

**IN THE CIRCUIT COURT
OF THE SIXTH JUDICIAL CIRCUIT
CHAMPAIGN COUNTY, ILLINOIS**

COUNTY ADMINISTRATIVE ORDER 2010-03

Prior to a defendant being sentenced to Drug Court Probation, a Consent for Disclosure of Confidential Substance Abuse Information – Drug Court Referral form (hereinafter consent form) must be signed by the defendant, defendant’s counsel and defendant’s parent/guardian (when applicable).

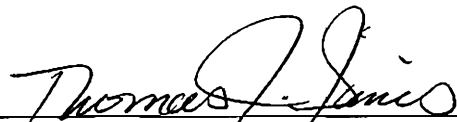
Any defendant seeking Drug Court Probation, at the time of plea or verdict of guilt, must indicate that they are seeking drug treatment and request a Drug Sentencing Option Report. At the time of the Pre-Sentence Report, the Court Services Officer shall prepare the consent form for signature. At the beginning of the sentencing hearing, defendant’s counsel will provide the Court with the completed consent form containing all necessary signatures.

Any defendant appearing in Drug Court without the completed and signed consent form will be placed back on bond and the case will be referred to the sentencing judge for a sentencing hearing.

This Order is effective immediately.

ENTER:

7/19/10



Thomas J. Difanis, Presiding Judge
Champaign County Circuit Court

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
CHAMPAIGN COUNTY, ILLINOIS**

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE INFORMATION
DRUG COURT REFERRAL**

I, _____, hereby consent to communication between Prairie Center including its designated treatment provider and any judge assigned my case, the Champaign County State's Attorney's Office, the Champaign County Court Services Department, T.A.S.C., Champaign County Mental Health Center and any organization or person identified in my treatment plan at Prairie Center who are to provide services for me that are necessary for my progress in drug court.

I understand that at the discretion of the presiding Drug Court Judge, for purposes of research and education, other persons will be permitted to attend the Drug Court meetings where communication as to my case will occur.

The purpose of, and need for, this disclosure is to inform the Court and all other named parties of my eligibility and/or acceptability for substance abuse treatment services, and my treatment attendance, prognosis, compliance, and progress in accordance with the Drug Court Program's monitoring criteria.

Disclosure of this confidential information may be made only as necessary for, and pertinent to, hearings and/or reports concerning _____

(Charge)

(Case Number)

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Drug Court Program for the above-referenced case, such as the discontinuation of all Court and/or Court Services supervision upon my successful completion of the Drug Court and Probation requirements OR upon revocation of Probation and re-sentencing for violating the terms of Drug Court and/or Probation to a sentence other than Drug Court.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records, and that recipients of this information may further disclose it only in connection with their official duties.

(Date)

Name (Print or Type)

Signature

Signature of Defense Counsel

Signature of Interpreter
(where applicable)

Signature of Parent or Guardian
(where applicable)