

CHEROKEE COUNTY TREATMENT ACCOUNTABILITY COURT
DRUG AND/OR ALCOHOL TESTING/INDEPENDENT TESTING
COMPLIANCE AND WAIVER OF RIGHTS

I understand that, as a participant in the Cherokee County Treatment Accountability Court, I will, upon request by the judge, probation officer or any law enforcement officer, treatment provider, or other team member, produce a specimen of bodily substance for analysis for the presence of substances prohibited by the Law of the State of Georgia, the United States or by the terms of my sentence.

The judge, probation officer, treatment provider or other team member also reserve the right to have me tested by an independent laboratory if, for any reason, there is a question as to whether I am abusing a drug or drugs that the established procedures are unable be tested for.

I understand that I have a right to request any positive test results be tested at an independent laboratory to confirm the results. If the confirmation test shows that the initial results were incorrect, those results will not be used against me. However, if the initial results are confirmed, I will be responsible for the cost of the confirmation test.

I understand that under the U.S. Constitution and Constitution of Georgia that I have a right to confront and question any witness who may testify against me. As a condition of my participation in the Cherokee County Treatment Accountability Court, I expressly waive, for purposes of sanction or termination proceedings, any right I may be afforded under the U.S. Constitution, the Constitution of Georgia, and any other law, to confront, cross-examine, and question any witness from any laboratory used by the Treatment Accountability Court in any confirmation test.

I further understand that nothing in this agreement prevents me from exercising my own ability to subpoena any witness from the testing facility and pay the required cost to obtain that witness on my own or to make arrangements to have that witness testify by telephone or video conferencing.

I understand that I have the right to review any confirmation test and consult with the Court's defense attorney or private counsel on any such result.

I understand that if I refuse to comply with this statement or refuse to sign, I will not be considered for admission to the Cherokee County Treatment Accountability Court.

Participant

Date

Presiding Judge

Date

Defense Attorney

Date