

STATE OF TENNESSEE vs. _____

Criminal Court

Warrant/Docket Number(s) _____

General Sessions Court

Referred from
another jurisdiction

IDN _____

SPECIALIZED COURT PARTICIPATION ORDER

1. I will sign all Release of Information forms suggested to me, so that KCSC may discuss my case and facilitate my individualized Case Management Plan.
2. I will follow my individualized Case Management Plan developed by the KCSC. I will comply with all directives of the KCSC, including but not limited to: residential and travel restrictions, employment requirements, and treatment requirements.
3. I will promptly inform my KCSC Case Manager of all my prescribed medications. I understand that using certain medication(s), even with a prescription, could exclude me from participation in, or trigger my discharge from, the KCSC. I understand that failing to take certain medication(s) as prescribed could exclude me from participation in, or trigger my discharge from, the KCSC.
4. I will refrain from the use of ALL alcohol, drugs, and illicit substances. This includes controlled substances as well as any mind and/or urine altering substances, including but not limited to, Cannabidiol (commonly known as CBD), Delta 8, Delta 9, Kratom, Spice, poppy seeds, energy drinks, and vitamins or supplements that are not preapproved.
5. I will not carry any type or form of weapon on my person while participating in a KCSC activity.
6. I will not engage in any form of romantic or sexual relationship with a KCSC participant.
7. I agree to pay all KCSC program fees unless otherwise waived by the court.
8. I will not engage in any criminal activity and will refrain from violence and threats of violence. I will report ALL new criminal charges filed against me, whether by summons, citation, or criminal warrant to my probation officer (if applicable) and the KCSC. I understand that any such violation could lead to sanction or removal from the Program.
9. I will submit to all alcohol and drug screens requested by my treatment provider(s), my probation officer (if applicable), and the KCSC.
10. I will allow my probation officer (if applicable) and KSCS Staff to visit me at my home or place of employment.
11. I understand that as a condition of participation in a KCSC my person, property, place of residence, car and personal effects may be searched at any time by the KCSC and the Specialized Court Staff.
12. I agree to appear on time and attend for the duration of all court sessions, treatment sessions, case management meetings, and all other mandated activities.
13. **I understand that if I fail to fully follow the rules of the Program, the Specialized Court Judge may impose sanctions which may include, but are not limited to, the following: ordering participation in extra counseling sessions, group sessions, and/or support group meetings, ordering more frequent drug and alcohol testing, ordering the use of electronic monitoring devices, ordering observance of Specialized Court proceedings for extended periods of time, ordering work on various community work programs, ordering a period of incarceration, and/or taking such other action as the Court determines appropriate for the particular violation.**
14. **I understand that if I do not report to the KCSC staff for a period of 30 days or more I will be considered to have absconded, the Specialized Court Judge may remove me from the Program without further hearing, and my case(s) may be sent back to the referring court for disposition.**

IDN: _____

Program Participant's Name: _____

- A Condition of Probation — Please indicate on warrant(s)/judgement(s)
- A Pre-Plea Bond Condition — Please indicate on warrant(s)
- Issued on a Pre-Plea basis and is not condition of bond or probation

- ⇒ My signature on this form means that I fully understand the rules for the Specialized Court Participation Order and I agree to comply with them as a requirement for acceptance into the Specialized Court Program.
- ⇒ I further understand that a violation of any of the rules may be used against me to revoke my participation in the Knox County Specialized Court Program and could result in termination of the Program.
- ⇒ **I understand that entry into the KCSC is voluntary; once I enter the KCSC, I must successfully complete it. I understand that I may choose to exit the Program at any time; however, I must complete a Voluntary Program Withdrawal Form and request to be added to my referring judge's docket for review and approval.**
- ⇒ **I understand that my participation in the KCSC shall become an order of the Court.**

SIGNATURES

I have read, or have had read to me, the above Specialized Court Participant Order. I will follow the rules of this Order and I voluntarily enter into the Specialized Court Program.

Participant's Signature _____
Date

Participant's Attorney's Signature _____
Date

District Attorney Representative's Signature _____
Date

APPROVED FOR ADMISSION, this _____ day of _____, 20__.

Judge Signature _____
Date