



- 9. \_\_\_\_\_ I understand CTC provides positive rewards for success in this program.
- 10. \_\_\_\_\_ I understand that I can be sanctioned for non-compliance with my treatment plan, the court's requirements or any court order.
- 11. \_\_\_\_\_ I will sign all releases of confidentiality necessary for the court, including releases that allow access to my assessment, treatment information, medical, mental health, and behavioral health records. I understand the court will also issue an order allowing for the exchange of information between the treatment provider and the CTC Team members.

**I have read this document and have reviewed it with my attorney. I understand and agree to abide by the above terms of the CTC Program.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

I certify that on \_\_\_\_\_  
a copy of this document was emailed/hand-delivered to:

- AG                       PD
- OCS                      Tribe \_\_\_\_\_
- GAL                      OPA-AJR
- OPA-ASD               OPA-CLS
- \_\_\_\_\_

Clerk: \_\_\_\_\_