19602

Easy Does ItLeesport 610-373-2463 , Reading 610-373-955

Transitional & permanent housing for chemically dependent men &

women 1300 Hilltop Rd, Leesport and 647 Walnut St, Reading

Family Promise of Berks County.....610-373-3323

Provides housing for low income homeless families in Berks County

325 N 5th St. #1 Reading, PA 19601

Freedom Gate Ministries.....610-750-5685

Christian aftercare support for ex-prisoners.

131-133 S. 9th St. Reading, PA 19602

Hogar Crea.....610-372-8410

18-20 months intensive drug and alcohol program for males.

302 S. 5th St. Reading, PA 19602

Mary’s Home.....610-603-8010

Provides up to 2 years of transitional housing for single mothers with

newborns. 736 Upland Avenue Reading, PA 19607

Neighborhood Housing Services of Greater Berks610-372-843

Educates returning citizens on their rights and responsibilities.

213 N. 5th St. Suite 1030 Reading, PA 19601

New Person Center.....610-777-2222

Transitional housing for men (primarily sexual offenses) coming out of

prison. Private Christian faith-based 3 month program. Application

process. 730 Philadelphia Ave. Reading, PA 19607

Oxford House – Reading.....610-372-0631

Group Home for recovering male substance abusers. New members

must be approved by existing members. 1045 N. 5th St. Reading 19601

Oxford House –East Reading

1806 Perkiomen Avenue Reading, PA 19606

Salvation Army.....610-373-5208

Provides assistance with electric and gas bills.

PO Box 1099 301 S. 5th St. Reading, PA 19601

PA Adult & Teen Challenge Treatment Center 717-933-4181, 717-673-4219

Medical detox, 30 day rehab and 14 mo. Recovery program.

PO Box 98 33 Teen Challenge Road Rehrersburg, PA

YMCA of Reading and Berks County.....610-378-4736

Group home settings for chemically dependent, men/ women. Must be

Berks County resident for 90 days. History of Arson, Child Abuse, Sex and

Violent Crimes not permitted 631 Washington St.

YMCA Camp Joy Program.....20 bed program for men with history

of substance abuse and involvement in the Criminal Justice system.

Single Room Occupancy Units – at the YMCA

Rooms for rent to men and women. Residents are exempt from program

requirements and eligibility.

Soup Kitchens / Food Pantries

Holy Trinity Church of God/C.A.R.E.....610-374-0790

130 W. Buttonwood St. Reading 19601 M- F 11:30am to 1:30pm

Kennedy House.....610-378-1947

530 Spruce Street Reading Soup Kitchen Sat-Sun 11:30pm –12:30pm

Food Pantry: Wed. 9:30-11:30am

New Journey United Methodist Church.....610-375-2662

138 S. 6th Street Reading. Mon/Tues/Thurs/Fri 11:30-12:30p

Mobile Faith Kitchen.....610-621-5227

5th and Penn St. (1st, 3rd and 5th Fridays of month starting at 5:30pm and

kitchen cupboard Wed. 10am-1pm.....610-375-3310

Boyertown Area Multi-Service Inc.....610-367-6957

Provides services to individuals in Boyertown School District – townships

of Amity, Oley, Hereford, District and Pike. Call for appts.

200 W. Spring St. Boyertown, PA 19512

City Reach Church’s Faith.....610-621-5227

1011A Cotton St. Reading, PA 19602

2nd & 4th Saturdays of the month 11:30am

Friend, Inc.....610-683-7790

658D Noble St. Kutztown, PA 19530

Must be resident of Fleetwood/Kutztown/Topton/Albany/Greenwich/

Longswamp/Rockland/ Maiden creek/Maxatawny/Richmond/

Ruscombmanor. 658D Noble St. Kutztown, PA 19530

1st & 3rd weeks of the month (Call for appt.)

Greater Berks Food Bank.....610-926-5802

Provides food to local pantries/ soup kitchens/shelters. Call to get food

pantry closest to you. 117 Morgan Drive Reading, PA 19608

New Journey United Methodist Church.....610-375-3310

138 S. 6th St. Reading 19602 Kitchen Cupboard: Wed: 10a-12p (Bring ID)

Lunch served Mon/Tues/Thurs/Fri: 11:30am-12:30pm

Salvation Army.....610-373-5208

PO Box 1099 301 S. 5th St. Reading, PA 19601. 2nd and last Thursday of

month at 4:30pm & Tues. and Thurs. at 9:30am

St. James Chapel Church of God and Christ.....610-375-7537

11 S. 9th St. Reading, PA 19602

4th Wed. of month: 10:00am - 12:00pm (Need ID)

Women Infants & Children.....610-939-8353

Vouchers for healthy food for pregnant/breastfeeding/postpartum

women with infants and children under 5yrs.

Clothing Resources

Catholic Charities.....610-376-7144

Assistance with footwear necessary for employment

400 Washington St; Suite 100 Madison Bldg. Reading, PA 19601

City Thrift Shop.....610-376-3320

Clothing for men and women available at a discounted price.

314 Penn St. Reading, PA 19602

Goodwill.....610-777-5250

Clothing and footwear available at a discounted price.

602 E. Lancaster Ave Shillington, PA 19607

Hispanic Center.....610-376-3748

Provides info/referrals/advocacy to those seeking help with basic needs

such as housing, food, clothing, health care, education, legal issues,

financial concerns, government forms, notary service, job apps.

501 Washington St. Reading, PA 19601

New Journey Community Outreach.....610-375-2662

Clothing Center available at no cost to the public. Back to work clothing

available by appointment.

138 S. 6th Street Reading, PA 19602 Fridays 10:30am - 12:30pm

Spring Valley Church of God.....610-929-7969

Free clothing for women, men and children. 1st Sat of each month

10a-12pm (call first to confirm open)

2727 Old Pricetown Road Temple, PA 19560

Hope Rescue Mission.....610-375-4224

Sells used clothing, shoes and furniture at affordable prices.

645 N. 6th St. Reading, PA 19601

Childcare or Parenting Needs

Berks Community Action Program610-376-6571

Fatherhood Initiative Program – Fathers learn values and responsibility,

Family Center and Parenting classes

645 Penn St. Reading, PA 19601

BCIU – Berks County Intermediate Unit..... 610-987-2248

Subsidized childcare for those who are unable to afford it

1111 Commons Boulevard PO Box 16050 Reading, PA 19605

Even Start Family Literacy Program.....484-258-7000

Offers ESL, Parenting skills, PACT and Child Development classes for

residents in the Reading School District with children between the ages

of 0 and 8 years old.

Second Street Learning Center.....610-374-4696, ext. 242

Accepts childcare subsidies and assists with subsidy enrollment

paperwork. Accepts children age 6 weeks to 13 years of age with special

needs. 430 N. 2nd St. Reading, PA 19601

Mary’s Shelter.....610-376-1973

Prenatal care/child care. Parenting, relational and housekeeping skills.

Partnering with Diaper Bank. 736 Upland Ave. Reading, PA 19607

Caring Community

Community Prevention Partnership..... 610-921-9820

New Road Ministry.....610-373-3907

Interactive coaching centering on life topics and fellowship around a

family-style meal. Hopewell Mennonite Church

6th & Cherry St. Reading, PA 19602 Thursdays at 5:45pm

Domestic Violence

SAFE BERKS.....610-373-1206

24 hr. Bilingual Hotline: 844-789-SAFE (7233)

TEXT LINE: TEXT SAFE BERKS to 20121

255 Chestnut St. Reading, PA 19602

Reentry Guide

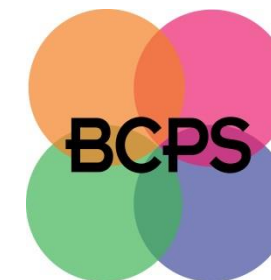
A resource guide for returning citizens

Published by

Berks Connections/Pretrial Services

A Life Improvement Business

www.berksconnections.org



This resource guide was created by Berks Connections/Pretrial Services with assistance from local agencies and government departments that participate in the Berks County Community Resources Network.

Returning home can be difficult - we hope that this guide helps you to find resources that make you ready to reenter!

Berks Connections/Pretrial Services

Berks County Courthouse – 16th Floor

633 Court Street

Reading, PA 19601

610-478-6920



United Way of Berks County

Employment Programs

Pennsylvania CareerLink Berks County.....610-988-1300

Government “one stop” location for employment-related assistance.

www.pacareerlink.state.pa.us 1920 Kutztown Rd, Suite F Reading, PA

Berks Connections/Pretrial Services.....610-478-6920

Referrals/assistance for residents of BCJ-CRC, referred clients of the DOC and Berks County Treatment Courts.

Berks County Courthouse - 16th Fl. 633 Court St. Reading, PA 19601

Berks Personnel Network / Threshold.....610-288-1448

Employment support services; Available to individuals with disabilities/barriers to employment. 1015 Rockland St. Reading, PA 19604

Community Skills Program®.....610-376-3380

Counseling & Rehabilitation, Inc. Vocational/psychological testing, job develop & placement, case management and cognitive rehab therapy to people with brain injuries/neurological impairments. Referrals only. 1150 Berkshire Blvd Suite 210 Wyomissing, PA 19610

Office of Vocational Rehabilitation.....610-621-5800

Vocational evaluation, training, placement & support services for individuals with disability. Applications online/phone.

3602 Kutztown Road, Suite 200 Reading, PA 19605

United Community Services.....610-374-3319

GED and vocational education, work readiness and on-site construction experience and job placement. 1251 N. Front St. Reading, PA 19601

Hispanic Center.....610-376-3748

Provides assistance with job applications.

501 Washington St. Reading, PA 19601

Public Assistance / Food Stamps / Medical Assistance/Veterans

Assistance

Berks County Assistance Office.....610-736-4211

Apply in person or apply online 625 Cherry St. 3rd Floor Reading, PA

Social Security Administration.....866-274-5960

Must be aged, blind, disabled or Medicare eligible through employment to apply. 201 Penn Street, 2nd Floor Reading, PA

Berks VA Clinic.....484-220-2572

Provides Primary Care, nurses, lab, social work, psychiatry, psychology, group therapy support/ counseling, assessments, treatments and referrals to honorably discharged vets and their spouses through the CHAMP program.

2752 Century Blvd. Wyomissing, PA 19610

Berks County Veterans Affairs.....610-378-5601

Submits claims pertaining to service connected benefits/pension/ burial/death benefits/state veteran’s benefits. 726 Cherry St. Reading

Lebanon VA Medical Center(Incarcerated Veterans Reentry

Center).....717-272-6621 or 800-409-8771

Substance abuse treatment, vocational and independent living skills programs, Community Transitional Residence Programs, ongoing support, case management and coordination of treatment.

1700 South Lincoln Ave Lebanon, PA 17042

Opportunity House.....610-374-4696

Provides assistance to veterans.

430 N. 2nd. St. Reading, PA 19601

Hope Rescue Mission.....610-375-4224

On site social/resource center for veterans. Single occupancy rooms for homeless veterans. Food, clothing and toiletries available for veterans.

645 N. 6th St. Reading, PA 19601

Drug/Alcohol and Mental Health Referrals and Treatment

Treatment Access & Service Center.....610-375-4426

Intake and assessment services for individuals without private insurance. 19 N. 6th Street Suite 300 Reading, PA 19601

Council on Chemical Abuse.....610-376-8669

Offer educational resources on their website:

www.councilonchemicalabuse.org

ADAPPT.....610-478-8800

Intensive drug & alcohol program for state parolees with maximum stay of 90 days where parolees are provided with treatment services.

428 Walnut St. Reading, PA 19601

Berks Counseling Center.....610-373-4281

Outpatient and intensive outpatient counseling services for chemically dependent individuals. 645 Penn Street Reading, PA 19601

Caron Foundation.....610-678-2332

Inpatient and outpatient services for patients 13+ years of age

243 N. Galen Hall Road PO Box 150 Wernersville, PA 19565

Family Guidance Center.....610-374-4963

Outpatient mental health and drug and alcohol therapy.

1235 Penn Avenue; Suite 205-206 Wyomissing, PA 19610

New Directions Treatment Services.....610-478-0646

Dual diagnosis treatment, methadone maintenance and chemical dependency services 20-22 N. 6th Avenue West Reading, PA 19611

Pennsylvania Counseling Services.....610-478-8088

Reading Psychiatric.....610-478-8088

Outpatient and intensive outpatient drug and alcohol counseling 125 S. 5th Street Reading, PA 19602

Reading Hospital Medical Center.....610-988-8070

Drug & alcohol center offers detox, short-term residential, individual/group counseling, aftercare. 401 Buttonwood St. West Reading, PA

Easy Does It, Inc.....610-373-2463

Provides space for 12 step meetings, drug and alcohol free social events.

Meetings for AA, NA, OA, Al-Anon, Alateen

1300 Hilltop Road, Leesport PA & 647 Walnut Street Reading, PA

Hogar Crea.....610-372-8410

18-20 month intensive drug and alcohol program for males.

302 S. 5th St. Reading, PA 19602

Adult/Teen Challenge Treatment Center.....717-933-4181/717-673-4219

Medical detox, 30 day rehab and 14 month recovery program.

33 Teen Challenge Rd. Rehrersburg, PA 19550

YMCA of Reading and Berks County.....610-378-4736

Group home settings for chemically dependent homeless men and women. Must be resident for at least 90 days.

631 Washington St. Reading, PA 19601

Berks County MH/DD Program.....610-478-3271

Subcontracts with SAM to provide MH and MR programs & administers oversight with the HealthChoices program. 633 Court Street; 8th Floor Berks County Services Center Reading, PA 19601

Service Access Management, Inc.....610-236-0530

Mental Health intake and assessment services for individuals who do not have private insurance. 19 N. 6th St. Reading, PA 19601

Greater Reading Mental Health Alliance.....610-775-3000

Referral information and advocates for parents and children.

1234 Penn Avenue Wyomissing, PA 19610

Berks Counseling Center.....610-373-4281

Mental health counseling/services for children adolescents and adults.

645 Penn. St. Reading, PA 19601

Child & Family Support Services, Inc.....610-376-8558

Therapy for adults/couples/families. 4 South 4th St. 2nd Fl. Reading, PA

Family Guidance Center.....610-374-4963

Provides psychiatric services and medication management.

1235 Penn. Ave. Suite 205-206 Wyomissing, PA 19610

New Directions Treatment Services.....610-478-0646

Licensed psychiatric outpatient services for adults, provides

evaluation, medications management, psychotherapy.

20-22 N. 6th Ave. West Reading, PA 19611

Mosaic House.....610-375-7840

Psycho/Social rehabilitation center. Assists with a MH/MR diagnosis with

education and employment services. 525 Franklin St. Reading, PA 19601

Pennsylvania Counseling Services Reading Psychiatric....610-685-2188

Provides outpatient mental health counseling and psychiatric care.

Spanish-speaking services available. 125 S. 5th St. Reading, PA 19609

Pennsylvania Counseling Services Reading-Wyomissing..610-670-7270

Provides mental health counseling. Medical Assistance not accepted. 1733 Penn Ave. Reading, PA 19609

Progressions.....610-375-7454

Outpatient MH/MR therapy for adults, family and children.

144 N. 6th St. Reading, PA 19601

Reading Hospital Medical Center.....610-988-8070

Provides inpatient and outpatient services as well as partial hospitalization programs for individuals experiencing psychiatric,

emotional or behavioral health problems.

6th and Spruce St. West Reading, PA 19611

Health and Dental Needs

Berks County State Health Center.....610-378-4377

Tuberculosis treatment and diagnosis, communicable disease control/investigation, info on PKU, SIDS, Animal Bite and Child Lead

Poisoning. 625 Cherry St.; Room 401 Reading

Berks Deaf & Hard of Hearing Services.....610-685-4520

TTY: **610-685-4525** 2045 Centre Avenue Reading, PA 19605

Berks Community Health Center.....610-988-4838

838 Penn Street Reading, PA 19602 (main location)

Co-County Wellness Services.....610-375-6523

Services for HIV/STD/HCV prevention, risk reduction, counseling, planning, testing and screening in addition to services for HIV positive

individuals. 429 Walnut St. Reading, PA 19601

Farias Health Care.....610-898-0766

New patient visits, physicals, sick visits, follow-up appointments and injection. Payment based on household income. 525 Penn St. Reading, PA 19601

Monday – Friday (Hours 8:30am-4:30pm)

Planned Parenthood of Northeast PA.....610-376-8061

Education about safe sex, STD care and prevention, birth control and pregnancy tests to clients under the age of 18 (fees are based on

household income)

48 S. 4th Street Reading, PA 19601

St. Joseph Medical Center.....610-378-2445

Dental Clinic 145 N. 6th St. Reading, PA 19601

Salvation Army.....610-373-5208

Prescription Assistance when funds available. 301 S. 5th St. Reading

Western Berks Free Medical Clinic610-693-6207

Clinic at St. Daniel’s Lutheran Church and meets the minor acute healthcare needs 480 Big Spring Road Besonia, PA 19551

Wednesdays beginning at 6pm by appointments only. Women’s Clinic 3rd

Tues. of every month by appt. only

GED/ESL/Education Related Assistance

Catholic Charities.....610-376-7144

Provides GED and job training.

400 Washington St. Suite 100 Madison Bldg. Reading, PA 19601

Even Start Family Literacy Program.....610-370-8540 ext. 60218

ESL/ Parenting skills/PACT/Child Development classes for residents in the Reading School District: children between 0-8 yrs. old

Hispanic Center.....610-376-3748

Refers to appropriate agencies who provide ESL testing.

501 Washington St. Reading, PA 19601

Literacy Council of Reading / Berks.....610-670-9960

Workplace foundation skills training, support, materials and linkage services for clients. Also offers ESL classes and 1:1 literacy trainings and

GED classes. 35 South Dwight Street West Lawn, PA 19609

Reading Area Community College (RACC).....610-372-4721 ext. 5322

ABE/GED/ESL classes & GED testing. 10 S 2nd Street Reading

111 Riverfront Dr. Reading, PA 19602

United Community Services.....610-374-3319

YouthBuild Program provides 17-24 yr. olds with GED and vocational education, on site construction experience and job placement

1251 N. Front St. Reading, PA 19601

Wisdom 31.....610-373-5777

Beginning intermediate and advanced ESL classes as well as citizenship classes. 640 Centre Avenue Reading, PA 19601

Berks County Career & Technology Center.....610-374-4073

1057 County Road Leesport, PA 19533

Berks Technical Institute.....610-372-1722

2205 Ridgewood Road Wyomissing, PA 19610

Ilead.....610-624-3712

Charter school provides Associate’s Degrees in human services

401 Penn St. Reading, PA 19601

RACC Schmidt Training and Technology Center.....610-372-4721

10 S. 2nd St. Reading, PA 19603

Bus and Taxi

BARTA.....610-921-0601

www.bartabus.com 1700 N. 11th St. Cost: \$1.70 plus \$0.25 to transfer or ride between different route Zones. 1 Day Pass is \$4 when purchased on the bus and \$3 if purchased ahead

Inter-City Bus Terminal.....610-373-9911

Bus transportation between Reading and surrounding cities

20 N. 3rd St. Reading, PA 19601

Reading Metro Taxi.....610-374-5111

615 Elm Street Reading, PA 19601

Grab-A-Cab.....610-478-1111

YMCA Reconnection Program.....610-378-4700
Transportation costs to reconnect with supportive services and loved ones outside the Berks County area. 631 Washington St. Reading, PA

Miscellaneous

Berks Community Action Program610-376-6571

Budgeting assistance/credit repair/tax assistance

247 N. 5th Street, 1st Floor Reading, PA

Berks Co. Election Services.....610-478-6490

Berks County Services Center – 1st Fl. 633 Court St. Reading, PA

Legal Services

Pennsylvania State Parole.....610-378-4331

Reading State Office Building 633 Cherry Street Reading, PA

Berks Co. Adult Probation & Parole Office.....610-478-3400

633 Court St, 7th Floor Reading, PA Mon. – Fri. 8am – 5pm

Berks Co. Juvenile Probation Office610-478-3200

633 Court St, 10th Floor Reading, PA Mon.-Fri. 8am – 5pm

Berks Co. Domestic Relations Section.....610-478-2900

633 Court St, 6th Floor Reading, PA Mon.-Fri. 8am-5pm

Berks County Bar Association.....610-375-4591

Lawyer Referral Service 544 Court Street Reading, PA

Berks County Clerk of Courts.....610-478-6550

Access your record and pay criminal case fines and costs.

Berks County Courthouse – 4th Fl. 633 Court St. Reading, PA

Mid-Penn Legal Services.....1-800-326-9177

Provides legal services for Barriers to Employment, Custody, Domestic Violence, Debt Collection, Housing (including landlord/tenant issues and utility issues), SSI/SSD, unemployment, wage claims and welfare issues.

501 Washington Street – 4th Floor Reading, PA 19601

Pennsylvania Prison Society.....215-564-4775

Reviews prison conditions & provides assistance with inmate rights/advocacy. 245 N. Broad St; Suite 200 Philadelphia, PA

Hispanic Center.....610-376-3748

Provides info. and referrals regarding legal issues and government forms.

501 Washington St. Reading, PA

MOTIVE

RAISE YOUR STANDARDS

We believe you have the power to improve every aspect of your life by taking charge of your personal physical fitness. Excellence, like fitness, is a lifestyle, a state of mind, a way of being - it shows up in the way we talk, walk, eat, work, play, relax, and treat others. Attend our classes and raise your standards for fitness... and life!

F4R

The fitness-for-recovery programs are a holistic approach to recovery. They are both unique and all-encompassing because our participants have the opportunity to grow in ALL aspects of their wellbeing: physical, social, mental and emotional. When ALL components of an individual's wellness are addressed during their recovery, we strengthen the entire person. It's about giving those in recovery the tools they need to move forward, healthfully. It's about providing participants with the opportunity to overcome obstacles, persevere in the face of trial, find strength in community, embrace accountability, and experience a sense of self-worth. Join us!

**FOR CLASS DATES AND TIMES
CHECK OUT OUR WEBSITE.**

WWW.MOTIVE.FITNESS/F4R

**LOCATED AT
THE READING
YMCA**

CLASSES

Cross Training

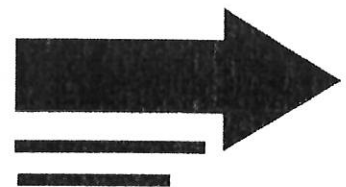
Yoga

TRX

Running / Walking

**FREE CLASSES
FOR
TREATMENT
COURT
PARTICIPATES**

**Bring a friend over 18
for just \$5**



MOTIVE Fitness Assessment

Name: _____
 (Last) (First) (MI)

Email: _____ Phone: _____

DOB: ____ / ____ / ____ Weight: _____ Sex: M F

<i>Do you have any complications in the following areas? If yes, please explain.</i>		
High Blood Pressure	NO YES	
High Cholesterol Level	NO YES	
Cigarette Smoking	NO YES	How long?
Diabetes	NO YES	Insulin dependent?
Are you currently taking any medication?	NO YES	Explain:
Shortness of breath	NO YES	Explain:
Knees	NO YES	Explain:
Low Back	NO YES	Explain:
Neck/Shoulders	NO YES	Explain:
Hips/Pelvis	NO YES	Explain:
Flexibility	NO YES	Explain:
Any other areas	NO YES	Explain:

1. How would you rate your exercise level on a scale of 1 to 5 (5 indicating very active) for each age range through your present age: 15-20 _____ 21-30 _____ 31-40 _____ 41-50 _____ 51+ _____

2. Were you a high school and/or college athlete? NO YES If yes, specify:

3. Do you have any negative feeling toward, or have you had any bad experiences with, physical activity programs? NO YES -If yes, specify: _____

4. Do you start exercise programs but then find yourself unable to stick with them? NO YES

5. Are you currently involved in regular endurance (cardiovascular) exercise?
 NO YES -If yes, specify: _____

6. How much time are you willing to commit to an exercise program?
 _____ minutes/day _____ days/week

7. What types of exercise interest you?

MOTIVE FITNESS – RELEASE AND WAIVER OF LIABILITY

Participant Name:	
Phone #:	
Emergency Contact:	

Birth Date:	/	/		Age:	
Email:					
Phone #:					

I, the above-participant (or the parent and/or guardian on behalf of the above-participant that is a minor), for myself as well as for my personal representatives, heirs, successors and permitted assigns (hereinafter collectively referred to as "I", "me" and/or "Participant"), request to participate and engage in physical activities at the direction of Motive Fitness, LLC ("Motive"), including but not limited to, personal training, physical exercise, fitness training and/or weight lifting (hereinafter referred to collectively as the "Physical Activities"). In consideration of Motive's grant of permission for me to participate and engage in the Physical Activities, and other good and valuable consideration, I acknowledge, agree and represent as follows (collectively, the "Release/Waiver"):

1. **MEDICAL CONDITION.** I am unaware of any medical condition, illness or health related issue ("Medical Conditions") that would prevent me from safely engaging in the Physical Activities or which poses a risk to me or others engaging in the Physical Activities. I assume all responsibility for my Medical Conditions as they relate to engaging in the Physical Activities. I have consulted with a physician and have not been instructed by such physician to refrain from engaging in the Physical Activities. If, at any time, I believe that it is unsafe for me to continue engaging in the Physical Activities, I shall immediately notify my physician and discontinue the Physical Activities.

2. **ASSUMPTION OF RISK.** I understand that engaging in the Physical Activities involves risk of serious injury (including permanent disability and death), severe social and economic losses as well as other unknown risks not reasonably foreseeable at this time, whether caused by my own actions or inactions or the actions or inactions of others engaging in the Physical Activities and/or the conditions in which the Physical Activities take place (collectively, the "Risks"). I knowingly and freely accept and assume all such Risks and all responsibility for losses, costs and damages to my personal property and/or personal injury (including permanent disability and death) incurred by me relating to the Risks as well as my participation in the Physical Activities generally.

3. **GENERAL RELEASE; COVENANT NOT TO SUE.** I hereby release and forever discharge Motive, as well as Motive's officers, members, trainers, agents, representatives, volunteers, employees, successors, assigns, other participants and, if applicable, the owner and lessor of the premises upon which the Physical Activities occur (collectively, the "Released Parties") from and with respect to any and all liability, claims, demands, suits, rights and/or causes of action of whatever kind or nature, now or hereafter existing, whether known or unknown, present or future, foreseen or unforeseen, whether caused by the negligence of the Released Parties or otherwise, arising out of, or in the course of my participation in, the Physical Activities (collectively, the "Claims") including, without limitation, Claims for personal injury (including permanent disability and death) or property damage of any kind or nature whatsoever. Furthermore, I covenant not to sue Motive as well as any of the other Released Parties for any Claims arising directly or indirectly out of my participation in the Physical Activities. Also, I relinquish my rights to sue Motive and the other Released Parties.

4. **INDEMNIFICATION.** I agree to indemnify, save and hold harmless Motive as well as the other Released Parties from and against any and all loss, damage, claim, suit, liability, demand, cost and/or expense (including reasonable attorney's fees), paid or incurred by Motive and/or the other Released Parties, or asserted against any of them, caused in whole or in part, by, or arising directly or indirectly out of, my participation in the Physical Activities and/or my breach of this Release/Waiver.

5. **CONSENT TO TREATMENT.** I consent to have a trainer, emergency service technician or other healthcare provider ("Provider") provide me with medical assistance and/or treatment if such assistance and/or treatment is reasonably necessary (and I agree to be responsible for the payment of such assistance and/or services rendered).

6. **PROMOTIONAL/MARKETING MATERIAL.** I consent to being photographed and/or videotaped by Motive (including its representatives and/or agents). I understand that any and all photographs, videos, recordings and/or likenesses of me captured by Motive (as well as Motive's representatives and agents) become the sole property of Motive. Additionally, I grant Motive the right, permission and authority to use my name and any such photographs, videos, recordings and/or likenesses for any legitimate purpose, including but not limited to, promoting, advertising and/or marketing Motive's business.

7. **NO REPRESENTATIONS.** I have not requested or received any express representations or warranties regarding the condition upon which the Physical Activities occur nor has Motive made and does not make any actual or implied representations or warranties regarding the condition upon which the Physical Activities occur.

8. **DAMAGE TO EQUIPMENT.** I am responsible to repair and/or replace, at my expense, any damaged equipment or fixtures located at or within the premises where the Physical Activities occur if such damage is caused, in whole or in part, by me. If Motive pays for the foregoing, I agree to reimburse Motive such amount upon demand.

9. **RULES AND REGULATIONS.** I reviewed Motive's rules, regulations and policies at www.motive.fitness and agree to abide by them and any amendments to them.

10. **CONDITION PRECEDENT.** I acknowledge that my execution of this Release/Waiver is a condition precedent to me engaging in the Physical Activities.

11. **BINDING EFFECT.** I agree that all covenants, agreements and representations made in this Release/Waiver are made on my behalf as well as on behalf of my heirs, personal representatives, successors and permitted assigns, including but not limited to, such covenants, agreements and representations under paragraphs 2 (Assumption of Risk), 3 (General Release; Covenant Not to Sue), 4 (Indemnification), 5 (Consent to Treatment), 6 (Promotional/Marketing Material) and 12 (Miscellaneous). For the avoidance of all doubt, I agree that this Release/Waiver is binding upon me as well as my respective heirs, personal representatives, successors and permitted assigns.

12. **MISCELLANEOUS.** I understand and agree to the following: (a) **Entire Agreement; Modification.** This Release/Waiver represents the entire and integrated understanding of Motive and me with respect to the subject matter of this Release/Waiver. (b) **Severability.** If any part of this Release/Waiver is found to be unenforceable, the other provisions shall remain fully valid and enforceable. (c) **Survival.** The provisions of this Release/Waiver shall continue in full force and effect even after the termination of my participation in the Physical Activities. (d) **Notice.** Any notice required by this Release/Waiver shall be sent to Motive via email (at bill@motive.fitness) and to me at my email noted above—I shall immediately notify Motive if any of my contact information changes. (e) **Waiver.** No waiver by Motive or the Released Parties of any of the provisions of this Release/Waiver shall be effective unless the waiver is in writing and signed by the party waiving such provision. (f) **Attorneys' Fees.** I shall reimburse Motive for all costs of suit and other expenses paid or incurred by Motive (including reasonable attorneys' fees) with respect to any action, controversy, claim or dispute arising out of or relating to the Physical Activities or this Release/Waiver. (g) **Governing Law.** This Release/Waiver and the undertakings hereunder shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania (without reference to the principals of conflicts of law). (h) **Mediation; Jurisdiction; Waiver of Jury Trial.** In the event of any controversy or claim arising out of or relating to the Physical Activities or this Release/Waiver, I agree to first attempt to settle the dispute by mediation and that any unresolved controversy or claim shall be subject to non-appealable binding arbitration through the Berks County Bar Association. NOTWITHSTANDING THE FOREGOING, I VOLUNTARILY WAIVE ANY RIGHT TO A TRIAL BY JURY WITH RESPECT TO ANY AND ALL DISPUTES BETWEEN MOTIVE AND ME. (i) **Assignment.** I shall not assign this Release/Waiver. (j) **Counterparts.** This Release/Waiver may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Facsimile or other electronically delivered copies of signature pages to this Release/Waiver shall be treated as original signatures for all purposes.

I HAVE READ THIS RELEASE/WAIVER, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF IT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

IN WITNESS WHEREOF, I have duly executed this Release/Waiver on the ____ (day) day of _____ (month), _____ (year).

For a Participant **AT LEAST** 18 Years of Age

For a Participant **UNDER** 18 Years of Age*

SIGN: _____
NAME: _____

BY: _____
NAME: _____

* I represent that I am the parent and/or guardian of the minor Participant and that I am legally responsible for the minor Participant. I, for myself and on behalf of the minor Participant, consent and agree to the terms and conditions of this Release/Waiver, and agree that WE are bound by this Release/Waiver.

EXHIBIT “D”

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MISSION STATEMENT

The mission of the Berks County DUI Treatment Court Program is to integrate substance abuse / mental health treatment with the justice system for the promotion of public safety, individual responsibility, and reduction of drug/alcohol related recidivism. Further, the Berks County DUI Treatment Court Program provides a judicially supervised regimen of individualized treatment, case management, and intensive supervision to the chemically-involved offender through a coordinated interdisciplinary approach that treats the addiction while protecting public safety.

TEAM MEMBERS

Court of Common Pleas
The Honorable Judge Eleni Dimitriou Geishauser, Presiding Judge

Treatment Court Coordinator
Jessica Bodor, Assistant Chief Probation Officer

The team also includes Adult Probation Officers, an Assistant District Attorney, an Assistant Public Defender, representatives from Treatment Access and Services Center, Inc. (TASC), Berks Connections/Pretrial Services (BCPS), and local treatment providers including Pennsylvania Counseling Center, Berks Counseling Center, New Directions Treatment Services, and the YMCA.

Each team member agrees to carry out the daily tasks involved in planning and monitoring operations of this DUI Treatment Court Program. Furthermore, the group will conduct staffings for the DUI Treatment Court Program and will also meet outside the court setting to review operations and discuss modifications to the policies and procedures of this program.

PROGRAM COMPONENTS AND GOALS

When you begin and as you progress through the DUI Treatment Court Program, think about your personal goals and what you would like to achieve. Set goals you think will help you stay clean and sober and will support your decision making, growth and recovery. Goals can be written on the goals sheet in the Appendix of this document.

In addition to your personal and treatment goals, there are program requirements that are outlined in this manual and are listed on the Phase Checklists (see Appendix). You are required to reside in Berks County throughout your involvement in Treatment Court. Additional requirements include, but are not limited to the following:

- Live in an environment with people who support my recovery
- Attend support group meetings and sober leisure activities regularly
- Attend all sessions with the Judge
- Attend and engage in drug & alcohol treatment as scheduled with a positive attitude
- Meet with your Probation Officer as scheduled
- Develop a support list and identify a mentor, sponsor and/or other support person
- Call in for urine screening daily, report as scheduled, and provide undiluted, drug-free screens
- Be a good role model for others in Treatment Court and in the recovery community
- Become a stable and responsible parent
- Be a dependable employee / obtain employment
- Complete a GED program or other educational or vocational program (if applicable)
- Get a driver's license (if applicable)
- Get your own house or apartment (if applicable)
- Pay all costs, fines and restitution
- Cooperate with case management services (if applicable)
- Cooperate with certified recovery support specialist (if applicable)
- Complete ordered community service
- Participate in risk assessments and risk reduction activities
- Complete Advanced Alcohol Safe Driving classes

RISK ASSESSMENT AND TRACK ASSIGNMENT

Prior to admission to DUI Treatment Court, you will participate in a risk and needs assessment, the DUI Risk and Needs Triage (DUI-RANT) and a Court Reporting Network (CRN) evaluation to help determine your appropriateness for DUI Treatment Court, to accurately assess what services are necessary to help you be successful, and to determine your DUI Treatment Court Track assignment. In addition, at the end of Phase 1 and prior to advancement to Phase 2, your probation officer will administer the Ohio Risk Assessment System: Community Supervision Tool (ORAS-CST). This tool will help assess your risk to reoffend, will aid in determining your needs, and will help identify any barriers that could impact on your ability to be successful. Additional programming may be assigned based upon your needs.

DUI Treatment Court consists of several tracks which are outlined below. Phase checklists, in the Appendix of this document, provide more specific information about program requirements. Reporting frequencies may be increased by the Judge.

- **Track 1** clients in Phases 1 and 2 shall appear in court twice a month, report to their probation officer twice a month (outside of court) and be seen once every other month at their home.
- **Track 1** clients in Phase 3 shall appear in Court once a month, report to their probation officer once a month (outside of court) and be seen once every other month at home.
- **Track 1** phase lengths are a minimum of 6 months for each track for a minimum of 18 months for the total program.
- **Track 2A** clients shall appear in Court once a month shall report to their probation officer once a month (outside of court) and shall be seen once every other month in their home.
- **Track 2A** clients shall be in each phase for a minimum of 4 months with a total of not less than 12 months.
- **Track 2B** shall appear in court quarterly. They shall report to their probation officer once a month (outside of court) and shall be seen once every other month in their home.
- **Track 2B** clients shall be in each phase for a minimum of 4 months with a total of not less than 12 months.

	High Need	Low Need
High Risk	Track 1	Track 2A
Low Risk	Track 2B	Track 3

JUDICIAL REVIEW

Unless you are a resident in a distant inpatient treatment program, you **MUST** attend the Judicial Review at the Berks County Courthouse. You will attend either once every two weeks, monthly, quarterly, or otherwise as directed by the court.

MY ATTENDANCE SCHEDULE:

- () Every two weeks Starts_____ Ends_____
- () Once a month Starts_____ Ends _____
- () Quarterly Starts_____ Ends _____
- () Other Starts_____ Ends_____

You must arrive at the Berks County Courthouse at least 30 minutes before the review so you can pass through security, remit payment towards fines and costs (a minimum of \$40.00 a month should be paid) and check in with the court officials at the courtroom. While payments may be made while you are in Phase 1, the requirement of making these regular payments begins in Phase 2.

Things to remember for Judicial Review:

- Pay your fees at the Clerk of Courts **PRIOR** to coming to court. Bring your receipt with you to court.
- **DRESS APPROPRIATELY:** No shorts, tank tops, etc. No hats worn in the courtroom. Your appropriate clothing demonstrates respect for the court.
- **BE QUIET WHEN THE JUDGE TALKS.** Comments of others have meaning for you and it is important to show respect to others. Electronic devices including cell phones should be turned off.
- If the judge or probation officer has asked you to bring documents to show the court, have them with you during check-in. These documents may include: journals, essays, verification of support group meeting attendance, verification of community service, your date book, etc.

Your probation officer, case manager, or the judge may ask you to meet with them after the review. Be prepared to stay for a few extra minutes. You may also be directed to submit a drug screen or breathalyzer test while present for your review.

DUI TREATMENT COURT PHASES

The Berks County DUI Treatment Court operates in three (3) phases. As you progress in treatment and in all other areas of the program you will progress to the next phase. Each phase has fewer requirements as you grow in your recovery.

The DUI Treatment Court Team will monitor your status in each phase and will decide when you have met the requirements to move to the next phase. Your progress through these phases will depend to a large part on your efforts to complete your requirements in a timely manner.

You must remember that the phases are designed to help you stay strong in your recovery while moving toward independence. If you have questions about where you stand in your phases, talk to your case manager and/or probation officer.

If you have accomplished the requirements of your current phase, review your current phase checklist with your probation officer, sign and date the checklist and request advancement to the next phase. Once completed, you will submit that form to your DUI Treatment Court Probation Officer. It will then be reviewed at the next DUI Treatment Court Team meeting and the status of your advancement will be addressed at your next review before the DUI Treatment Court Judge.

PHASE I START _____ FINISH _____

PHASE II START _____ FINISH _____

PHASE III START _____ FINISH _____

SUPPORT LIST

These people will help me successfully complete the DUI Treatment Court Program. This group may include friends, family members, support group sponsor, employers, teachers, probation/parole officers, case managers, etc. Ask them for their support or thank them for what they have done. Letting others know your needs and how you feel about them makes for a stronger recovery support system.

_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date
_____	_____
Name & phone number	Date

ADULT PROBATION AND PAROLE OFFICE

While you participate in DUI Treatment Court, an officer from the Berks County Adult Probation and Parole Office will closely supervise you, will assist you in your recovery and will help you make positive changes in your life. The probation officer represents the court and will support you and hold you accountable to follow your court order and rules outlined in DUI Treatment Court Agreement and this Manual. In addition, your probation officer will assist you to become a productive and law-abiding member of the community. This is done by challenging you to learn and grow so you can improve your decision making.

You will receive a list of the rules upon entry into DUI Treatment Court. Read these rules carefully and ask your attorney if there is anything you do not understand. While participating in DUI Treatment Court you must follow these rules or face a penalty from the court. It is your responsibility to report to the probation officer as directed.

You may receive curfews, electronic monitoring, or other restrictions while involved in DUI Treatment Court. Your probation officer will explain the rules regarding any of these programs.

The DUI Treatment Court will require you to complete journals, essays, sober leisure activities, meetings, employment searches, and other programs. Your probation officer will monitor these requirements and report the status to the DUI Court Treatment Team.

The probation officer will also conduct random drug and alcohol testing while you participate in DUI Treatment Court.

My Probation Officer _____

Phone number _____

Email _____

Probation Office Address:

**Berks County Adult Probation/Parole
633 Court Street
7th Floor Services Center
Reading, PA 19601**

DRUG AND ALCOHOL TESTING

Urine Screening

All participants are required to submit to urine drug screens. Each participant will be assigned a pin and must call the drug testing hotline daily (1-800-494-1250) and enter their pin number to see if they have drug testing. Participants are able call to each day after 5 am. If a participant's pin is called, he/she must report for drug testing. Urine collection is done at TASC, 19 North 6th Street 1st Floor, Reading, Pennsylvania. You may also be tested by your probation officer both at the office and in the field. Each participant will be given written information pertaining to urine drug testing times as well as their pin number to access the Redwood drug screening system.

All urine collections are observed by a male or female monitor. All urine screens will be a \$2.00 co-pay paid directly to TASC. However, participants being sanctioned due to a positive test or a diluted sample may be required to pay the full co-pay for testing costs as a sanction. Participants are expected to attend every drug test for their particular pin. Participants must come prepared to give a urine sample. If they cannot, this is considered a positive test. Diluted or adulterated urines are unacceptable and are also viewed as a positive drug screen. Participants who attempt to pass a false urine may be charged with a misdemeanor offense.

Urinest will be sent to the laboratory when a participant refuses to acknowledge a positive drug test result or when the probation officer suspects drug use. The participant must pay the upfront re-testing fee of \$35.00 per substance if they wish to have their sample retested. This fee shall be paid within 48 hours of their notification of the positive result. They will be refunded their money if the test comes back negative. If the lab confirms a positive drug test, the participant will be sanctioned appropriately.

Urine testing frequency will be on a random basis. Participants will not be told how many times a week they will be called for a urine; they need to call to check for their urine every day.

Breath Testing

The use of alcohol by DUI Treatment Court participants is prohibited. Participants will be breath-tested on a regular basis.

Oral Fluids Testing

The use of oral fluid testing may be used should the participant not be able to produce a urine sample at the time it is requested.

Additional information on drug and alcohol testing is contained in the Appendix of this document ("Drug Screening Guidelines" and "Alcohol Testing Contract").

SANCTIONS AND INCENTIVES

The use of graduated sanctions and incentives with DUI Treatment Court participants can help shape behavior and improve outcomes. In order to be effective, there must be a proper balance of sanctions and incentives. Within the framework, incremental, proportionate and predictable responses are delivered to encourage and reinforce positive behaviors and discourage negative, noncompliant behaviors. Sanctions are administered when participants fail to comply with program requirements (supervision, treatment, drug testing, etc.) and incentives are in response to positive behavior and achievements.

Possible incentives and sanctions include:

Incentives

Decreased drug testing
Early dismissal from court
Less frequent court appearances
Reduction in fines and costs
Fishbowl picks
Verbal praise/applause
Phase promotion
Decreased probation contacts
Travel allowance
Additional “windows” while on EM
Removal of monitoring device
Phase advancement
Gift cards
Other tangible items
Graduation

Sanctions

Increased drug testing
Increased community service hours
Increased court appearances
Paying for drug tests
Writing assignments
Verbal admonishment
Incarceration
Increased probation contacts
Travel restrictions
Installation of monitoring device
Additional monitoring time
Reduction of “windows”
Life skills assignments
Increased community restrictions
Phase demotion
Termination

These lists are not all inclusive but are a guide that may be used when administering an incentive or sanction. The DUI Treatment Court Team may divert from this list at any time and assign other sanctions or incentives. In addition, treatment interventions may be assigned but should not be categorized as sanctions.

SANCTIONABLE BEHAVIORS

Participant behaviors, which may be sanctioned, include, but are not limited to the following:

- Positive or diluted urine test
- Failure to submit urine sample
- Unexcused absence or absences from counseling sessions
- Failure to follow treatment conduct rules
- Willful failure to pay costs, fees and restitution as ordered
- Failure to attend scheduled status hearing without just cause
- Arrested for a new offense
- Failure to comply with treatment provider recommendations
- Leaving the jurisdiction without permission of the DUI Court Team
- Failure to attend self-help group per treatment plan recommendation
- Possession or delivery of drugs at treatment site
- Violent or abusive behavior at treatment site, program site or other place of contact or participation
- Failure to comply with directives given by the Court, DUI Court Team or treatment providers
- Failure to move through the phases in the appropriate designated time frame
- Dishonesty to court personal and other treatment court staff

BEHAVIORS WORTHY OF INCENTIVE

Participant behaviors, which the DUI Treatment Court team may apply an incentive, include, but are not limited to the following:

- Attendance at all scheduled DUI Treatment Court sessions
- Attendance at all scheduled outpatient treatment sessions
- Attendance at all urine screens when called
- Continuously having negative urine screens
- Following all the rules of the DUI Treatment Court program
- Making consistent payments on fines, costs, and restitution
- Showing progress in all aspects of your recovery
- Being honest with yourself, court and treatment staff

INCARCERATION

Effective August 1, 2017 the DUI Treatment Court has chosen to institute new guidelines regarding jail time served by participants being placed into DUI Treatment Court. The jail time will no longer be based on what track the participant is placed in to but will be based off the DUI offense they are charged with.

2 nd Offense Mid-Tier .10% - less than .16%	4 days
2 nd Offense High-Tier .16% and higher, refusal or controlled substance	4 days
3 rd Offense Low-Tier .08% - less than .10%	6 days
3 rd Offense Mid-Tier .10% - less than .16%	6 days
3 rd Offense High-Tier .16% and higher, refusal or controlled substance	6 days

SCRAM/GPS

As part of a sentence and/or as a sanction, participants may be placed on electronic monitoring while in Treatment Court. The Secure Continuous Remote Alcohol Monitor (SCRAM) is an ankle bracelet that is worn 24 hours a day/7 days a week and monitors alcohol consumption by sampling the participant's perspiration. The SCRAM bracelet is worn to ensure that participants do not drink alcohol and to assist in their path to abstinence from alcohol. The SCRAM bracelet communicates the information gathered via a landline phone or internet ethernet cable.

Participants may be required to pay up to \$8.00 per day for the use of the bracelet with a minimum of two months up from prior to installation of the bracelet. Verification of alcohol use may result in further sanctioning.

The Global Positioning System (GPS) is an ankle bracelet that is worn 24 hours a day/7 days a week and monitors the participant's whereabouts using global positioning points. This information gathered from the bracelet is communicated through cellular service. Participants may be required to pay up to \$5.00 per day for this service with a minimum of two months being paid up front, prior to the installation of the device. The assigned probation officer will be determining the schedule for windows (time allowed away from the residence) and will monitor the participant's whereabouts. Deviations from the approved schedule will be considered violations of probation.

TERMINATION

Warrants, new arrests or a violation of any aspect of program rules and regulations may result in a participant's termination from the DUI Treatment Court Program. Other specific violations which could result in termination include the following:

- A pattern of missed and/or positive drug tests
- Tampering with drug tests
- Demonstrating a lack of program response by failing to cooperate with the DUI Treatment Court team or treatment program
- Violence or the threat of violence directed at DUI Treatment Court team members, treatment staff, other participants of the program and/or clients of treatment providers
- A pattern of dishonesty with the DUI Treatment Court Team

Following a termination petition, a hearing will be held before an impartial Judge to provide evidence that would warrant termination from DUI Treatment Court. Being that all participants are post-conviction their case would then go through the regular Gagnon procedure. Re-sentencing shall be within the sole discretion of the sentencing judge, limited only by the maximum penalty allowed by law.

TREATMENT COURT POLICY ON NARCOTIC MEDICATIONS AND PROHIBITED SUBSTANCES

Due to the high potential of narcotic medications to interfere with treatment and recovery efforts, the Berks County Treatment Court prohibits the use of all addictive medications. Addictive medications include all opiate-based pain medications, benzodiazepines or anti-anxiety medications, stimulant medications for the treatment of ADHD, sleeping pills and muscle relaxers. The list includes, but is not limited to, the following and includes any generic versions of these drugs:

ADDERALL	AMBIEN	AMYTAL
ATIVAN	CODEINE	CONCERTA
DEMEROL	DEXEDRINE	DILAUDID
FOCALIN	HALCION	KLONOPIN
LORCET	LORTAB	LIBRIUM
LUNESTA	MORPHINE	NEMBUTAL
OPANA	OXYCODONE	OXYCONTIN
PERCOCET	PERCODAN	RITALIN
ROXANOL	SECONAL	SOMA
SONATA	STADOL	TYLOX
TRAMADOL	VALIUM	VICODIN
XANAX	MEDICAL MARIJUANA	CBD OIL
FENTANYL	OTC CORICIDIN	MARINOL
GABAPENTIN	NEURONTIN	KRATOM

Participants in Berks County Treatment Court and individuals seeking entry into the Berks County Treatment Court are expected to notify all their treating physicians that they are in recovery. If a treatment physician wishes to treat the individual with narcotic or addictive medications, the individual shall immediately disclose this information to the Treatment Court team.

Treatment Court participants using such medications absent permission from the Treatment Court Judge are subject to termination from the program.

Exceptions to this policy are made only in rare occasions, such as in the case of *documented* medical emergency treatment. Participants who habitually seek exception to this policy are subject to termination. If a prescribing physician recommends that a client must be continuously maintained on prohibited prescriptions in order to sustain a certain quality of life, the client may no longer participate in Treatment Court.

Consuming alcohol in any form is prohibited. The use of diet pills while in Treatment Court is prohibited. Additionally, the consumption of poppy seeds is strictly prohibited while in the program. Any positive drug tests for opiates will always be deemed positive for illegal substances. Lastly, consumption of salvia, morning glory seeds and any other such mood altering or hallucinogenic substance are strictly prohibited.

An additional copy of this policy is located in the Appendix of this manual. The participant shall sign the signature line of the document and the assigned probation officer shall keep the original signed document.

COSTS, FINES AND RESTITUTION

While you are attending DUI Treatment Court, you will be required to pay any costs, fines, and restitution that are owed to the Berks County Clerk of Courts Office. A payment plan will be set through the Berks County Adult Probation and Parole Office.

You will be required to make a payment towards fines and costs prior to each court review session starting in Phase 2. It is expected that you pay a minimum of \$40.00 per month on monies owed. You will meet with your probation officer and develop a financial plan that includes a payment plan for your financial obligations to the Court.

Upon successful completion of DUI Treatment Court, you may be eligible to have the certain assessed costs and fines waived by the DUI Treatment Court Judge. Restitution and certain costs cannot be waived.

If you are ordered to pay restitution, you are expected to make regular restitution payments while involved in DUI Treatment Court and make every attempt to pay it off prior to your completion of the program.

**Berks County Clerk of Courts
633 Court Street
4th floor, Courthouse
Reading, PA 19601**

610-478-6550

EMPLOYMENT

As a participant of DUI Treatment Court, you will be required, throughout Phases II and III, to obtain/maintain employment unless you have been determined to be disabled by the Social Security Administration. You will be required to provide pay stubs from your employer to your probation officer as proof of employment. You must notify your probation officer immediately of any change or loss of employment. If you do not maintain employment for a two-week period, you will be required to complete community service hours as directed and will also be required to engage in an active job search and provide verification (See job search form in the Appendix of this manual). All employment and community service work must be approved by the DUI Treatment Court Team.

If you need assistance in finding employment, consult your probation officer or case manager. Berks Connections/Pretrial Services has additional services with regard to resume building and has a computer lab that participants can utilize to assist with their job search.

COMMUNITY SERVICE

As part of your sentence into the DUI Treatment Court Program, you will be assigned community service hours. This provides you with an opportunity to give back to the community and find a positive activity to help others. Unless employed or determined to be disabled by the Social Security Administration, participants will be required to complete community service hours as determined by your DUI Treatment Court Probation Officer. Community service sites must be approved by your DUI Treatment Court Probation Officer. Participants who do not maintain employment for a two-week period may be subject to 20 community service hours per week.

It is important to keep track of your days/hours worked and report your hours worked to the DUI Treatment Court Probation Officer through the community service log which you can obtain from the Adult Probation Office. Hours submitted will be verified with the agency where you worked. Community service hours will be reviewed by the DUI Treatment Court Team prior to your DUI Treatment Court session.

You may also be required to complete additional community service hours as a result of a sanction administered by the Court. In addition, you may be assigned to participate in community service activities specifically for Treatment Court participants.

TRAVEL/VACATION GUIDELINES

All DUI Treatment Court participants are NOT permitted to travel outside of the boundaries of Berks County without the authorization of his/her probation officer.

Travel requests must be submitted to the DUI Treatment Court Probation Officer at the earliest possible date. The probation officer will review all travel requests and will discuss each request with the participant's counselor and/or members of the treatment team. Extended travel and/or travel outside of Pennsylvania will be reviewed by the DUI Treatment Court Team prior to authorization.

Any DUI Treatment Court participant granted permission to travel for the purposes of vacation, etc. must have a drug test conducted at TASC prior to leaving and immediately upon return from said travel/vacation. Additionally, participants may be required to attend support group meetings while traveling and provide verification of attendance.

ALL TRAVEL IS SUBJECT TO PROBATION DISCRETION AND MUST BE APPROVED BY YOUR PROBATION OFFICER.

YOU MUST HAVE PERMISSION PRIOR TO DEPARTURE AND OBTAIN A TRAVEL PERMIT.

TREATMENT COURT CERTIFIED RECOVERY
SUPPORT SPECIALIST

At any time during your participation in DUI Treatment Court, you may be required to meet with a certified Recovery Support Specialist (RSS). The certified RSS will assist in monitoring your treatment attendance/compliance, your involvement in recovery-oriented programs and attendance self-help groups. The certified RSS will offer you guidance, support, coaching and experience on the recovery process by assisting you to build a recovery plan and community supports that work for you.

Generally, you will meet with your certified RSS at least twice a month. However, you may be required to meet with your certified RSS more frequently.

Treatment Court Certified Recovery Specialist: _____

Telephone Number: _____

CALENDAR

While a participant in DUI Treatment Court, you will be required to maintain a daily calendar. Your calendar must be brought to all court sessions, probation office visits, treatment sessions and any other Treatment Court related appointments and may be reviewed by the judge, counselor and probation officer.

The following activities, with dates and times, shall be listed in your calendar:

- Group sessions
- Individual sessions
- Probation officer appointments
- Work schedule
- Community service hours
- Leisure activities
- Goal completion date for each phase
- DUI Treatment Court sessions
- Recovery related activities

SUPPORT GROUP VERIFICATION SHEET

While involved in DUI Treatment Court, you are required to attend SUPPORT GROUP meetings. You must have the secretary of the meeting sign this form **AFTER THE MEETING HAS ENDED**. Please include the date of the meeting, the location and the time. Please submit this form to your probation officer. Bring this form to all DUI Treatment Court sessions.

Date of Meeting	Name and Location of Meeting	Signature of meeting secretary or representative	Time that this form was signed

SOBER LIVING ACTIVITIES DOCUMENTATION

While involved in DUI Treatment Court, you are required to participate in organized Sober Living Activities (i.e. Fitness Activities, Spirituality meetings, Alumni Group, Refuge Recovery, etc.). You must have a representative or coordinator of the event sign this form **AFTER THE ACTIVITY HAS ENDED**. Please complete all the below columns for each session attended and submit this form to your probation officer. Bring this form to all DUI Treatment Court sessions.

Date of Event/Activity	Name and Location of Event/Activity	Type of Activity	Signature of Event Representative or Coordinator

DIRECTORY OF SERVICES

Attached (in the Appendix of this document) is a copy of the Directory of Services published by Berks Connections/ Pretrial Services. This directory contains a variety of community-based services that a DUI Treatment Court participant may find helpful or necessary. It is the goal of the DUI Treatment Court Program to assist each participant with their daily living. Please see your Probation Officer or a representative from Pretrial Services with questions about any of the services listed or if you need services that are not listed in the directory.

APPENDIX

ACKNOWLEDGMENT OF PARTICIPANT

TRACK 1 PHASE SHEETS (PHASE 1, 2, 3)

TRACK 2A PHASE SHEETS (PHASE 1, 2, 3)

TRACK 2B PHASE SHEETS (PHASE 1, 2, 3)

GOAL WORKSHEET

TREATMENT COURT POLICY ON NARCOTIC MEDICATIONS AND PROHIBITED SUBSTANCES
WITH PARTICIPANT ACKNOWLEDGMENT

URINE TESTING GUIDELINES

ALCOHOL TESTING CONTRACT

JOB SEARCH FORM

NOTICE OF ACT 122

RELEASE OF INFORMATION

DIRECTORY OF SERVICES

MISCELLANEOUS PROGRAMMING

EXHIBIT "E"

Filed 6/21/2023 12:04:00 PM Commonwealth Court of Pennsylvania
283 MD 2023

Treatment Court Policy on Narcotic Medications and Prohibited Substances

Due to the high potential of narcotic medications to interfere with treatment and recovery efforts, the Berks County Treatment Court prohibits the use of all addictive medications. Addictive medications include all opiate-based pain medications, benzodiazepines or anti-anxiety medications, stimulant medications for the treatment of ADHD, sleeping pills and muscle relaxers. The list includes, but is not limited to, the following and includes any generic version of these drugs:

ADDERALL	AMBIEN	AMYTAL
ATIVAN	CODEINE	CONCERTA
DEMEROL	DEXEDRINE	DILAUDID
FOCALIN	HALCION	KLONOPIN
LORCET	LORTAB	LIBRIUM
LUNESTA	MORPHINE	NEMBUTAL
OPANA	OXYCODONE	OXYCONTIN
PERCOCET	PERCODAN	RITALIN
ROXANOL	SECONAL	SOMA
SONATA	STADOL	TYLOX
TRAMADOL	VALIUM	VICODIN
XANAX	MEDICAL MARIJUANA*	CBD PRODUCTS
FENTANYL	OTC CORICIDIN	MARINOL
GABAPENTIN	NEURONTIN	KRATOM
DEXTROMETHORPHAN (DXM)		

Participants in Berks County Treatment Court and individuals seeking entry into the Berks County Treatment Court are expected to notify all their treating physicians that they are in recovery. If a treatment physician wishes to treat the individual with narcotic or addictive medications, the individual shall immediately disclose this information to the Treatment Court team.

Treatment Court participants using such medications absent permission from the Treatment Court Judge are subject to termination from the program.

*Medical Marijuana use will be addressed on a case-by-case basis. Consideration for use should be accompanied by a letter addressed to the Court from a treating physician that details, diagnosis and medical necessity for use. Other factors that will be considered include but are not limited to prior history of illegal use, convictions relative to the substance, and prior treatment records.

Exceptions to this policy are made only in rare occasions, such as in the case of *documented* medical emergency treatment. Participants who habitually seek exception to this policy are subject to termination. If a prescribing physician recommends that a client must be continuously maintained on prohibited prescriptions in order to sustain a certain quality of life, the client may no longer participate in treatment court.

Consumption of the following are strictly prohibited: alcohol in any form, diet pills, decongestants in any form, poppy seeds, salvia, morning glory seeds, and any other such mood altering or hallucinogenic substance. Any positive tests for opiates will always be deemed a positive for illegal substances.

I understand and acknowledge this policy and agree to abide by all terms and conditions of the Berks County Treatment Court Medication Policy.

Participant

Date

Witness

Date

Revised 2-11-2022

EXHIBIT ‘F’

From: damon monyer damon.monyer@gmail.com
Subject: Fwd: Veterans Court
Date: January 12, 2023 at 4:32 PM
To: Alex Lassoff alassoff@lassoffdefense.com, joe@philadelphiadefense.com



----- Forwarded message -----

From: damon monyer <damon.monyer@gmail.com>
Date: Thursday, January 12, 2023
Subject: Veterans Court
To: "Leon, Rodolfo" <RLeon@countyofberks.com>

Thank you

On Thursday, January 12, 2023, Leon, Rodolfo <RLeon@countyofberks.com> wrote:

Damon,

I believe you will be getting accepted into Veterans Court. You should be getting an order from the court indicating when you will need to report to court for admission. Your attorney should follow up with you.

Rudy Leon

Adult Probation/Parole Officer

Berks County Probation & Parole

[633 Court Street](#) 7th Floor

Reading, PA 19601

Phone: 610-478-3400 Ext. 5488

Mobile: 267-690-3726

Fax: 610-478-3451

From: damon monyer <damon.monyer@gmail.com>
Sent: Wednesday, January 11, 2023 11:13 AM
To: Leon, Rodolfo <RLeon@countyofberks.com>
Subject: Re: Veterans Court

County of Berks Warning: This is an external email. Please exercise caution.

I was wondering if there is a decision made for acceptance into the program?

On Wednesday, December 21, 2022, damon monyer <damon.monyer@gmail.com> wrote:

Thank you

On Wednesday, December 21, 2022, Leon, Rodolfo <RLeon@countyofberks.com> wrote:

Hey Damon.

Below is all of my contact information. I will see you in the office on 1/4/23 @ 230pm.

Thanks,

Rudy Leon

Adult Probation/Parole Officer

Berks County Probation & Parole

[633 Court Street](#) 7th Floor

Reading, PA 19601

Phone: 610-478-3400 Ext. 5488

Mobile: 267-690-3726

Fax: 610-478-3451

FOR INFORMATION RE: COVID-19 AND WHAT YOU CAN DO... CLICK www.DoYourPartBerks.com

This message and the attachment(s) are intended for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any retention, use, dissemination, distribution or copying of this communication including attachments is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone or reply to the original message at the above address and then delete all copies of the message.

Thank you.

--

D.B. Monyer

--

D.B. Monyer

FOR INFORMATION RE: COVID-19 AND WHAT YOU CAN DO... CLICK www.DoYourPartBerks.com

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| Thank you.

--
D.B. Monyer

--
D.B. Monyer

EXHIBIT “G”

From: MacBain, Paige PMacBain@countyofberks.com
Subject: RE: Damon Monyer Vet Court Application
Date: March 8, 2023 at 10:13 AM
To: Alex Lassoﬀ alassoﬀ@lassoﬀdefense.com

PM

Good Morning,

The team reviewed his application again on 3/1 and it was determined that Gelu Negrea, the Veteran Justice Outreach Coordinator, needs to meet with Mr. Monyer before his application is officially accepted to develop a treatment plan. Once this is completed, we will move forward accepting Mr. Monyer into the program.

Thank you,

Paige E. MacBain, M.S.
Probation / Parole Officer I
Veterans Treatment Court
Berks County Adult Probation & Parole
Services Center, 10th Floor
633 Court Street
Reading, PA 19601
Office: (610) 478-3400 x5428
Cell: (717) 813-6762
Fax: (610) 478-3451
pmacbain@countyofberks.com

From: Alex Lassoﬀ <alassoﬀ@lassoﬀdefense.com>
Sent: Monday, March 6, 2023 4:17 PM
To: MacBain, Paige <PMacBain@countyofberks.com>
Subject: Damon Monyer Vet Court Application

County of Berks Warning: This is an external email. Please exercise caution.

Good Afternoon,

I am emailing on behalf of my client, Damon Monyer, CP-06-CR-0002140-2022. I work with his attorney of record, Joseph Coleman. We submitted his Vet Court application in December and were told it should be decided in January. We were then told they were working on a treatment plan and he should be admitted in February or March. We have court in this matter Wednesday, March 8, 2023. Can we please get an update as to his status for Vet Court and if we can have the court date continued or removed if he has been accepted into the program? Thank you for your time.

--

Alexander D. Lassoﬀ, Esq.
1717 Arch Street, Suite 320
Philadelphia, PA 19103
267-719-8714 (p) 267-719-8715 (f)

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Thank you.

EXHIBIT “H”



Alex Lassoﬀ <alassoﬀ@lassoﬀdefense.com>

Damon Monyer

2 messages

Kelecic, Kenneth <KKelecic@countyofberks.com>
To: Alex Lassoﬀ <alassoﬀ@lassoﬀdefense.com>
Cc: "MacBain, Paige" <PMacBain@countyofberks.com>

Thu, Mar 23, 2023 at 3:24 PM

Attorney Lassoﬀ,

I wanted to touch base with you about Mr. Monyer. He is still pending admission into treatment court.

He is basically ready for admission from a legal and treatment plan standpoint. The only holdup is his use of medical marijuana. As Mr. Monyer is entering Veteran's Court and his treatment is through the VA, he is required to abide by the VA's rules regarding medical marijuana., which do not allow him to use.

As such, he has apparently agreed to discontinue his use while in the program. We would like to test him in order to see that his levels are coming down before we do the formal admission. He will need to get in contact with APO Paige McBain in order to set up a time to come in. I have copied her on this email. Once we have a few tests where his levels are diminishing, we can set a date for formal admission.

If you could get in contact with your client to arrange this, I would greatly appreciate it.

Thanks

- Ken Kelecic

Kenneth W. Kelecic, ADA
Office of the District Attorney of Berks County
633 Court Street
Court Services Center, 5th Floor
Reading, Pennsylvania, 19601
610-478-6000 x5015

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Thank you.

Alex Lassoff <alassoff@lassoffdefense.com>
To: montoya-coleman-llc-Qh4E2VPzT3@mycasemail.com

Thu, Mar 23, 2023 at 3:49 PM

Begin forwarded message:

[Quoted text hidden]

EXHIBIT “I”

COMMONWEALTH OF PENNSYLVANIA

vs.

Damon Monyer

In the Court of Common Pleas of Berks
County, Pennsylvania Criminal Division

DOCKET NO: CP-06-CR-2140-22

Kelecic/Coleman

Interpreter

Judge: Stephen B. Lieberman


ORDER

AND NOW, this day 3 of May, 2023, it is hereby ORDERED and DECREED,
the Defendant's Veterans' Treatment Court application is hereby DENIED.

The above Defendant and Counsel shall appear in Courtroom 4A, Berks County SERVICES CENTER
on May 4, 2023 at 9:00 AM before Judge Barrett, the originating Judge,
for a status hearing.

Other: Denied due to failure to comply with pretrial services.

BY THE COURT:


Stephen B. Lieberman, S.J.

CLERK OF COURTS
2023 MAY -3 PM 3:15
BERKS COUNTY PA

COUNTY OF BERKS, PENNSYLVANIA

Clerk of Courts



Courthouse, 4th Floor
633 Court Street
Reading, PA 19601-3585

Phone: 610.478.6550

BethAnn G. Hartman, Chief Deputy
James M. Polyak, Solicitor
Daryl F. Moyer, Solicitor, Emeritus

James P. Troutman, Clerk of Courts

PROOF OF SERVICE

Docket No.

2140-82

I, Beth Robinson, certify that I served the within documents upon the following:

- | | | | |
|--|---|---|------------------------------------|
| <input checked="" type="checkbox"/> District Attorney | <input type="checkbox"/> Solicitor | <input type="checkbox"/> Prison Society | <input type="checkbox"/> CYS |
| <input checked="" type="checkbox"/> CIM | <input type="checkbox"/> Court Reporter | <input type="checkbox"/> Controller | <input type="checkbox"/> GAL |
| <input checked="" type="checkbox"/> Adult Probation | <input type="checkbox"/> Prothonotary | <input type="checkbox"/> Commissioner | <input type="checkbox"/> Elections |
| <input type="checkbox"/> Bureau of Traffic Safety | <input type="checkbox"/> Sheriff | <input type="checkbox"/> Bar Association | |
| <input type="checkbox"/> Reading Central Court | <input type="checkbox"/> MHMR | <input type="checkbox"/> Reading Eagle | |
| <input type="checkbox"/> Law Library | <input type="checkbox"/> Dr. Rotenberg | <input type="checkbox"/> Beth Hartman | |
| <input type="checkbox"/> BCP Records | <input type="checkbox"/> TASC | <input type="checkbox"/> Court Administration - 7 th Floor | |
| <input type="checkbox"/> Public Defender | | | |
| <input checked="" type="checkbox"/> Judge <u>Lieberman</u> | | | |
| <input type="checkbox"/> District Justice by regular mail / certified mail to the following address: | | | |

Police Department by regular mail / certified mail to the following address:

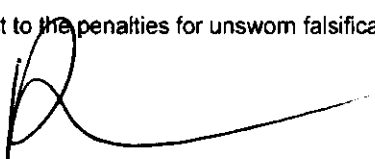
Defendant and/or Petitioner by regular mail / certified mail to the following address:

Surety and/or Bail Bondsman by regular mail / certified mail to the following address:

Defendant and/or Petitioner's attorney by regular mail / certified mail to the following address:

This 4th day of May, 2023

Statements in this proof of service are made subject to the penalties for unsworn falsification to authorities under the Crimes Code § 4904 (18 PACS § 4904).



Signature of Server

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Rev. 09/2022

File Copy Recipient List

Addressed To: Joseph L. Coleman (Private)
Montoya Coleman LLC
100 S Broad St Ste 1216
Philadelphia, PA 19110

Damon Bruce Monyer (Defendant)
110 Arlington Street
Reading, PA 19611

EXHIBIT “J”

COMMONWEALTH OF
PENNSYLVANIA

vs.

GILBERT P. SANTA

: In the Court of Common Pleas
: of Berks County Pennsylvania
: Criminal
:
:
:
: No. CP-06-CR-2852-2021

TREATMENT COURT SANCTION
Thursday, March 2nd, 2023
Reading, Pennsylvania

Before THE HONORABLE ELENI DIMITRIOU GEISHAUSER, Judge

APPEARANCES:

For the Commonwealth: CLAIRE KAUFFMAN, ESQUIRE
Assistant District Attorney
5th Floor, Services Center
633 Court Street
Reading, Pennsylvania 19601

For the Defendant: CATHERINE NADIROV, ESQUIRE
P.O. Box 292
Wernersville, Pennsylvania 19565

ALSO PRESENT: Gilbert P. Santa (Laysia), Defendant
Alexandra Katzenmoyer, APO
Jorge Acevedo, PA Counseling

DISTRIBUTION: Original and two (2) copies filed with
the Clerk of Courts - Criminal for
distribution to each attorney.

BRENDA L. FRUMOLT
official Court Reporter

2023 MAR 28 AM 10:02
CLERK OF COURTS

1 (Reading, Pennsylvania, Thursday, March 2nd, 2023 at 8:47
2 a.m.)

3 (The Defendant is present.)

4 THE COURT: If your client is here, Miss
5 Nadirov, you can bring her in.

6 MS. NADIROV: Your Honor, she's just asking to
7 know what it's about.

8 THE COURT: What do you mean?

9 MS. NADIROV: I'm not sure why we're here this
10 morning.

11 THE COURT: Because she's being sanctioned.

12 MS. NADIROV: I don't think she knows that.

13 (Whereupon, there was a pause.)

14 THE COURT: Hello. Good morning, Laysia. How
15 are you?

16 THE DEFENDANT: Good morning.

17 THE COURT: All right. So we have a couple
18 things we have to talk about. The first being you missed a
19 scheduled home visit.

20 THE DEFENDANT: Okay. They said to me that
21 same day and like I told her, I didn't read the message all
22 the way so I didn't see the message.

23 THE COURT: Okay. So here is what the issue
24 is. We have had ongoing issues with the home visits which
25 is a major part of our supervision.

MAR 28 10:02 AM
CLERK OF COURT

1 THE DEFENDANT: It says in here it's only
2 supposed to be once every other month and you all come like
3 every other week.

4 THE COURT: Here's what the problem is, we
5 haven't been able to really get a good home visit on you or
6 several which is what we need. Please don't interrupt me.
7 So what we decided as a team because I -- I am trying to
8 find ways in which we can really get some good, successful
9 participation for supervision, we decided as a team to
10 schedule some because, for whatever reason, they weren't
11 catching you. So now there was a scheduled one -- my
12 understanding was there was communication with regard to
13 that. Am I correct, Alex?

14 MS. KATZENMOYER: Yes, I did send her a text
15 message advising her that officers would be out around
16 6:00 p.m. It was around noon the same day.

17 THE COURT: We were trying to give you a heads
18 up so it wasn't kind of a sneak attack, if you will, and you
19 still weren't there. That's a problem.

20 THE DEFENDANT: That's not a problem. You all
21 gave me six hours, and I told you I already had a valid
22 excuse.

23 THE COURT: Laysia, I don't have to give you
24 any hours. Supervision does not require that. They could
25 come without announcing themselves. What I'm saying is we

1 tried to take a different road to give an opportunity for it
2 to actually happen. That's a problem. The failure for you
3 to be there is a sanctionable event. So what we're going to
4 do for that sanctionable event is we are going to give you
5 four hours of community service. I'm going to give you four
6 hours of community service. What I'd like to see happen,
7 though, is in order for us to continue to proceed, we must
8 get your home visits.

9 THE DEFENDANT: So can I say something?

10 THE COURT: Of course.

11 THE DEFENDANT: I'm not -- so let me get this
12 right. When I'm not there -- well, when you all come, I'm
13 not there. Yesterday you came to my house. I had a
14 scheduled drug test, right, so I was at the drug test. I
15 wasn't home because of that. So now you're sanctioning me
16 to be home, you're scheduling me to not be home even more.
17 It just makes no sense.

18 THE COURT: No. Last night they tried to make
19 it up. My understanding is last night since officers were
20 out, they tried to make it up. So that was not an announced
21 visit. That's not what you're being sanctioned for. You're
22 being sanctioned for the announced visit that you were not
23 there for. That's what you're being sanctioned for, not for
24 the one last night where they, because officers were out,
25 thought, okay, we missed her. Maybe we can catch her and

1 get this done.

2 Because what you have to understand is there
3 are certain things with medical marijuana they have to
4 verify things. They have to see how you're packaging it,
5 what the packaging is, ask questions about that. You want
6 to pursue that road. I've already made my decision with
7 that. So at this point you are utilizing that unauthorized
8 by the Treatment Court, but we're still trying to do our due
9 diligence with regard to it so that we are helping you in
10 any way that we can. So you're posing an obstacle to that
11 by this. And like I said, I tried to get around this by
12 announcing a visit in the hopes that we could get some
13 things accomplished and we're still not being successful.
14 That's a problem.

15 THE DEFENDANT: But that doesn't answer my
16 question. I said, what happens -- you guys are making me be
17 home less by scheduling me to do community service. It
18 makes no sense.

19 THE COURT: That's -- the other issue we have
20 is although I'm hearing -- and I have Jorge here because I'm
21 going to ask him to explain this because he does a better
22 job of it than I do in this arena. It's his world -- that
23 although there are some conversations within treatment and
24 there are some headway, there's an area where we need to
25 have some better compliance.

1 So, Jorge, I'm going to have you lay this out
2 for Laysia.

3 MR. ACEVEDO: Laysia, as we had spoken, my
4 agency doesn't have a set policy on medical marijuana. We
5 assess each person as an individual whether it's being used
6 as medicine or being abused. When you and I have tried to
7 talk about it, you don't want to talk about it. You put up
8 a wall really quick and it doesn't go anywhere. The last
9 few sessions we haven't talked about it at all and they've
10 been great sessions. But the medical marijuana is still a
11 barrier. We're still talking coping skills. We talked
12 about psychiatry. That's a possibility. You said no to
13 that very quickly. You've never seen a psychiatrist.

14 The way we work with medical marijuana in
15 psychiatry, before we can do a referral, the levels have to
16 be consistently going down and pretty low when you see
17 psychiatry because a lot of the meds are interfered by
18 marijuana. So that's our stance. It's a barrier. And it's
19 not just you that we're dealing with this. It's lots and
20 lots of people. It's not just you. It's not just medical
21 marijuana. It's other medications we have dealt with. The
22 diazepam is a good example. Do you have any questions for
23 me?

24 THE DEFENDANT: No, I don't have no questions.

25 MR. ACEVEDO: I like your nails.

1 THE DEFENDANT: They're cute, right. I just
2 got them done.

3 THE COURT: I think we just kind of touched on
4 this the last time. In order for us to really make sure
5 that we are addressing all of your needs, there are certain
6 assessments that we need to get. And your unwillingness to
7 explore this and work with treatment is preventing us from
8 doing the job we need to do with you because there's
9 information we need that we don't have. And I think the
10 last time you were here I said, don't you want that for
11 yourself.

12 THE DEFENDANT: I do. That's why I walk in
13 here and talk about the things I'm having trouble with.

14 THE COURT: I think the issue continues to
15 be --

16 MR. ACEVEDO: Laysia, it would be like if
17 somebody was coming to me for anxiety or panic attacks and
18 their only coping still was diazepam, that they weren't
19 taking greater amounts than they were supposed to be if
20 that's their only coping still.

21 THE DEFENDANT: How do you know I'm taking
22 more?

23 MR. ACEVEDO: I don't know that. I'm giving
24 an example. I'm not saying that you are, but I'm saying if
25 it's a client I'm seeing for mental health, no drug and

1 alcohol, and their only coping skill is diazepam, that's a
2 barrier because they're not letting them feel their
3 feelings.

4 THE DEFENDANT: Okay.

5 THE COURT: So here's what the -- here's I
6 guess what the bottom line is. Previously, when you had
7 petitioned the Court to be authorized to use the medical
8 marijuana and it was denied, we gave you a date for --

9 THE DEFENDANT: Which is against the law. It
10 says it right here.

11 THE COURT: -- I understand that's your
12 position -- of March the 5th. If you are unwilling to work
13 with treatment in the matter in which treatment needs in
14 order to serve your needs, then that date will hold firm.
15 And I will tell you then you are on a very quick road to
16 removal.

17 THE DEFENDANT: Okay. I think you're all
18 making it about you all. It's about me. This is my
19 treatment. I'm going to do what's good for me. I don't
20 understand what the mix-up is.

21 THE COURT: If you are willing and you can
22 show us some headway in the conversations with treatment and
23 treatment saying, yes, all of a sudden Laysia has opened up,
24 we're exploring this, we are working towards a different
25 goal, then that might change that position. But at this

1 point if you're going to hold fast to that, that's -- I'm
2 holding fast and the Treatment Court is holding fast to
3 their determination.

4 THE DEFENDANT: What's the issue? Like I'm
5 having a big -- I'm confused as to what the problem is. You
6 all are mad that I don't want to talk to him about it, like
7 I'm just confused.

8 THE COURT: Did you listen to what he just
9 said?

10 THE DEFENDANT: I did, but --

11 THE COURT: What I heard Jorge say is that
12 your failure to provide the information and even work with
13 them in terms of tapering at least for a period of time so
14 that they can do the proper assessment is a barrier to your
15 long-term recovery and even a barrier to your truly
16 addressing your underlying issues of anxiety. You are
17 putting up an obstacle that is going to not allow you to
18 truly address that issue. Am I correct, Jorge?

19 MR. ACEVEDO: Correct, Your Honor.

20 THE COURT: So what he is saying is they have
21 a policy. He's trying to follow the policies of his agency
22 and the science that has allowed them to put those policies
23 in place so that they can best serve both the recovery needs
24 of individuals as well as the underlying mental health
25 needs. But because you will not have any conversations, you

1 will not explore any other possible modalities, you will not
2 agree to start to remove the medical marijuana so that the
3 assessments can be --

4 THE DEFENDANT: why does it have to be removed
5 if it's approved?

6 MS. NADIROV: Because the doctor did not say
7 it was a medical necessity essentially.

8 THE DEFENDANT: It is a medical necessity.

9 MS. NADIROV: That's what they're trying to
10 figure out. It says it's an option.

11 THE COURT: No, what your letter said to
12 review that -- and part of the reason that we did not
13 approve it was your letter said -- with a doctor that I
14 don't believe was your ongoing treating physician who you've
15 seen multiple times over a period of time for this
16 particular condition -- was that you were choosing this as
17 your manner of dealing with your anxiety, not the other way
18 around.

19 THE DEFENDANT: well, the doctor recommended
20 it. And honestly, this -- you keep on -- it says it in the
21 drug court administrator that Pennsylvania is not a state
22 that you can like legally do this. And now I'm just kind of
23 feeling like I'm being -- you all beating a dead horse.

24 THE COURT: We are not going to -- we are not.

25 THE DEFENDANT: We are because --

1 THE COURT: No, we are not. And if you would
2 like to in any way --

3 THE DEFENDANT: I do.

4 THE COURT: -- determination then your
5 attorney would need to file something because the Court has
6 already determined that you are not authorized, unlike
7 others in this court. We have authorized other
8 participants.

9 THE DEFENDANT: And there's not -- that's
10 against the law. It's against the Medical Marijuana Act.

11 THE COURT: I know that is your position.

12 THE DEFENDANT: It's the law. It's not my
13 position. It's fact, Your Honor.

14 THE COURT: I disagree with that.

15 THE DEFENDANT: It does not -- it's the law.

16 THE COURT: So I just want to make sure that
17 we're clear and, Miss Nadirov, you're clear with regard to
18 these issues and what is imminent if we don't have some
19 other type of --

20 THE DEFENDANT: Like it says it in my
21 documents here that -- I can read it. I have it
22 highlighted.

23 THE COURT: You don't need to do that.

24 THE DEFENDANT: This is from you guys, from
25 the drug court administrators. Clearly, I do because I'm

1 getting sanctioned for it.

2 THE COURT: No, you're being sanctioned --
3 you're being sanctioned for failing to be at the home visit.

4 THE DEFENDANT: That's against the law.

5 MS. NADIROV: No, she's sanctioning you for
6 missing a scheduled home visit.

7 THE COURT: I'm concerned at where your
8 treatment is at.

9 THE DEFENDANT: Treatment is fine.

10 THE COURT: Not according to treatment.

11 THE DEFENDANT: I think we have good therapy
12 sessions, don't you, agree?

13 MR. ACEVEDO: The last couple have been; but
14 whenever we talk about medical marijuana, you put up a wall.

15 THE DEFENDANT: Because it's against the law.
16 I don't want to talk about that. I don't need to if I don't
17 have to and now I'm being -- okay.

18 THE COURT: That's my position.

19 THE DEFENDANT: I'm not going to keep
20 repeating myself.

21 THE COURT: All right. So four hours of
22 community service. You can set that up with Alex. And then
23 we'll work from there.

24 THE DEFENDANT: All right. Have a good day.

25 THE COURT: But March 5th.

1 THE DEFENDANT: why you always got to do this
2 without the girls in here?

3 THE COURT: I'm going to tell you why, Laysia,
4 because other participants have identified to our team that
5 your behavior causes them anxiety.

6 THE DEFENDANT: Or is it that you don't want
7 them to know what's really going on?

8 THE COURT: No, that is not -- that is not it.

9 THE DEFENDANT: I think it is.

10 THE COURT: well, I'm sorry that you feel that
11 way; but I have an obligation to take care of all of my
12 participants and so when multiple people are expressing
13 that, I have to take that into consideration.

14 THE DEFENDANT: That's fine.

15 THE COURT: I have done this on other
16 occasions depending on what was going on and what we felt
17 was going to be best for the group overall. I don't have
18 one --

19 THE DEFENDANT: where's that? I clearly wrote
20 that for no reason. where did I put that? I have the -- I
21 had it, but I don't have it no more. I'll send it to you
22 through the email; but yes, I did write the letter from the
23 last sanction.

24 THE COURT: Yes, that was supposed to be
25 brought today.

1 THE DEFENDANT: That was forgot about.

2 THE COURT: All right. So will you get that
3 to Alex, please?

4 THE DEFENDANT: I can send her an email, yes.

5 THE COURT: Excellent. I appreciate that.
6 All right. Then --

7 THE DEFENDANT: It's getting expensive to pay
8 these \$6 drug tests every week.

9 THE COURT: I believe that.

10 THE DEFENDANT: Also, I tried to pay a fine
11 and it's not letting me pay it online.

12 THE COURT: All right. So that might be an
13 issue that you might want to go to the Clerk of Courts and
14 talk to them about if there's -- maybe there's a problem
15 with the online platform or how you're doing it. I don't
16 know that. That's not my -- that's not something I control.
17 That would be through the Clerk of Courts which is on the
18 fourth floor of the courthouse. Go down one floor and walk
19 over and they have a payment window and there are ladies
20 there who can hopefully help you with that.

21 THE DEFENDANT: Thank you. I'll text you. Is
22 that how you want to do this?

23 MS. KATZENMOYER: Community service, we can
24 talk about it.

25 THE DEFENDANT: Thank you.

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THE COURT: Thank you, Miss Nadirov.

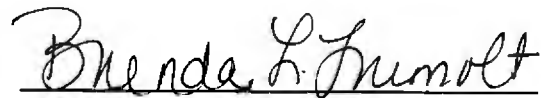
MS. NADIROV: Thank you.

(Whereupon, the proceedings concluded at 9:25

a.m..)

C E R T I F I C A T E

I hereby certify that the proceedings and evidence are contained fully and accurately in the notes taken by me on the trial of the above cause, and that this copy is a correct transcript of the same.



BRENDA L. FRUMOLT
Official Court Reporter

EXHIBIT “K”

1 COMMONWEALTH OF : In the Court of Common Pleas
PENNSYLVANIA : of Berks County, Pennsylvania
2 : Criminal
vs. :
3 :
GILBERT P. SANTA, JR. : No. CP-06-CR-0002852-2021
4

5
6 TREATMENT COURT SANCTIONS HEARING
Thursday, March 16, 2023
7 Reading, Pennsylvania

8 Before THE HONORABLE ELENI DIMITRIOU GEISHAUSER, Judge
9

10 APPEARANCES:

11 For the Commonwealth: KRISTIN PARKER-FAHEY, ESQUIRE
Assistant District Attorney
12 5th Floor, Services Center
13 633 Court Street
Reading, Pennsylvania 19601

14 For the Defendant: CATHERINE J. NADIROV, ESQUIRE
15 Law Office of Catherine J. Nadirov, PC
519 Walnut Street
16 Reading, Pennsylvania 19601

17 ALSO PRESENT: Gilbert P. Santa, Jr., Defendant
18 Alexandra Katzenmoyer, APO
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KELLY S. RYAN
Official Court Reporter

BERKS COUNTY PA
2023 APR 12 AM 8:44
CLERK OF COURTS

1 (Reading, Pennsylvania, Thursday, March 16, 2023, at
2 8:51 a.m.)

3 (The Defendant is present.)

4 THE COURT: All right. So how are you doing,
5 Laysia?

6 THE DEFENDANT: Just as good as I'll ever be.
7 How are you?

8 THE COURT: well --

9 THE DEFENDANT: I'm trying to figure out why
10 we're here at this point but...

11 THE COURT: well, I will tell you. We had our
12 meeting. And I think you know that we have given you a date
13 to provide clean testing, and that has not been provided. On
14 top of that, we do not have the medical necessity and
15 reference document that we need to authorize the use of the
16 medical marijuana. You are unwilling to take the steps
17 necessary so that we can even work with you to get an
18 underlying diagnosis so that --

19 THE DEFENDANT: But you -- that -- that was in
20 the letter that I gave you. I gave you a letter from my
21 provider, my PCP, and it said what my diagnosis was.

22 THE COURT: well, we reviewed that letter. We
23 discussed that already and determined that was unsuccessful.
24 That was a physician -- well, not really a physician -- there
25 is nothing in your record that indicates that there was any

1 type of assessment to formally diagnose your condition, and
2 that's part of our job so --

3 THE DEFENDANT: The law says that I shouldn't
4 be, like, having issues with it because it says it in the law
5 that I shouldn't be going through stuff like this.

6 THE COURT: I -- I understand --

7 THE DEFENDANT: So why is that law put into
8 effect, and then we're here today? I'm trying to figure that
9 out from everybody, but I'm not getting that answer.

10 THE COURT: So we disagree on the interpretation
11 of that case. So that is something that is above me that if
12 Ms. Nadirov wishes to file something, she's free to do that;
13 but at this point, your treatment court team and I, as the
14 judge presiding over that treatment court --

15 THE DEFENDANT: And, like, I still have letters
16 here that you still haven't even let me read. I have evidence
17 to back up my claim but -- and now we're here talking about --

18 THE COURT: Well, you keep interrupting me, so
19 you're not going to be able to hear this.

20 THE DEFENDANT: Well, I'm trying to get all my
21 facts out that you wouldn't -- you wouldn't let me read them
22 in the other court hearings when I was trying to tell you
23 about them --

24 THE COURT: Well, I --

25 THE DEFENDANT: -- and now we're here, and I

1 feel like that's unfair.

2 THE COURT: I think I advised you previously
3 each time that you should contact Ms. Nadirov and give her the
4 information and facts that you have and she could file formal
5 objections. Then we would have a full hearing. You could
6 present witnesses and any medical testimony that you wish to
7 present, and we would reassess that determination. You have
8 chosen not to do that.

9 THE DEFENDANT: I asked her what there was to
10 file, and she told me there was nothing to file.

11 THE COURT: Well, that's between the two of you.

12 MS. NADIROV: I explained to her that since no
13 technical violations have been filed at this point in time, we
14 can't file a formal objection because there's nothing to
15 object against until the Court takes action. I will file that
16 objection. We did order the transcripts. The ACLU is
17 involved. They told me they're not going to be officially
18 involved until they actually receive the transcripts, so we --
19 we will file it if she's terminated. As I --

20 THE COURT: And that is actually what is going
21 to be happening today. She is going to be violated. She will
22 be terminated as well at this point. The recommendation is
23 there. She'll be taken into custody. The procedure is
24 that -- which you're probably familiar with -- the paperwork
25 is filed. The actual termination hearing is held in front of

1 a different judge so it can be assessed objectively based on
2 the facts that are presented to that judge.

3 If, in fact, they agree with the determination
4 of myself and the treatment court team, then you'll proceed to
5 a Gagnon II hearing. If not, then it's very possible that the
6 Court -- and it has happened -- that that Court will send you
7 back to complete your time in treatment court.

8 THE DEFENDANT: But that's not fair to me that I
9 have to stay in custody when I -- there's laws out there
10 protecting me from this. And I've been trying to express to
11 you -- express this to you for three months, and you've
12 never -- you haven't let me. And now we're here today and
13 you're trying to incarcerate me for, like, not breaking the
14 law. I didn't break the law, so why are we here? I don't
15 understand this.

16 THE COURT: I understand that that's your
17 position and that that's your reading of that case but --

18 THE DEFENDANT: And when I asked for a trans --
19 when I asked for something in writing about this back in
20 January, I was denied, and now you're telling me I'm going to
21 be incarcerated.

22 THE COURT: I don't even know what you're --

23 THE DEFENDANT: I asked the PO. I asked my PO
24 for that.

25 THE COURT: I'm not aware of that.

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THE DEFENDANT: So I'm --

THE COURT: So at this time I'm going to ask you to take Laysia into custody.

THE DEFENDANT: So there's nothing that can be done? Because I don't think that this is fair to me.

THE COURT: I understand that that's your position, but this is how --

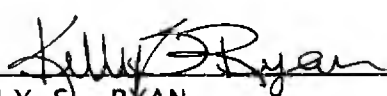
THE DEFENDANT: So now you're going to cut me off from all of my resources. It's just not fair.

(The proceedings concluded at 8:56 a.m.)

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C-E-R-T-I-F-I-C-A-T-E

I hereby certify that the proceedings and evidence are contained fully and accurately in the notes taken by me on the trial of the above cause and that this copy is a correct transcript of the same.



KELLY S. RYAN
Official Court Reporter

IN THE COURT OF COMMON PLEAS OF BERKS COUNTY, READING, PENNSYLVANIA

EXHIBIT “L”



Health	Benefits	Burials & Memorials	About VA	Resources	Media Room	Locations
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VA » Health Care » Public Health » VA and Marijuana – What Veterans need to know

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Public Health

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Health Programs

Protect Your Health

A-Z Health Topics



VA and Marijuana – What Veterans need to know

Several states in the U.S. have approved the use of marijuana for medical and/or recreational use. Veterans should know that federal law classifies marijuana as a Schedule One Controlled Substance. This makes it illegal in the eyes of the federal government.

The U.S. Department of Veterans Affairs is required to follow all federal laws including those regarding marijuana. As long as the [Food and Drug Administration classifies marijuana as Schedule I](#), VA health care providers may not recommend it or assist Veterans to obtain it.

Veteran participation in state marijuana programs does not affect eligibility for VA care and services. VA providers can and do discuss marijuana use with Veterans as part of comprehensive care planning, and adjust treatment plans as necessary.

Some things Veterans need to know about marijuana and the VA:

- Veterans will not be denied VA benefits because of marijuana use.
- Veterans are encouraged to discuss marijuana use with their VA providers.
- VA health care providers will record marijuana use in the Veteran's VA medical record in order to have the information available in treatment planning. As with all clinical information, this is part of the confidential medical record and protected under patient privacy and confidentiality laws and regulations.
- VA clinicians may not recommend medical marijuana.
- VA clinicians may only prescribe medications that have been approved by the U.S. Food and Drug Administration (FDA) for medical use. At present most products containing tetrahydrocannabinol (THC), cannabidiol (CBD), or other cannabinoids are not approved for this purpose by the FDA.
- VA clinicians may not complete paperwork/forms required for Veteran patients to participate in state approved marijuana programs.
- VA pharmacies may not fill prescriptions for medical marijuana.
- VA will not pay for medical marijuana prescriptions from any source.
- VA scientists may conduct research on marijuana benefits and risks, and potential for abuse, under regulatory approval.
- The use or possession of marijuana is prohibited at all VA medical centers, locations and grounds. When you are on VA grounds it is federal law that is in force, not the laws of the state.
- Veterans who are VA employees are subject to drug testing under the terms of employment.

View the full directive "[Access to VHA Clinical Programs for Veterans Participating in State-Approved Marijuana Programs](#) (73 KB, PDF)." (VHA Directive 1315)

To send a secure message, use "[Welcome to Ask VA \(AVA\)](#)" Please do not include personal data or information.

[return to top](#)

CONTACT

Health Care
877-222-8387

TDD (Hearing Impaired)
800-829-4833

CONNECT

Veterans Crisis Line:
Call: 988 (Press 1)

Social Media



Complete Directory

EMAIL UPDATES

Email Address

VA HOME

- Notices
- Privacy
- FOIA
- Regulations
- Web Policies
- No FEAR Act
- Whistleblower Rights & Protections
- Site Index
- USA.gov
- White House
- Inspector General

QUICK LIST

- Apply for Benefits
- Apply for Health Care
- Prescriptions
- My HealthVet
- Life Insurance Online Applications
- VA Forms
- State and Local Resources
- Strat Plan FY 2014-2020
- VA Plans, Budget, & Performance
- VA Claims Representation

RESOURCES

- Careers at VA
- Employment Center
- Returning Service Members
- Vocational Rehabilitation & Employment
- Homeless Veterans
- Women Veterans
- Minority Veterans
- Plain Language
- Surviving Spouses & Dependents
- Adaptive Sports Program

ADMINISTRATION

- Veterans Health Administration
- Veterans Benefits Administration
- National Cemetery Administration

EXHIBIT “M”

**COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS
: OF BERKS COUNTY, PENNSYLVANIA
: CRIMINAL DIVISION**

vs.

Applicant

:
:
: **Docket No.**
:
:

AGREEMENT TO PARTICIPATE IN TREATMENT COURT

(Must be completed by all Treatment Court candidates)

1. I have [] have not [] consumed alcohol, medication, or illegal drugs in the last 48 hours. Explain all consumption:

2. I read [], write [], speak [], and understand the following languages: _____
3. I understand that I am requesting admission into Treatment Court, a special court program focusing on treatment of substance abuse/dependency and/or significant mental health issues. As part of this program, I will be required to address and control my substance abuse/dependency and/or mental health issues. I understand that dealing with these issues may require me to make significant changes to my lifestyle.
4. I understand that I am being charged with the following offenses:

5. I understand the maximum permissible sentence for each of the charges against me and that if all counts were sentenced consecutively the total possible sentence is:

6. I understand that the standard range sentence for my offenses are:

7. I understand that, as a result of my successful participation in Treatment Court, I will receive a reduced sentence.

Applicant's Signature

8. I agree to sign any Consent for Disclosure of Confidential Information forms to permit all providers to communicate with the Treatment Court Team.
9. I agree to inform all treating physicians that I am in recovery. If a treatment physician wishes to treat me with narcotic or addictive medications, I agree to immediately disclose this information to the Treatment Court Team. ***This Paragraph does not apply to emergency or urgent care.***
10. In the event of an emergency or urgent care, I will disclose said treatment care and medication prescribed to the Treatment Court Team upon discharge.
11. I understand that I will be monitored in the Treatment Court Program by a Berks County Judge and that I will be required to abide by all court orders, rules, and restrictions placed on me by the Court.
12. I understand that I will be required to report in person to Treatment Court as directed by the Court and that this reporting may be as frequent as once per week.
13. I understand that I will be required to participate in regular urinalysis and breathalyzer tests and that urinalysis and breathalyzer results obtained through the Treatment Court Program will be used only to assist the Court and treatment providers in evaluating my progress. Results may be used by the Treatment Court to determine whether I am progressing satisfactorily, whether my treatment plan needs modification, whether to impose sanctions within the Treatment Court Program, and whether I should be removed or graduated from Treatment Court. I understand that under no circumstances will such urinalysis or breathalyzer tests be used as evidence of a new crime, or in another manner not consistent with the goals of the Treatment Court.
14. I agree not to use products that may affect drug test results, unless prescribed by a physician.
15. I agree not to eat foods containing poppy seeds; nor will I use CBD oil or products; and I will not use or ingest any product containing alcohol.
16. I understand that the length of the Treatment Court Program should not exceed two years from the time of sentencing and/or the resolution of my probation/parole violation. However, a participant's progress through the Court is based upon their treatment needs and program compliance and in some cases may exceed the original program guidelines.
17. I understand that the conditions of the Treatment Court Program may include the imposition of an obligation to pay the costs of substance abuse/dependency and/or mental health treatment programs if I am financially able to do so.
18. I understand that the Treatment Court Team will meet before each of my court appearances to discuss my Treatment Court progress. The Team will make recommendations to the Court.

19. I understand that as a condition of the Treatment Court Program, I am required to maintain a Berks County, Pennsylvania residence, where I will reside until I complete the entirety of the Treatment Court Program.
20. I understand that any statements made by me while participating in this program shall not be used against me in any subsequent related adversarial proceeding. This includes statements made to Treatment Court staff during the pre-screening phase, statements made in open court during Berks County Treatment Court proceedings, and/or statements made to any treatment provider during the treatment phase of the program. Spontaneous statements made by me in open court which refer to unrelated criminal activity and which are not related to participation in the Treatment Court Program, however, may be admissible in other proceedings. The admissibility of statements will be determined in an evidentiary hearing.
21. I understand that in addition to any other sentencing conditions, I must successfully complete any court-prescribed treatment program. Failure to successfully complete court-prescribed treatment programs may lead to sanction or removal from the program.
22. I understand that as a condition of participation in the program, I may be required to complete community service work under the direction of the Adult Probation/Parole Department. I understand that in addition to hours ordered as part of my sentence, I may also be required to complete hours as part of my phase requirements and/or may be assigned hours as a sanction due to my non-compliance with program conditions.
23. I understand that my compliance with the program rules and conditions will lead to progression through the program phases, rewards, and eventual commencement.
24. I understand that non-compliance with the program rules and conditions may lead to sanctions or removal from the program. Court-imposed sanctions may include increased reporting, demotion to earlier program phases, community service, incarceration, or other appropriate penalty to be determined by the Court. I understand that I have a right to have my attorney present any time I may be sanctioned.
25. I understand that failure to complete all of the required Treatment Court forms accurately may result in my removal from the Treatment Court Program.
26. I understand that I have a continuing obligation to report any contacts with the criminal justice system that occur after my entry into the Treatment Court Program and that failure to do so may result in my removal from the Treatment Court Program.
27. I understand that should I be removed from the Treatment Court Program prior to sentencing on any new charges that might be filed against me; my case will be returned to the originating judge to be set for trial or other disposition.
28. I understand that should I be removed from the Treatment Court Program after having been sentenced, regardless of whether I was sentenced prior or subsequent to my entry into the Treatment Court Program, the removal may be treated as an alleged violation of my Probation, Intermediate Punishment, or Parole sentence.

29. I understand that, before I can be removed from Treatment Court, I have a right to a hearing to determine whether or not I should be removed. At this hearing, I have the right to my attorney being present and to present evidence/argument on my behalf.

30. I understand that I have the right to consult with an attorney in respect to any questions I have concerning my rights and the Treatment Court Program. I understand that if I am unable to afford an attorney, the Court will appoint one to me.

31. I understand that by signing this agreement, I am consenting to have my parole and/or bail conditions modified to require me to comply with all of the conditions and restrictions contained in this agreement.

32. I understand that this agreement will be binding upon me for the above-captioned case as well as any other case(s) in which I am the named defendant and that is subsequently transferred into the Treatment Court Program.

33. I understand and agree that, by voluntarily participating in treatment court, I am expressly waiving my speedy trial right pursuant to PA. R. Crim. P. Rule 600.

I understand my rights and obligations as contained in this statement. The answers contained are my answers and they are true and correct to the best of my knowledge. I desire to enter the Treatment Court Program of my own free will. This statement contains the entire Treatment Court agreement between me, the Court, and the Commonwealth of Pennsylvania, and I understand that I am bound by the statements that I have made herein.

Date

Treatment Court Participant

I have explained the applicant's rights as contained in this statement to him/her. I certify to the Court that to the best of my knowledge and belief, the applicant understands his/her rights and has made an intelligent, knowing, and voluntary decision to enter the Treatment Court Program.

Date

Attorney for Defendant

I have made a true and correct interpretation from English to _____, to the applicant of his/her rights contained in this statement and the answers contained herein are his/her answers.

Date

Interpreter

Applicant's Signature