

Bradley County Juvenile Court
1620 Johnson Blvd
Cleveland, TN 37311



Matrix Visionary Partners
Fax: (423) 479-0447
Joshua Radford: (423) 728-7084
Haley Longwith: (423) 728-7097

PARTICIPANT CONTRACT

- _____ I received a copy of the Recovery Court Handbook and will be **responsible for reading it.**
- _____ I will appear at all scheduled **judicial reviews.**
- _____ I will contact Probation Officer **weekly on a non- recovery court day.**
- _____ I will comply with all of the **terms and conditions** of my supervision.
- _____ I will submit to **random drug screens** at any time or place.
- _____ I understand that if I **refuse a test**, provide a **diluted sample**, or **fail to provide a sample**, it will be treated as a failed drug screen.
- _____ I will participate in **all services** ordered by the Recovery Court (e.g. Aftercare, family therapy, educational/tutoring, career/vocational, etc.).
- _____ I will complete the assigned **Community Service Project**
- _____ I will have **no unexcused absences** or **excessive excused** absences from school.
- _____ I will **pay** all court fees/fines/restitution.
- _____ I will be a **drug free/ law abiding** citizen.
- _____ I will be **responsible for my participation** in the Recovery Court program.
- _____ I will be **honest and forthright** with members of the Recovery Court Team, parents, teachers, and others in authority.
- _____ I understand that the Juvenile Recovery Court has the right at any time to **amend the conditions or rules of my participation** in the program based on my actions in order to address those behaviors.

***Initialing this form indicates that you have read and understood the requirements of the Juvenile Recovery Court.**

Juvenile

Parent/Guardian

Date