

THE PEOPLE OF THE STATE OF NEW YORK

-vs-

VETERANS'  
COURT  
DIVERSION CONTRACT

\_\_\_\_\_, Defendant.

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I, the above-named defendant, by entering a guilty plea and deciding to enter into the Suffolk County Veterans' Court (SCVC), understand that I will have certain obligations and responsibilities and will have to follow orders and directions given to me by the SCVC Judge and treatment personnel. To that end, I understand and agree to comply with the following terms and conditions:

- \_\_\_ 1) I acknowledge that I have:  
\_\_\_ a substance abuse problem  
\_\_\_ a mental health problem  
\_\_\_ a brain injury problem  
and I recognize that close supervision and treatment through the SCVC will assist me in achieving and maintaining a drug free/healthy life.  
To that end, I will not use or possess any alcohol or illegal drugs.  
I will however comply with any medication recommended by my physician and taken in the prescribed dosage.
- \_\_\_ 2) I will keep all appointments with my case manager and I will follow all of my case manager's recommendations and directions involving my treatment plan. I will also actively participate in my assigned treatment program and work diligently toward the goals of the program.
- \_\_\_ 3) I will submit to random drug and alcohol testing, including urine, breath and blood tests, as requested, while I am in the SCVC program. I understand that failure to submit to such testing as requested may be considered by the SCVC Judge to be the equivalent of a positive test, for which I may be sanctioned as noted below.
- \_\_\_ 4) I will attend all scheduled court appearances. I acknowledge that I am responsible for keeping all of my court dates, as well as, all appointments with treatment providers, my case manager, and all other persons with whom I am directed to meet as part of my participation in the SCVC program.
- \_\_\_ 5) I understand that if I miss any scheduled court appearances, a bench warrant for my arrest may be issued.
- \_\_\_ 6) I will inform my case manager and attorney of changes in my address and telephone number.

- \_\_\_ 7) I will be truthful. Honesty is the best policy in the SCVC.
- \_\_\_ 8) I will identify and maintain a primary care physician within my first three months of participation in the SCVC program. I understand that I must only use my primary care physician for medical needs unless I need emergency medical care.
- \_\_\_ 9) I will disclose to the court and my case manager any medications that I am currently taking. I understand that I must also disclose any additional medications that I begin taking during my participation in the SCVC program.
- \_\_\_ 10) I will notify my case manager and the SCVC Judge in the event I have possessed or used illegal drugs or alcohol. I understand that such notification cannot serve as a basis for a further criminal prosecution against me, but I may be sanctioned and/or my treatment plan may be revised. I further understand that if I do not notify my case manager and the SCVC Judge of my use or possession, I will be sanctioned for my dishonesty in failing to report such use or possession.
- \_\_\_ 11) I understand that the SCVC is an open court and that my case will be discussed in open court in the presence of others, including members of the public that may be in attendance.
- \_\_\_ 12) I knowingly, voluntarily and intelligently waive my rights to a speedy trial while I am involved in SCVC and my attorney has explained to me those rights and the effect of my waiver. I also acknowledge that I am waiving my right to appeal my conviction and my attorney has explained to me that right and the effect of my waiver.
- \_\_\_ 13) I understand that I will be required to discuss my drug and alcohol use and any symptoms of my mental illness with my case manager and the SCVC. I understand and the Suffolk County District Attorney agrees that all statements I make regarding such use while I am in the SCVC program are for the purpose of treatment, and will not be used against me as evidence in any current or future criminal prosecution.
- \_\_\_ 14) I understand that I must report to my case manager and to the SCVC Judge any new criminal charge(s) against me. I further understand that if I fail to report a new arrest the SCVC Judge can use his or her discretion to terminate my participation in the SCVC program.
- \_\_\_ 15) I will sign any and all releases of confidential information requested of me for and during my participation in the SCVC program.
- \_\_\_ 16) I understand that if I violate any of the terms and conditions of this contract, the SCVC Judge, in his or her discretion, may impose sanctions. Violations include, but are not limited to: missed appointments or court appearances, positive tests for illegal drugs or alcohol, failure to lead a law-abiding life or new arrest, failure to work diligently toward the goals of the program or failure to follow the instructions of my case manager or the SCVC Judge. I also understand that there is a range of sanctions that may be imposed, including, but not limited to: verbal admonishment, essay writing, increased court reporting, increased drug and alcohol testing, change of treatment plan, jail time or

termination from the SCVC program. The imposition of a sanction is in the discretion of the SCVC Judge, depending upon all the circumstances.

- \_\_\_ 17) I understand to that I can quit SCVC at any time, but if I do, my case will be treated as if I failed to comply with this contract and as if I was terminated from the SCVC.
- \_\_\_ 18) I understand that achievements in my recovery will be rewarded and acknowledged through various incentives, which may include but are not limited to: courtroom applause, praise from the SCVC Judge, decreased court reporting, decreased testing for illegal drug and alcohol use, and graduation.
- \_\_\_ 19) I agree that in addition to random home and business checks and visits by the SCVC staff and/or Probation (where participant is on probation), that authorized and qualified representatives of the V.A., the Vet Center, and/or my Veteran Mentor may conduct such visits and report their observations and findings to my SCVC Case Manager/SCVC Judge. Defendant shall permit a Probation Officer and/or his/her agent to search defendant, defendant's vehicle, and defendant's place of abode, where such place of abode is legally under defendant's control. Probation may seize any illegal drugs, drug paraphernalia or implements, or any illegal or illicit items found during a search. Any such search and seizure could result in additional criminal charges filed against the defendant.
- \_\_\_ 20) I agree to refrain from frequenting, socializing and/or working in establishments where primary purpose is the distribution or consumption of alcoholic beverages.
- \_\_\_ 21) I understand and agree that my living environment is critical to my success and that the SCVC Judge may recommend/direct that I cannot reside at certain locations that are determined to place me at substantial risk of failure in this program.
- \_\_\_ 22) I understand that the minimum general requirements to achieve final disposition in the SCVC program are:
- a) completion of my treatment program
  - b) remaining drug and alcohol free for a continuous 6 month period, before graduation
  - c) obtaining a high school diploma, GED, or other approved educational/job training requirement
  - d) being gainfully employed or enrolled in college
  - \_\_\_ Other (possibly community service,)
  - e) meet with a Veteran Mentor as directed by the SCVC
- I will provide all documentation requested by the SCVC concerning these requirements.  
I understand that meeting the minimum requirements do not automatically entitle me to a final disposition. That determination will be made at the discretion of the SCVC Judge after consultation with the SCVC personnel, defendant's case manager, the District Attorney's Office and my attorney.
- \_\_\_ 23) I understand, as a condition of my final disposition, that I must do the following:
- I must submit to random drug and alcohol testing, including urine, breath and blood tests, as requested by SCVC staff.
  - I must not get rearrested.
  - I must attend the graduation ceremony, unless excused by Drug Court staff.

\_\_\_\_ 24) Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ 25) I understand that if I comply with this contract and am able to perform satisfactorily:  
my conviction(s) of \_\_\_\_\_ will

- \_\_\_\_ remain a felony
- \_\_\_\_ remain a misdemeanor
- \_\_\_\_ be vacated and that I will be permitted to plead to a misdemeanor
- \_\_\_\_ be vacated and that I will be permitted to plead to a violation

and I will be sentenced by the SCVC Judge to:

- \_\_\_\_ conditional discharge
- \_\_\_\_ five year probation
- \_\_\_\_ three years probation
- \_\_\_\_ restitution of \$ \_\_\_\_\_ or \_\_\_\_\_ in amount determined by the pre-sentence investigation
- \_\_\_\_ no contract or \_\_\_\_\_ no offensive contact order(s) of protection
- \_\_\_\_ statutory surcharge and victim assistance fee
- \_\_\_\_ fine
- \_\_\_\_ other, specify: \_\_\_\_\_

\_\_\_\_ 26) I understand that if I fail to comply with this contract and am terminated from the SCVC, I will be sentenced by the SCVC Judge in accordance with the law. I further understand that the recommended sentence on my conviction(s) of \_\_\_\_\_ will be:

- \_\_\_\_ state prison term of \_\_\_\_\_
- \_\_\_\_ local jail term of \_\_\_\_\_
- \_\_\_\_ restitution of \$ \_\_\_\_\_ or \_\_\_\_\_ in amount determined by the pre-sentence investigation
- \_\_\_\_ no contact or \_\_\_\_\_ no offensive contact order(s) of protection
- \_\_\_\_ statutory surcharge and victim assistance fee
- \_\_\_\_ fine
- \_\_\_\_ suspension/revocation of driving privilege/license

\_\_\_\_ 27) I have read this participation agreement or had it read to me by my attorney. I have had all my questions answered to my satisfaction by SCVC staff and my attorney. I fully understand the requirements of this participation agreement, the benefits to me of its successful completion and the consequences of my unsuccessful discharge from the SCVC program.

\_\_\_\_ 28) I have consulted with my attorney to my satisfaction I have discussed and consulted as well with family, friends and SCVC staff. I voluntarily and knowingly execute this Agreement in open court in the presence of my attorney and with my attorney's advice.

\_\_\_\_ 29) I understand that I will participate in SCVC for a period of up to:

\_\_\_\_ one year of compliance

\_\_\_\_ 18 months of compliance

My participation may be extended if necessary by mutual agreement.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defense Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Attorney

\_\_\_\_\_  
Date

Revised 11/20/19