

U.S. District Court for the District of New Hampshire

LASER Docket

Law Abiding. Sober. Employed. Responsible.

AGREEMENT

I, _____, am seeking permission to participate in the District of New Hampshire's LASER Docket. I understand that, if I am accepted into the LASER Docket, I must fully comply with the counseling requirements and other court orders set forth below and in the order Setting Conditions of Release. I understand that failure to comply with the terms of this agreement or the Court's orders, may result in modification and/or termination from the LASER Docket and/or revocation.

_____ I have reviewed the Phase I, II, III, and IV requirements and understand that Phase Requirements are not suggestions, they are requirements for promotion. I understand that I must complete all Phase Requirements before I can be promoted to the next phase and/or graduate from LASER Docket.

_____ I agree that I will treat confidentially and will not disclose or discuss another LASER Docket participant's personal information, such as relapse, sanction, family, medical or financial information that is discussed in LASER Docket.

_____ I agree to have no contact or communication with other LASER Docket participants outside of the LASER Docket court sessions, unless pre-approved the probation office.

_____ I agree to commit no other violations of federal, state, or local law.

_____ I agree not to use alcohol or drugs, including synthetic drugs and bath salts or their derivative.

_____ I agree to immediately disclose any alcohol or drug use to a member of the LASER Docket team.

_____ I agree to obey all instructions of the judicial officer of the U.S. District Court and the U.S. Probation Office.

_____ I agree to provide the U.S. Probation Office with my logins and passwords for any social networking groups that I belong to.

_____ I agree to abide by the following medical protocol conditions:

The defendant shall utilize one pharmacy and shall advise the probation office which pharmacy he/she is using.

The defendant shall utilize one hospital (unless transported by emergency personnel and unable to dictate which hospital he/she is to be transported to) and shall advise the probation office which hospital he/she will be utilizing.

The defendant shall pick a primary care physician to manage his/her medical care (if needed) and shall notify the probation office of the name, address, and phone number of the physician within one week of obtaining the services.

The defendant shall notify the probation office within 24 hours of any changes in his/her prescribed medication and prior to filling his/her prescription (unless it is an emergency situation).

The defendant shall execute releases of information allowing the probation office to access his/her medical records with hospitals, doctors, and pharmacies utilized by him/her.

The defendant shall notify all health care providers of the specifics of his/her substance abuse/addiction.

_____ I agree to submit to drug testing as directed by the judicial officer of the U.S. District Court and the U.S. Probation Office, and I will refrain from the use of poppy seeds and/or poppy seed products and any synthetic drugs.

_____ I agree to immediately enroll in the following substance abuse treatment program, and to abide by the rules and regulations of that program until clinically discharged:

_____ I agree to sign a release of information to allow the probation office to speak with my counselor and/or receive treatment reports on a regular basis.

_____ I understand that I will be required to obtain a sponsor and attend self-help groups during my time in LASER Docket, in addition to any counseling sessions that I am required to attend.

_____ I understand that I will be required to complete homework assignments given to me by the Court and/or probation office and agree to complete them in a timely manner.

_____ I understand that should I fail to appear for any LASER Docket review hearing, violation proceedings may be initiated which may include the issuance of an arrest warrant.

_____ I agree to submit to a search of my person, residence, office or vehicle at a reasonable time and in a reasonable manner, based upon reasonable suspicion that contraband or evidence of a violation of a condition of release may exist. I also agree to warn any other residents that the premises may be subject to searches pursuant to this condition.

- _____ I agree not to associate with any persons engaged in criminal activity and shall not associate with any person convicted of a felony, unless granted permission to do so by the Court or the U.S. Probation Office.
- _____ I agree to inform the U.S. Probation Office about any person(s) who I am in a relationship with or contemplating having a relationship with. I understand that relationships may be prohibited or restricted by the Court and I agree to abide by those prohibitions/restrictions.
- _____ I agree to participate in a cognitive-behavioral treatment program (e.g., MRT) and follow the rules and regulations of that program. The probation officer will supervise my participation in the program (provider, location, modality, duration, intensity, etc.). Such programs may include group sessions led by a counselor or participation administered by the probation office.