

STATE OF WISCONSIN

Plaintiff

**SHEBOYGAN AREA VETERANS  
TREATMENT COURT CONTRACT**

vs.

Originating Court Case (County and  
Number): \_\_\_\_\_

Defendant

I, \_\_\_\_\_, have carefully read this contract and agree to its terms. I have also read and agree to the terms of the Sheboygan Area Veterans Treatment Court Program Participant Contract.

I understand this contract has the following terms and conditions:

1. That the anticipated length of the contract is a minimum of twenty four (24) months but may be for a shorter or longer period as determined by the treatment provider. I agree that I will remain in the program until I successfully complete the program or I am terminated from the program;

2. In order to successfully complete the program I must do the following:

Abide by all general court requirements for all veteran participants as stated in the Sheboygan Area Veterans Treatment Court Policy and Procedures Manual;

Programs/treatment to be completed to be determined.

3. That I will plead guilty to:

|       |                       |
|-------|-----------------------|
| _____ | Wis. Stat. Sec. _____ |
| _____ | Wis. Stat. Sec. _____ |
| _____ | Wis. Stat. Sec. _____ |
| _____ | Wis. Stat. Sec. _____ |

4. That if I successfully complete this contract, my charges will be disposed as follows (check one):

\_\_\_ Straight Diversion – charge(s) will be dismissed with prejudice

\_\_\_ Partial Diversion (explain outcome if successful):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_ Probation (identify on what count(s) you will be placed on probation, length of probation and terms of probation):

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5. That if I do not successfully complete the contract, the charges to which I have pled will be adjudicated and I will be sentenced on those charges within the range of penalties prescribed by law;
6. That the following violation may be a result in revocation of my bail for 1 to 2 days for each violation:
  - a. A positive UA or drug test result;
  - b. Possession or use of alcohol or controlled substances without a prescription;
  - c. Tardiness or failure to appear for court, a UA or BA, a case management meeting, a check-in or treatment appointment;
  - d. Refusal to take a chemical test;
  - e. Falsifying or attempting to falsify a drug test;
  - f. Being charged with a new criminal offense or failing to report a new arrest to my case manager;
  - g. Failing to report to case management any prescribed medication that I am taking;
  - h. Failing to report any change of address to the Court and case management;
  - i. Possession of weapons;
  - j. Failure to maintain full time employment, education or combinations thereof, if I am not disabled;
  - k. Not being honest about my drug or alcohol use;
  - l. Engaging in any threatening or assaultive behavior towards staff or other participants;
  - m. Violating any other requirements expressly imposed by the Court or case management.
7. That sanctions listed in the Sheboygan Area Veterans Treatment Court Program Participant Contract could be imposed and that revocation of my bail as a sanction will be imposed forthwith unless I present a compelling reason for delay and that such revocation of bail is without Huber privileges and
8. That I waive the right to confidentiality of my treatment records obtained in connection with the Sheboygan Area Veterans Treatment Court Program and agree to

communication of same to and between my treatment providers, the Court, the District Attorney's Office, my defense attorney, and my probation agent, if any;

9. That the information relevant to my progress and participation in treatment may be discussed in open court and that statements I make in Court or to treatment providers are for treatment and not for any other purpose including use in any other criminal proceedings or investigation in which I am either a potential witness or suspect, and that in all other respects my treatment records will be kept confidential;
10. That if I am terminated from Veterans Court, such records or statement may, however, be used at sentencing on this case;
11. That I may rescind my waiver of confidentiality at any time and that if I do so before successful completion of this contract, I will be terminated from Veterans Court;
12. That after completion of this contract, successfully or unsuccessfully, the Court will seal the above treatment records;
13. That the waiver of confidentiality of my treatment records is limited to the length of this contract;
14. That I waive the right to a speedy trial, any applicable statute of limitations to the charge(s) covered by this contract, a due process hearing, confrontation and cross examination of witnesses, use of subpoenas, and appeal with respect to a determination by the Court of a program or contract violation;
15. That I waive the right to dispute the findings of any laboratory reports submitted to the Court;
16. That repeated contract violations may result in a jail sanction as described above, extension of my contract, termination from the program, or such other sanctions as the Court deems appropriate;
17. That to graduate from the program, I must remain drug and alcohol free for a minimum of five months prior to graduation.

I have read, and knowingly, intelligently and voluntarily agree, to the above terms and conditions:

Dated this \_\_\_ day \_\_\_\_\_, 20\_\_.

Dated this \_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Defendant

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

\_\_\_\_\_  
County

State Bar No. \_\_\_\_\_

Dated this \_\_\_ day \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Defense Attorney  
\_\_\_\_\_ County  
State Bar No. \_\_\_\_\_

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ORDER

The Court HEREBY APPROVES the terms and conditions of the Veterans Court Treatment Diversion Contract.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

BY THE COURT:

\_\_\_\_\_  
Circuit Court Judge, Branch \_\_\_\_\_  
\_\_\_\_\_ County