

**DELAWARE COUNTY**  
**YOUNG OFFENDER PROGRAM**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**REQUIREMENTS OF THE PROGRAM**

**I DO VOLUNTARILY AGREE TO ENTER THE YOUNG OFFENDER PROGRAM AND ABIDE BY THE FOLLOWING CONDITIONS:**

1. This is an eighteen (18) month program.
2. I understand that will be under strict court supervision while in the Young Offender Program and I am responsible for completing all of the requirements of the program to be eligible to graduate from the Young Offender Program. I understand that I must abide by all of the terms and conditions outlined within the Program Rules and Regulations.
3. Report to probation officer on a weekly basis in first phase but will gradually reduce in frequency upon candidate's matriculation through the eighteen (18) month program. Frequency will increase if participant is not in compliance with the Program.
4. Report for court review hearing on a bi-weekly basis in the first phase but will gradually reduce in frequency upon candidate's matriculation through the eighteen (18) month program. Frequency will increase if participant is not in compliance with the Program.
5. Perform 180 hours of Community Service.
6. Must attend a mandatory Marijuana Drug Education Program (currently offered at Key Recovery in Brookhaven, Pennsylvania) or other approved Therapeutic/ Drug Educational Program. Must attend and complete any and all aftercare recommendations.
7. I understand that during the course of my voluntary participation in the Yong Offender Program I may be evaluated for treatment needs. I understand that if the evaluations by the court and the Young Offender Staff show that I meet DSM-V diagnostic criteria for drug addiction and/or co-occurring mental health disorders I must comply with any and all treatment recommendations and aftercare recommendations.
8. Must obtain a High School Diploma or equivalent prior to completion.
9. Must obtain and maintain employment or full-time educational course of study and/or vocational program throughout the duration of the program. If unemployed, then I must actively seek employment and as verified through the probation department on a weekly basis.
10. Submit mandatory random urine screens.
11. Must remain drug and alcohol free throughout the program.
12. Must make restitution and pay court costs and costs of prosecution.
13. Paid one-time program fee required upon admission (included as \$40/month supervision fee) (waivable for indigent applicants).

**THE GENERAL RULES AND WAIVER OF RIGHTS**  
**FOR THE YOUNG OFFENDER PROGRAM**

**You have been accepted as a participant in the Delaware County Young Offender Program. You will be under the supervision of THE OFFICE OF ADULT PROBATION AND PAROLE and must comply with the following rules regulations.**

1. You will report to your Probation Officer according to their instruction. You are not to attend any appointment with a Probation Officer or with any Young Offender Program under the influence of drugs or alcohol.
2. You will live at the address/phone number listed above, and you may not change your residence without permission from your Probation Officer. You will give consent to your Probation Officer to search your person, residence, vehicle and any and all personal electronic devices. The device, including but not limited to, are cell phones, iPods, iPads, digital cameras, computers, etc. You must also give consent to your Probation Officer to view any and all social networks, i.e., facebook, twitter, etc., and emails.
3. You will comply with all Municipal, County, State and Federal criminal laws, and abide by any written instructions of the Delaware County Court or your Probation Officer. You must notify your Probation Officer within 72 hours if you are arrested or questioned or stopped by any law enforcement officers.
4. You must agree to sign any and all releases necessary to further the treatment/educational goals of the Young Offender Program. You further agree to sign releases, which will allow the Young Offender staff to review diagnostic, treatment, educational and medical information. You must be honest, truthful and complete in all communications with the Court.
5. You agree to allow the Judge to engage in discussions with Young Offender Program staff and others involved with my participation, regardless of the presence of counsel, for the purpose of monitoring my progress within the program.
6. Attendance scheduled court sessions is mandatory. It is YOUR responsibility to know the date and time of your next court session. You must show up at the scheduled date and time and no changes in the court schedule will be allowed unless an emergency exists or you receive prior approval through the Court. Tardiness will not be tolerated.
7. Each participant must dress appropriately for court and educational/treatment sessions. Male participants will be expected to wear a collared shirt and dress pants in the courtroom. Female participants will be expected to wear slacks/dress pants with an appropriate sweater/blouse in the courtroom. Shoes must be worn at all times. Sunglasses are not to be worn inside unless medically necessary.
8. You are required to obtain permission from your Probation Officer before leaving the Commonwealth of Pennsylvania.
9. You will make every effort to obtain and maintain employment. If you lose your job, you must notify your Probation Officer within 72 hours. If you are not gainfully employed, you must actively seek employment. The Court may also order attendance for employment counseling, a GED, further education as part of the Program and/or any treatment program or other condition deemed necessary by the Court.
10. You must support your dependents, if any, and assume all your legal obligations for them.
11. You will not knowingly supply false information to Adult Probation and/or the Young Offender Program staff.
12. You agree to participate in the Delaware County Young Offender Program for a period of eighteen (18) months. You agree to participate in any education, treatment, or rehabilitation program ordered by the Court. You agree to abide by any additional terms or conditions as indicated by the Court and agree to complete all educational, treatment, medication compliance (if deemed necessary) and related programs to the satisfaction of the Court.
13. If you are removed from the Young Offender Program your case will immediately be scheduled for sentencing.

14. Abstain from the use, unlawful possession, or sale of controlled substances, as defined within the Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. §780-101 et. seq., as amended to date) and all mind-altering substances. **A participant CANNOT take any medications prescribed and/or over the counter unless it is first approved by the Young Offender Program staff. You will submit to urine analysis and breathalyzer testing at times and dates deemed appropriate by the Court and your probation officer.**
15. You shall not consume alcoholic beverages of any kind. You shall avoid all alcohol containing products, including alcohol in foods, hygiene products or over the counter medications containing alcohol; no communion wine, no topical gels or medications containing alcohol, e.g. mouthwash, Nyquil, cough syrups, or hand sanitizers. OBSERVED urine testing is mandatory. Testing is done to ensure compliance of the program and rules and regulations. The participant must be present and prompt at the appropriate testing time. You shall refrain from frequenting unlawful or disreputable places, including but not limited to bars and liquor stores and shall not associate with disreputable individuals. I understand that a missed or refused test will be considered a positive test.
16. You shall refrain from owning or possessing any firearm, deadly weapons, or offensive weapons.
17. Should any participant dispute the drug testing results, they have the right to have the lab retest the sample upon paying the retesting lab fee, \$50.00 dollars. The fee must be paid within twenty-four hours of notification to the participant of the positive test. This will be at the participant's expense and paid prior to the retesting. If the test is confirmed positive, you will face additional sanctions by the Court. If you attempt, at any time to submit a fake urine sample you can and shall be prosecuted.
18. If you test positive for illegal drugs or alcohol, fail to appear in court as directed, fail to timely attend all educational/treatment sessions, fail to abide by any term of these rules and regulations and any other conditions imposed by the court, or are arrested on new criminal charges, the Court can impose sanctions within the YOUNG Offender Program and/or terminate your participation in the Program. Imposed sanctions are as follows but not limited to; Community Service, Essay, Incarceration, Curfew, Additional Court Sessions, Electronic Monitoring, etc.
19. If you are arrested on new charges after entry into the Young Offender Program you will be **terminated from the program.**
20. You cannot make threats towards other participants or staff or behave in a violent manner. Violent or inappropriate behavior will not be tolerated and will be reported to the judge. This may result in termination from the program.
21. You must pay all fines, costs, restitution and a monthly supervision fee of \$40.00 a month.
22. Participants who successfully complete all program requirements/phases, will be required to complete a graduation plan/project, prior to the eighteenth month of the program.
23. Special Conditions or Agreements: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby acknowledge that I have read, or have had read to me, the foregoing conditions, rules and regulations of my Young Offender Program participation; I fully understand them and agree to follow them; and I fully understand the penalties involved should I, in any manner, violate them.**

\_\_\_\_\_  
 Participants Signature

\_\_\_\_\_  
 Participant's Attorney

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Docket No.

\_\_\_\_\_  
 Reviewed with Probation Officer

\_\_\_\_\_  
 Date

# Key Recovery Outpatient Services

5000 Hilltop Dr. Brookhaven, Pa

Phone: (484) 490-1060 Fax: (610) 876-4534

## AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, hereby authorize Key Recovery Outpatient Services to release the following specific information from my records to:

NAME / TITLE: \_\_\_\_\_

ORGANIZATION / FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### SPECIFIC INFORMATION TO BE RELEASED:

_____ PRESENCE IN TREATMENT	_____ DISCHARGE DATE / TYPE
_____ PROGRAM DESCRIPTION/SCHEDULE	_____ AFTERCARE APPOINTMENT
_____ PARTICIPATION IN TREATMENT PROCESS	_____ RELAPSE INFORMATION

THE PURPOSE OF THIS DISCLOSURE IS: Verification of Treatment/Coordination of Services

I have been informed that I have the right to revoke this consent at any time by oral and/or written request, except to the extent that action has already been taken. This release of information is limited to the person or organization named above and will not be used for any other purpose than stated. This form has been fully explained to me and I certify that I understand its contents.

This authorization is effective on \_\_\_\_\_ and expires on \_\_\_\_\_.

Patient: Accepted Copy \_\_\_\_\_

Rejected Copy \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent if Necessary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff / Witness

\_\_\_\_\_  
Date

NOTICE: This Release of Information demonstrates compliance with the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy and Individually Identifiable Health Information (Privacy Standards), 45 CFR 160 and 164, 4 Pa. Code § 255.5 and § 257.4 and all federal and State regulations and interpretive guidelines promulgated thereunder. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization of the release of Medical or other information is NOT sufficient of this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any substance abuse patient.