



16th JUDICIAL CIRCUIT



KANE COUNTY DRUG REHABILITATION COURT

PARTICIPANT HANDBOOK

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Mission Statement

The Illinois General Assembly has recognized that there is a critical need for a criminal justice program that will reduce the incidence of drug use, drug addiction, and crimes committed as a result of drug use and drug addiction. It is the mission of the Kane County Drug Rehabilitation Court, established here under the provisions of 730 ILCS 166/1 et. seq. to accomplish these goals through an immediate and highly structured judicial intervention process for substance abuse treatment of eligible defendants that brings together substance abuse professionals, local social programs and intensive judicial monitoring in accordance with the Illinois Supreme Court Problem-Solving Court Standards. The Kane County Drug Rehabilitation Court (hereinafter referred to as "KCDRC") is a post-adjudicatory program for defendants who have admitted guilt or have been found guilty and agree to enter a drug court program as part of the defendant's sentence.

So what does that mean?

The Kane County Drug Rehabilitation program is a special probation program to help you address your addiction and recovery. We are here to help you live drug free, crime free and be successful in life.

This handbook

This handbook is meant to answer many of your questions about Drug Court. While in Drug Court, you must follow all court orders, all terms of your Drug Court probation, the Consent to Participate, and this Handbook. This handbook explains the rules and expectations in Drug Court. You should keep this handbook so that you can get information as you need it while in the program. It is your responsibility to understand and comply with all the rules of the program. If you have any questions at any time, you should ask someone on the Drug Court Team. We are always happy to help.

The terms, conditions, rules and procedures of the Drug Court program may be changed during the term of your participation, either to comply with changes in the law or to improve the overall success of the program. Such changes will be provided to you in writing. If you are unwilling to follow such changes, you will be offered the opportunity to voluntarily withdraw your participation in Drug Court (see section on voluntary withdrawal).

Our goals = your goals

At first, you may have asked for Drug Court to avoid going to prison or jail. You may have been unable on your own to stop using drugs and committing crimes. You may even have been afraid

of dying from a drug overdose or harming yourself. All of those are good reasons to come to Drug Court.

It may surprise you that the Drug Court Team also wants you to avoid going to prison or jail. We want to help you with your addiction and/or mental health to help you lead a successful, law abiding and full life.

Who can be in Drug Court?

Drug Court is a voluntary program. In order to be accepted into Drug Court, you must be willing to sign the Consent to Participate and be willing to follow that agreement. You are also agreeing to follow all rules of drug court.

In order to be in the Kane County Drug Rehabilitation Court, you must meet the requirements of our Local Rule 23.03 (a copy is at the end of this handbook.)

This rule requires, among other things, that you:

1. Live in Kane County while in the program
2. Have no crimes of violence within the past 10 years
3. Admit your addiction to drugs and be willing to complete treatment
4. Be assessed to meet the target group we are best able to serve. (Not everyone who uses illegal drugs is an addict in need of Drug Court and not every addict needs to be in Drug Court to treat their addiction).

We don't discriminate!

Every person will receive the same opportunity to be admitted into and succeed in Drug Court. We will not discriminate based on race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion or socio-economic status. If you have a disability, we will make accommodations for you in accordance with the Americans with Disabilities Act (ADA) and provide language access services to you if you have a limited understanding of English.

How to apply for Drug Court?

A defendant can apply for Drug Court if they have entered a plea of guilty, intend to plead guilty or have been found guilty of a felony offense. A defendant may also enter the program to avoid the possibility of a criminal conviction. A written application must be given to the Drug Court Judge who will then require you to be assessed. (A copy of the application is attached to this handbook). You will be told to meet with a Drug Court Team member and schedule an assessment. The assessment is just a long interview about you and your history. You must be

honest during the assessments. The Drug Court Team will review the results of your assessment to make sure that you are a good fit for Drug Court and that Drug Court is a good fit for you.

Entering into Drug Court

Even if you are found to be appropriate for Drug Court, you still have to decide whether you are willing to follow all of the rules of Drug Court. You will need to review the Consent to Participate and the Handbook with your attorney. The Judge will also go over these documents with you to make sure you really understand the rules and are willing to follow the rules. (A copy of the Consent to Participate is attached to this handbook.)

If you are willing to follow the rules of Drug Court, you must sign the Consent, sign an acknowledgment of receipt of this handbook and either agree to continue the case and waive your right to a speedy trial, enter a plea of guilty to the offense or, after being found guilty, be sentenced to Drug Court probation by a judge.

Attitude

The most important part of your recovery is your attitude and commitment to change. Drug Court is designed to help you succeed but you are the most important person to make that happen. You must be willing to change your current lifestyle. You must be willing to do the hard work necessary. You must be willing to live drug and alcohol free. Drug Court will help you change your life if you are willing but it is your attitude and effort that will determine if you are successful.

Your Plan of Action

We will identify your strengths and needs based upon your assessment and a recommendation for treatment will be made by a treatment professional. You will be referred to a substance abuse treatment provider who may do their own assessment to decide the type of treatment you need. (A list of treatment providers in our area is attached to this handbook). Treatment can be anything from outpatient treatment, to intensive outpatient treatment, to partial hospitalization or inpatient residential treatment. You may also be required to live in a halfway or sober living house for a short time depending on recommendations from the team or treatment. Treatment may include mental health services if that would help you on your road to recovery.

It is your responsibility to go to all scheduled treatment appointments and successfully complete treatment following all recommendations. If you do not go to scheduled treatment appointments or are discharged from treatment for violating the rules, you may be sanctioned in Drug Court (See the section on Sanctions.)

In addition to your individualized treatment plan, you will work with your probation officer to create an individualized case management plan that you will work on while in the program. The case management plan will help you work on goals that you set and would like to achieve. Your case management plan will be modified as your needs change. You and your probation officer will talk about your plan regularly.

Who is on the Drug Court “Team”?

We are a “team” because we work together for your success.

The Drug Court Team includes the judge, a prosecutor, a public defender or your private attorney, probation officers, treatment providers, the Drug Court coordinator, and the Drug Court supervisor. We all work together to help you. The team meets weekly for staff meetings to discuss your progress and make adjustments to your program, if necessary. In order to help you be successful and make sure you comply with the rules, the team recommends incentives and sanctions depending on your actions.

Each member of the Drug Court Team has a different role.

Judge: The Drug Court Judge is the leader of the team. The Judge receives advice from the entire team before making decisions on admissions to the program, sanctions, incentives and adjustments to your program. The Judge will award incentives when you are doing well and will impose sanctions if rules are violated. You will meet with the Judge regularly at status hearings where your progress will be discussed. The Judge makes all final decisions about your case.

Prosecutor: The Prosecutor (also called an Assistant State’s Attorney) is responsible for making sure the law and court orders are obeyed and that you and our community are safe. On the Drug Court Team, the Prosecutor will ask for sanctions if you violate the rules and may recommend incentives when you are doing well. The Prosecutor may also ask for you to be terminated from the program if you are repeatedly violating the rules or are not making progress.

Defense Attorney: The Defense Attorney is responsible for making sure that you are being treated fairly under our laws and the Constitution. Your attorney will represent you in court during status hearings. Your attorney will represent your interests at our weekly staff meetings and will also provide you with legal advice. You are always able to have an attorney of your own choice represent you in Drug Court. If you cannot afford an attorney to represent you, the public defender assigned to Drug Court will be your attorney.

Probation Officers: Probations Officers will help you toward achieving your goals, supervise you in the community, refer you to agencies for treatment, conduct drug testing, and visit you at your home or work. The probation officers will report on your progress with treatment and your case management plan and will tell the team if you violate any rules of Drug Court. The probation officers will also advocate on your behalf and recommend incentives when you are doing well.

There will be one assigned probation officer to work with local treatment providers to assist you in obtaining treatment and reports on your treatment progress.

Treatment Providers: Our Drug Court works with many local treatment providers. These treatment providers assess your needs and provide treatment for you based on your needs. Certain treatment providers attend our weekly staff meetings to report on your progress in treatment. They also advise the team based upon their special training and experience.

Drug Court Coordinator: The Drug Court Coordinator manages the operations of Drug Court and the day-to-day needs of the program. The Coordinator completes a risk assessment on each applicant and works directly with our treatment providers. The Coordinator also evaluates the treatment providers to make sure they are giving the best service possible so you get the best possible results.

Drug Court Supervisor: The Drug Court Supervisor oversees the day-to-day work of the probation officers, making sure that you are meeting with your officer on a regular basis. The supervisor acts as a bridge between the judge, coordinator and other members of the team.

Kane County Diagnostic Center (KCDC) Representative: The KCDC representative is responsible for providing psychological services to the Drug Court. KCDC provides recommendations to the Drug Court Team on mental health needs.

Drug Court Participant: Once you enter into Drug Court, you are known as a Drug Court Participant. You are expected to not only follow the rules of Drug Court but also to encourage other participants so that they do well in their recovery.

How long will I be in Drug Court?

When you enter into Drug Court, you will be sentenced to a term of probation. Most terms last between 24 to 30 months.

If a participant has met all the requirements for graduation, a participant may be allowed to graduate early if the Drug Court Team agrees. Early graduation is allowed as an incentive for a participant who has completed all treatment goals and has been in full compliance with the rules of Drug Court. No one is entitled to early graduation and it is allowed only at the discretion of the team. If you don't meet all the requirements for graduation, a hearing will be held and your case may be extended past your original termination date, giving you enough time to meet the requirements.

What are my responsibilities as a Drug Court Participant?

There are a lot of rules in Drug Court and this handbook is meant to help you understand the rules so that you can be successful in Drug Court and in life! Please keep this handbook nearby so that you can refer to it when needed.

Responsibility and accountability are two of the most important parts of Drug Court. You are responsible for following the rules of Drug Court and are accountable for your decisions. Drug Court rules are designed to help you get and stay sober, and stay out of the criminal justice system.

The following is a summary of the rules of Drug Court:

Honesty

Honesty is a very important factor in your recovery and is always required in court and when speaking with any Drug Court Team member. Lying and attempts to hide or distort the truth may result in a sanction. It is very important that you immediately report any use of alcohol or drugs (including prescription medicines) to your probation officer. Waiting to report a relapse until *after* you have tested positive on a drug test is NOT honesty.

Court Status Hearings

You are required to attend all your court status hearings. Failure to attend court appearances may result in a sanction or warrant being issued. In Phases 1 and 2 of Drug Court, you will attend court once a week. In Phase 3 of Drug Court, you will attend court every two weeks. In Phase 4 of Drug Court, you will attend court every three weeks and in Phase 5 of Drug Court, you will attend court once every four weeks. During the Graduation Stage court appearances will be required if the team determines it is appropriate. Your probation officer will notify you when you are required to appear. Everyone is expected to appear in court prior to graduation.

Drug Court is held three times each week and you will be assigned to one of the following times:

Wednesday 9:00 am

Wednesday 4:00 pm

Friday 9:00 am

Court Expectations

1. You must be on time for court. If you are late, you may be required to attend an additional court date.
2. You must bring all paperwork with you to each court appearance. This will include your meeting summaries, which should be filled out immediately after you attend the meeting, your drug testing sheet, any community service hours required, job logs, if ordered, and any new prescription medications and paystubs when requested. Copies of all of these sheets are available on the Drug Court table in the courtroom. Copies of the meeting sheet, drug testing sheet, and job log are attached to this handbook. Feel free to make copies from this book if you lose your sheets during the week.
3. Conduct yourself appropriately while in the courthouse. Use appropriate language and “indoor” voices at all times. You are an ambassador for our program and your actions reflect not only on you but the entire Drug Court program.
4. When you get to court, print your name and put the correct time on the sign in sheet in the courtroom.
5. Make sure that your phone is completely turned OFF (not just silent or vibrate) while in the courtroom. The bailiff has been told to take any phones in use in court and the phone will not be returned until the court orders the return.
6. Stay in the courtroom through the entire court call. It is our hope that you will learn from watching others who are doing well, or not so well, in their recovery.
7. Treat everyone in court with respect at all times.
8. There is no talking allowed in court, except when in front of the Judge.

Drug Court Dress Code

It is important to dress appropriately in Drug Court and at all Drug Court activities.

- No tank tops, muscle shirts or crop tops (shirts must have sleeves and cover your stomach)
- No shirts with obscene words or pictures
- No shirts with drug/alcohol themes
- No sagging pants
- No hats, caps or bandannas
- No gang clothes or colors

Behavior Rules

In addition to court expectations, there are other behaviors that we expect from you while in Drug Court.

We expect you to:

1. Go to all required drug tests and be respectful and behave appropriately at all drop sites for drug testing.
2. Go to all scheduled treatment appointments. If you must miss an appointment due to an emergency, we expect you to call the treatment provider and let them know in advance or as soon as possible after the emergency is over.
3. Treat all participants in a respectful manner at all times.
4. Avoid dating anyone who is also in the Drug Court program.
5. Complete all written assignments honestly. Forging sheets and plagiarizing may result in a sanction.
6. Follow the law at all times and report any police contact to the Court.
7. Build a recovery network of other sober people and attend support meetings at least three times a week.
8. Cooperate with all visits by the Probation Officers. Probation Officers will conduct home, treatment and job visits with you to monitor your progress. These visits may be scheduled or unannounced.
9. Before getting any prescriptions from your doctor, dentist, or psychiatrist you will provide your doctor with the "healthcare provider letter" which must be signed by the doctor and given to your probation officer within 48 hours of obtaining any prescription.
10. Take ALL prescribed medications as directed. You MUST report any changes in medication to your probation officer.
11. If you are on medications, you must provide a monthly printout from the pharmacy showing the medications you have filled.
12. Notify a Drug Court team member of any hospitalizations as soon as possible.
13. Contact your probation officer immediately if you change your address or your job.

You must never:

1. Use any mood-altering substances or drink any alcohol.
2. Take medications that are not prescribed for you by a doctor or take any medications that you do not have a current prescription for.
3. Use any synthetic drugs such as K2, Spice, Kratom, CBD products or anything not meant for human consumption.
4. Abuse any over the counter medication. This means taking dosages in excess of label guidelines, taking an over-the-counter medication designed for a condition which you do not have, and taking an over-the-counter medication in a way that it was not designed to be used (such as crushing and inhaling medication which should be taken orally with liquids).

5. Intentionally inhale or ingest any mood-altering substance such as paints, glues, gasoline, kerosene, aerosol sprays, any other household or industrial product, any designer, synthetic, or organic substance, whether or not it is against the law.
6. Intentionally or knowingly remain around any other individual who is using or possessing any illegal drug or prescription drug in an unauthorized manner or any mood-altering substance as listed above.
7. Use any over-the-counter medication or other substances which may interfere with drug testing.

Drug Testing

While in Drug Court, you are required to submit to drug testing as often as requested. Testing is important to make sure you are staying drug and alcohol free. Testing will be random and observed. Drug tests can be either tests that are sent to a lab or an instant test. If an instant test is positive, the sample will be sent to a lab for confirmation. You will be allowed to review a copy of the confirmation test.

If you miss or refuse a drug test, this may be considered to be a positive result by the Judge, and you may be given the same sanctions as you could be given for a positive test result. This includes failure to provide a urine specimen after a reasonable waiting period.

A “dilute” drug test may be considered positive by the Judge, and you may be given the same sanctions as you could be given for a positive test result.

Drug Court uses an automated phone system called “Blackboard Connect.” The Blackboard system will send you a text message if you are required to do a drug test that day. Please make sure that you read the entire message because testing may only be for specific times or specific locations. We will provide you with as much notice as possible but you may be required to test at any time.

The locations for drug testing may be any one of the following:

Aurora Probation Office, 1330 N. Highland, Aurora, IL 60506
Kane County Judicial Center, 37W777 Route 38, St. Charles, IL 60177
Elgin Probation Office, 113 S. Grove Street, Elgin, IL 60120
Juvenile Justice Center, 37W655 Route 38, St. Charles, IL 60177

You may also be required to submit to drug testing by any Drug Court Team member at any time while in the program. All participants shall return a phone call or text message from any DRC Team Member within (2) two hours of it having been sent. This includes Saturdays, Sundays, and court holidays. A participant shall have two hours from the time a notification is sent to report in person to submit to a drug test unless otherwise directed by a DRC Team member. Failing to provide a sample within that two hour window may result in a sanction.

It is always your responsibility to provide the team with your current phone number. If you do not have a phone or if you have lost or broken your phone, it is YOUR RESPONSIBILITY to call your probation officer each day to see if drug testing is required for you. Missed drug tests may be sanctioned. You will not be excused from drug testing if your phone was not charged, was lost, was broken or you changed your number and forgot to tell the team. (Phone numbers for all Drug Court team members are at the end of this book.)

The results of our drug tests will be considered valid and admissible in Drug Court. The tests we use in Drug Court are very good at detecting any drug or alcohol use. You must avoid using any products which could cause a positive test result. It is YOUR responsibility to read product labels to know whether they contain alcohol. You may still receive a sanction if you use a product containing alcohol.

If a positive test is received and you deny any use, you may request a confirmation test. If the results come back positive again, you may be charged for the retest.

You must avoid certain products!

Some products that can cause a positive test for alcohol are:

- Cough syrups
- Liquid medications
- Non-alcoholic beers and wine
- Food flavorings and food cooked in wine
- Mouthwash/Breath strips
- Hand Sanitizers

Some substances that can cause a positive test for drugs are:

- Poppy seeds in any form (cake, muffins, bread, bagels, salad dressing, mustard etc.)
- “Natural” or “herbal” remedies or supplements commonly sold in health food stores
- “Health supplements” meant for weight loss, strength or endurance

If you receive a positive drug test because you used one of the above substances without prior approval, it will be treated as a positive use and you may receive a sanction.

Don't try to cheat the test!

The urine you submit for the test must be your normal urine. It will be tested to make sure that you are not trying to cheat the test. You must not use any substance to defeat the test. You must not try to dilute your urine sample to avoid a positive test. Dilute and tampered samples may be sanctioned!

In order to avoid a dilute urine sample, do not drink too much prior to the test. Avoid beverages with lots of caffeine. Energy and Sports drinks may cause dilute tests so they should be avoided.

If you try to defeat the drug test by bringing urine into the testing site, you may be terminated from the Drug Court. Attempting to defeat a drug test is a crime and new charges may be brought against you.

Notifications

Drug Court will use the Blackboard system to notify you of important information including drug testing changes, court cancellations and other emergency information.

It is very important that you listen to the information on the message until the very end. If you are unable to pick up the call at the time you receive it, the automated system will leave a message on your voicemail. Listen to the voicemail as soon as possible. Once you have listened to the message completely, contact a team member if you do not understand.

What if I get sick while I am in Drug Court?

If you get seriously ill or are injured, we expect you to take care of yourself by seeking medical care. This may require a visit with your doctor, an urgent care clinic or even an emergency room visit.

It is very important that you tell all doctors, including dentists, that you are in recovery and/or treatment. While in Drug Court, you must discuss pain management and medical treatment with your doctor to determine whether there are non-narcotic, non-addictive medications for your condition. By doing this, we can work together with your doctors to improve your health and keep you on the right track in recovery.

If you are going to be prescribed a medication from ANY doctor or dentist, you must first give them the "Healthcare Provider Letter" in this handbook. The doctor/dentist will need to fill out a "Medication Receipt" which will list the medications you received. (A copy of the letter and the Medication Receipt are included in this handbook and you may photocopy them whenever needed. There are also copies of both on the table in the courtroom.) Any prescriptions from medical providers, including doctors, dentists, and psychiatrists will be monitored by your probation officer while in the program.

It is your responsibility to let us know that you have been to a doctor, the hospital or an urgent care clinic and to notify your probation officer of all new medications within 24 hours.

It is also a requirement that you bring the Medication Receipt signed by the doctor along with a copy of your prescriptions to your next court date. Your Probation Officer may monitor that you

are taking all medications as the doctor has ordered. Your Probation Officer may require you to sign a release of information so that they can communicate with your medical provider.

If you are sick but do not need to see a doctor, you must be very careful with any over-the-counter medications as some interfere with drug tests and some may harm your recovery.

The following are over the counter medications which are **generally safe** to take as directed:

For pain:

- Aspirin
- Tylenol (Acetaminophen)
- Advil (Ibuprofen)
- Motrin (Ibuprofen)

For allergies:

- Alavert but **not Alavert D**
- Allegra but **not Allegra D**
- Clarinex but **not Clarinex D**
- Claritin but **not Claritin D**
- Zyrtec but **not Zyrtec D**

For the flu:

- Tamiflu

For a cough:

- Mucinex but **not Mucinex D or DM**

For upset stomach or diarrhea:

- Emetrol
- Imodium
- Kaopectate
- Maalox
- Mylanta
- Nexium
- Pepcid
- Pepto-Bismal
- Prevacid
- Prilosec
- Simethicone
- Tums

Medication Assisted Treatment (MAT)

Some people with an opioid use disorder will do better in recovery if they use medications to assist in their treatment. These medications are allowed in Drug Court when they are prescribed by doctors educated in addiction and recovery and when they are used as prescribed as part of your treatment plan.

Because Drug Court has an obligation to make sure that the medications are not misused or used illegally, Drug Court has specific rules for participants using MAT.

A participant using MAT must provide a letter from Drug Court to their healthcare provider which outlines information we need from your doctor. (A copy of that letter is attached to this handbook.) The doctor prescribing MAT must provide Drug Court with a letter with the information requested. Drug Court will require quarterly reports from the doctor regarding your compliance with MAT.

Drug Court may require additional monitoring for you while on MAT to make sure the medications are taken as directed. This additional monitoring may include direct observation when you take the medicine, additional drug testing, and the counting of medication.

In order to help participants who are finishing their MAT, Drug Court may require you to come to court weekly after the medication is stopped. This should not be seen as a sanction or punishment, but as a safety measure for your continued success.

Your failure to comply with the rules for your MAT or your misuse of your MAT may result in a sanction and may result in your termination from Drug Court.

Incentives

As you work on your recovery and follow the rules of Drug Court, the Drug Court team will reward you with incentives. It is our way of showing you that we appreciate the hard work you are doing. Incentives will be awarded for many of your achievements and for your good behavior and attitude.

Although there are many different ways for you to be given an incentive, some of the more common achievements can include:

- Successful completion of treatment
- Sobriety milestones
- Securing employment
- Enrolling in an educational program
- Obtaining a GED
- Making Honor Roll/Dean's list
- Restoring your driving privileges
- Participation in Drug Court Activities

- Payment of fines, costs, restitution and fees
- Assisting other participants
- Taking a leadership role in treatment
- Mentoring others in recovery
- Obeying all Drug Court rules

Incentives may include any of the following:

- Praise
- Applause
- Promotion to the next Phase
- Certificates
- Reduced court appearances
- Travel Permits
- Free passes
- Gift cards
- Small tokens (candy, key chains, pens, etc.)

Sanctions

If you **don't** follow the Drug Court rules, you may receive a sanction. Sanctions are meant to motivate you to comply with the rules of Drug Court and to successfully complete the program. Sanctions are progressive. Progressive sanctions mean that with repeated rule violations, the sanctions you receive will become greater. Continued refusal to follow Drug Court rules and continued sanctions could result in your termination from Drug Court.

The Judge may issue a warrant for your arrest without any prior notice to you and without the filing of a written petition to revoke bail or probation if you violate certain rules. Upon receipt of evidence or testimony that you have been discharged unsatisfactorily from treatment, have used illegal substances, or are not taking medications as prescribed, a warrant may be issued for your arrest.

Rule violations may be sanctioned and sanctions will be immediate. The following are examples of violations which may result in a sanction:

- Missed court hearing
- Missed drug test
- Dilute drug test
- Tampering with a drug screen
- Positive test for alcohol
- Positive test for drugs
- Failure to attend treatment
- Failure to respond to probation within two hours
- Being late for court

- Failure to bring meeting sheets
- Forged meeting sheets
- Misuse of any medication
- Refusal to work or attend school
- Unsuccessful discharge from treatment
- Dishonesty to a team member or the court

Sanctions may include any of the following:

- Verbal warning/admonishment
- Written apology
- Essay or “Thinking Report”
- More meetings with your probation officer
- Additional self-help meetings
- Additional court status hearings
- Community Service Hours
- Job log
- Medication contract
- Alcohol monitoring device
- House arrest
- Fines
- Delay in phase advancement
- Jail – (up to 180 days after entering the program)

Sanction Hearings

Prior to your court status hearing, the Drug Court team will discuss any rule violations. I understand that the Judge is present at staffing and may, without prior notice, receive evidence including but not limited to reports or proffers from the team that:

- a) You are not benefitting from education, treatment, or rehabilitation
- b) You have engaged in criminal conduct resulting in new charges in any jurisdiction, after entry into Drug Court
- c) Violated the rules of Drug Court or your probation orders
- d) Engaging in criminal behavior, absent of new charges, that make you unsuitable for the program

If you are represented by a private attorney, they are required to attend the staffing to discuss the alleged violations and possible sanctions. Staffings are held each Tuesday at 1:30 pm.

If it appears that you violated a Drug Court rule, the team will recommend a specific sanction considering your circumstances, how much time you have been in Drug Court and considering any prior sanctions you have received.

You will be advised of the rule violation and the recommended sanction when you appear at your next scheduled court status hearing and you will be given an opportunity to speak about the violation as well as the sanction. Although the Judge will consider the team's recommendation for sanction, the Judge also wants to hear from you about what happened and how you wish to correct any problems. You also have the right to speak about the recommended sanction. It is always important to be honest in Drug Court and that is particularly true during sanction hearings. Failure to be honest during a sanction hearing could result in an even greater sanction. Ultimately, it is up to the Judge to determine what is an appropriate sanction for the rule violation.

If you receive a sanction, it is important to comply with whatever sanction is imposed. Failure to do so may result in a more significant sanction and possible removal from the program.

Within 30 days of receiving a sanction, you have the right to ask the Judge to reconsider the sanction imposed if you have new or different facts to show the Judge, or you believe the Judge made an error in imposing the sanction. Your attorney will assist you with filing a Motion to Reconsider if requested. (A sample Motion to Reconsider is attached to this handbook.)

Therapeutic Adjustments

While you are in Drug Court, your progress in treatment and your recovery will be closely monitored by the Drug Court Team. If you are not making progress in treatment or are struggling with your recovery, the team may make adjustments in your treatment plan with the help of your treatment providers.

If you relapse after completing a treatment phase, you will be re-assessed to determine your current treatment needs and your treatment plan may be changed to meet those needs. Therapeutic adjustments should not be seen as a sanction. The adjustments are meant to help you reach your goals of success in Drug Court, long term sobriety, and mental health stability.

In Drug Court, there is a difference between therapeutic adjustments (imposed when the client is honest about relapse, or in need of additional treatment) and behavioral sanctions (imposed when the client violates the rules of court such as missing treatment, missing drug testing, lying, etc). Therapeutic adjustments may include increased self-help meetings or increased intensity of treatment whereas behavioral sanctions may include writing assignments, community service hours or jail.

Examples of Therapeutic Adjustments

- Increased participation in treatment activities or intensity of treatment
- Structured living requirements
- Increase drug screening

- Increase home visits
- Increased self-help meetings

Drug Court Phases

Drug Court is divided into 5 phases. Each phase has a key concept or focus. You must complete each phase before you can graduate from Drug Court.

Phase One (60 Days) – Acute Stabilization

In Phase One, you must:

- Come to court weekly
- Be engaged in treatment
- Comply with supervision
- Develop a case plan with your Probation Officer
- Weekly office visits
- Home visits will be conducted
- Submit to observed random drug tests
- Plan for housing
- Schedule any medical evaluations
- Start changing people, places and things
- Have daily contact with probation officer
- Obtain Insurance

In order to advance to Phase Two, you must be in compliance with Phase One requirements listed above, as well as have a minimum of 14 days sobriety in a row.

Phase Two (90 Days) – Clinical Stabilization

In Phase Two, you must:

- Come to court weekly
- Be engaged in treatment
- Comply with supervision
- Review case plan
- Weekly office visits
- Home visits will be conducted
- Submit to observed random drug tests
- Begin peer recovery groups (per treatment recommendation)
- Maintain Stable Housing
- Develop financial plan
- Address medical needs
- Demonstrate changing people, places and things
- Obtain a self-help sponsor/mentor

In order to advance to Phase Three, you must be in compliance with Phase Two requirements listed above as well as have a minimum of 30 days sobriety in a row.

Phase Three (90 Days) – Pro-Social Habilitation

In Phase Three, you must:

- Come to court every other week
- Be engaged in treatment
- Comply with supervision
- Review case plan
- Office visits every other week
- Home visits will be conducted
- Submit to observed random drug tests
- Address life skills (parenting, school, etc.)
- Begin Moral Reconciliation Therapy(MRT)/Pathways
- Maintain peer recovery groups
- Establish recovery network
- Establish pro-social activity
- Maintain Housing
- Address financial plan
- Address medical needs
- Demonstrate changing people, places and things
- Maintain a self-help sponsor/mentor
- Begin job or vocational training

In order to advance to Phase Four, you must be in compliance with Phase Three requirements listed above, as well as have a minimum of 45 days sobriety in a row.

Phase Four (90 Days) – Adaptive Habilitation

In Phase Four, you must:

- Come to every three weeks
- Be engaged in treatment
- Comply with supervision
- Review case plan
- Office visits every other week
- Home visits will be conducted
- Submit to observed random drug tests
- Continue MRT/Pathways
- Maintain peer recovery groups
- Maintain pro-social activity
- Maintain housing
- Address financial plan
- Maintain recovery network

- Address medical needs
- Maintain job or vocational training
- Continue to address life skills (parenting, family support)
- Maintain a self-help sponsor/mentor

In order to advance to Phase Five, you must be in compliance with Phase Four requirements listed above, as well as have a minimum of 60 days sobriety in a row.

Phase Five (90 Days) – Continuing Care

In Phase Five, you must:

- Come to court monthly
- Be engaged in treatment
- Comply with supervision
- Review case plan
- Monthly office visits
- Home visits will be conducted
- Submit to observed random drug tests
- Complete MRT
- Develop continuing care plan
- Maintain peer recovery groups
- Maintain recovery network
- Maintain pro-social activity
- Maintain housing
- Address financial plan
- Address medical needs
- Maintain job or vocational training
- Address life skills (parenting, family support)
- Attend Alumni Groups
- Maintain a self-help sponsor/mentor

In order to advance to the Graduation Stage, you must be in compliance with Phase Five requirements listed above, as well as have a minimum of 90 days sobriety in a row.

Graduation Stage (Maximum of 90 Days)

In Graduation Stage, you must:

- Court upon request
- Random home visits
- Random office visits
- Hearing on fees/fines within 60 days of completion
- Maintain case supervision plan
- Submit to observed random drug tests
- No drop/meeting verification sheets

- Attend Alumni Groups

Graduation Requirements

In order to graduate from the Drug Court, you must be in compliance with Graduation Stage requirements listed above as well as meet the minimum standards as listed below:

- Remain sober for at least 90 days prior to graduation
- Have no pending criminal charges
- Be in compliance with all Drug Court rules
- Have a sponsor/mentor
- Develop a plan showing how you will maintain your sobriety after graduation
- Complete an exit interview with Drug Court team members
- Maintain acceptable full-time employment with a legally verifiable job or be enrolled full time in an educational program or have provide documentation of permanent disability benefits.
- Have either paid all fines, costs, and restitution in full or set up a payment plan which shall continue after graduation

Drug Court Outcomes

There are four possible outcomes for your participation in Drug Court: Graduation upon successful discharge from probation; Neutral discharge from Drug Court; Voluntary Withdrawal from Drug Court; and Termination upon unsuccessful discharge from Drug Court.

Successful Discharge/Graduation

Once you have completed all of the program requirements for each of the phases in Drug Court, there will be a Graduation ceremony celebrating your success. At that time, you will have officially completed the Drug Court program and your involvement with the programming will no longer be mandatory. Upon completion of the Drug Court program, legal agreements made pending your completion will be reviewed and acted upon accordingly.

Neutral Discharge

If circumstances outside of your control make it extremely difficult or impossible for you to successfully complete the Drug Court program, you may receive a neutral discharge from Drug Court. For example, if you develop a serious medical condition for which there is no available treatment in our community, the Drug Court team may approve a neutral discharge and an alternative supervision plan for you.

You may be subject to neutral discharge from Drug Court if you have remained substantially compliant with the Drug Court program rules, but after having exhausted reasonable efforts, you

are unable to complete the program requirements to qualify for a successful discharge. A neutral discharge will result in a dismissal of the original charge or will terminate your sentence and discharge you from further proceedings.

Just because Drug Court requirements can be hard is not a basis for a neutral discharge. Lack of transportation, money, family issues or scheduling conflicts would never be a basis for a neutral discharge.

All successful and neutral discharge decisions shall be made by the Drug Court team together.

Voluntary Withdrawal

Drug Court is a voluntary program so you have the right to withdraw from participating in Drug Court. The Drug Court Judge will need to make sure that your withdrawal from Drug Court is made knowingly and voluntarily.

If you withdraw from Drug Court, you may face significant consequences. When you entered Drug Court, you may have entered a plea of guilty or were found guilty of a felony and or misdemeanor and were sentenced to a period of Drug Court probation. You agreed to follow the Drug Court rules and successfully complete that probation. By withdrawing from Drug Court, you cannot successfully complete that probation. You will need to be re-sentenced. The sentence can be up to the maximum sentence allowed for the felony or misdemeanor you have committed. You may be re-sentenced with an agreed sentence that your attorney, the prosecutor and you agree to with the court's approval or, if no agreement is reached, a Judge will determine your sentence at a sentencing hearing held in accordance with the law. At the sentencing hearing, your compliance with the program will be taken into consideration. Any hearing regarding your termination or sentencing subsequent to termination will proceed before the Drug Court judge. The fact that the Drug Court judge may have knowledge of your participation in Drug Court will not automatically disqualify the Drug Court judge from presiding over these hearings. You may have entered Drug Court upon your agreement to continue your criminal case. If you withdraw from Drug Court, that case will be set for trial in the originally assigned courtroom.

Be aware that if you entered Drug Court with the possibility of having no convictions appear on your record if you successfully completed the program, your voluntary withdrawal from the program may result in a conviction for you.

Unsuccessful Discharge/Termination

If you violate the rules of Drug Court, you may be terminated from the program and unsuccessfully discharged from the program. If the prosecutor files a petition to revoke your probation or a motion to terminate you from Drug Court, you have certain rights. You will be served a copy of the petition/motion containing the specific allegations of how the prosecutor believes you violated the terms of the Drug Court program. You have the right to be represented

by an attorney and if you cannot afford an attorney, an attorney will be appointed for you. You have the right to confront and cross-examine witnesses at the hearing and you have the right to present witnesses, evidence and testimony on your own behalf, if you choose. You have the right to subpoena witnesses to require their appearance at the hearing. The prosecutor must prove the allegations against you by a preponderance of evidence, which simply means that it is more likely true than not true that you violated your probation or terms of the agreement. The Judge will advise you of the sentencing range you face for your offense.

If a petition to revoke or a motion to terminate is filed, the Judge, with your agreement and the agreement of the prosecutor, may allow you to continue to remain in Drug Court and postpone the hearing. If you make substantial progress in complying with the rules and in treatment, the prosecutor may withdraw the petition/motion so that you can remain in Drug Court.

With the advice of your attorney, you may choose to admit the violation of probation or agree to termination from the program. By making such an admission, you are giving up your rights, including your right to a hearing on the petition/motion and to make the prosecutor prove the allegations against you.

If you admit to violating your probation or if a Judge decides you violated your probation, your probation will be revoked and you will be re-sentenced in accordance with the law after a sentencing hearing is conducted.

Be aware that if you entered Drug Court with the possibility of having no convictions appear on your record if you successfully completed the program, your termination from the program may result in a conviction for you if the State proves you guilty beyond a reasonable doubt at trial.

Don't be scared: Be determined!

After reading this handbook, you may feel nervous and scared about your ability to make it through Drug Court. If you entered Drug Court just to get out of a prison sentence with no real desire to stop using drugs, control your mental health, and change your life, you probably should feel nervous and scared because this will be a tough program for you.

But if you really want to make important and life-saving changes to your life, this is the program for you! You will have the entire Drug Court Team encouraging you and assisting you every step of the way!

We are committed to your success and will work very closely with you to help you change your lifestyle, thinking and behavior. As your quality of life improves, you will see the benefits of working an honest program in recovery. We will celebrate all of your successes in life and we will support you when things are difficult.

If you are honest and determined, YOU CAN DO THIS! We will help you each step of the way.

APPENDIX

LOCAL RULE 24.03 - ELIGIBILITY FOR KANE COUNTY DRUG COURT

- (a) Only defendants who apply for admission to the KCDRC will be considered for admission.
- (b) No defendant shall be admitted to the KCDRC unless he or she is a resident of Kane County. Once admitted, continued Kane County residency is required unless the KCDRC Judge orders otherwise.
- (c) A defendant shall be excluded from KCDRC if any one of the following apply:
 - (1) The crime is a crime of violence as set forth in 23.03 (c) (4) of this subsection.
 - (2) The defendant denies his or her use of/or addiction to drugs.
 - (3) The defendant does not agree to participate in a treatment program.
 - (4) The defendant has been convicted of a crime of violence within the past ten (10) years excluding incarceration time, including, but not limited to; first degree murder, second degree murder, predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, armed robbery, aggravated arson, arson, aggravated kidnapping, kidnapping, aggravated battery resulting in a great bodily harm or permanent disability, stalking, aggravated stalking, or any offense involving the discharge of a firearm.
 - (5) The prosecutor does not agree to the admission of the defendant who:
 - (A) Is charged with a Class 2 or greater felony violation of:
 - i. [Section 401, 401.1, 405, or 405.2 of the Illinois Controlled Substances Act](#);
 - ii. [Section 5.5.1 or 5.2 of the Cannabis Control Act](#);
 - iii. [Section 15, 20, 25, 30, 35, 40, 45, 50, 55, 56 or 65 of Methamphetamine Control and Community Protection Act](#).
 - (B) Has previously, on three (3) or more occasions, completed a drug court program, been discharged from a drug court program, or been terminated from a drug court program.
 - (6) The defendant is not moderate-high to high criminogenic risk or does not have high behavioral health treatment needs as determined by the use of validated risk assessment tools and clinical assessment tools.
 - (7) No defendant shall be admitted to the KCDRC if, at the time of plea of guilty, felony charges are pending alleging a crime which would make the defendant ineligible to enter the KCDRC, under 23.03 (c) (4) of this local rule.

How To Apply To The Kane County Drug Rehabilitation Court

1. Fill out the Kane County Drug Court Application with the participant, go over the Consent to Participate with the participant, and give them a copy of the Participant Handbook.
2. List the participant's address and telephone number at the bottom of the application. If the participant is in jail, write that on the application. It is very important that the address and phone number are accurate on the application or the process will be delayed significantly.
3. The participant MUST be a Kane county resident to apply to the program.
4. Submit the completed application to the Presiding Judge for Drug Court on a Tuesday at 9:00 AM and obtain a 3 week continuance for status on admission.
5. Advise the participant that a member of Drug Court will interview them about their drug/alcohol history and/or mental health history and will conduct an assessment before the next date.
6. Before the participant can enter the Drug Court program, the Drug Court team will review the application and assessment and determine if it is appropriate for the participant to be admitted into Drug Court. The results of this determination will be communicated to the participant's attorney.
7. Advise the participant that if they are approved and the treatment recommendation is inpatient residential treatment, they may remain in jail until a bed is available at a residential facility.
8. After submission of the application in court, if the participant is out of custody, take them to Adult Court Services on the first floor of the Judicial Center with a copy of the completed application and set an appointment for the interview/assessment with the Drug Court Coordinator.

A copy of the Drug Court Participant Handbook is available for reference in the Kane County Law Library.

Defendant _____ Case Number _____

**APPLICATION FOR ADMISSION TO THE
KANE COUNTY DRUG COURT**

I, _____, having a date of birth of _____, and having read the Consent to Participate approved for Drug Court, represent as follows:

1. I understand the terms of the Consent to Participate and including the immediate sanctions provisions.
2. I have reviewed the Consent to Participate with my attorney, (Name of attorney)

3. I am a resident of Kane County, Illinois.
4. I am currently charged with an offense of _____, a Class ____ felony.
5. I am/am not (circle one) currently being held in the Kane County Jail.
6. I am addicted to _____
7. I want to participate in and successfully complete treatment through the Drug Court and am willing to follow all treatment recommendations.
8. If accepted, I will sign the Consent to Participate and abide by all of its terms.

Defendant/Applicant

Attorney for Defendant/Applicant

Date: _____

PARTICIPANT'S ADDRESS _____

CITY: _____

PHONE: _____

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 16th JUDICIAL CIRCUIT
COUNTY OF KANE

THE PEOPLE OF THE STATE OF ILLINOIS

vs.

CASE NO. _____

DEFENDANT

**CONSENT TO PARTICIPATE
DRUG COURT PROGRAM**

1. I understand that I have no legal right to participate in the Drug Court Program. I have reviewed this Consent to Participate with my Attorney and I hereby knowingly and voluntarily execute this Consent to Participate which allows me to participate in the Drug Court Program.
 2. I agree to participate in and cooperate with any and all treatment recommendations, including, but not exclusively, any mental health or substance abuse assessments and/or treatment recommended by the Drug Court Team, which consists of the Judge, Local PSC Coordinator, Prosecutor(s), Public Defender or Defense Counsel, Probation, Treatment Provider(s), Case Manager(s), and any other personnel designated by the Drug Court Team or identified by my treatment providers in my treatment plan.
 3. I understand that it is essential that all members of the Drug Court Team, including the Judge, communicate as a team and share information regarding my participation in the Drug Court, including compliance with treatment, and I agree to them doing so. Upon my entry into the Drug Court, I consent to the Drug Court public defender representing me at Drug Court staffings and at court status review hearings unless I have privately retained counsel. I understand that my privately retained counsel will be required to represent me at all staffings and court status review hearings. In the event that my privately retained counsel is unable to attend staffings and/or court, I understand that my attorney will arrange for other counsel to appear on my behalf.
 4. I agree to adhere to all components of my treatment, including attending all counseling sessions, treatment programs, taking my medication as prescribed, engaging in activities as recommended by the Drug Court Team, including sobriety based self-help meetings and cooperation with home visits by Drug Court Team members.
 5. I agree to remain drug and alcohol free (except for approved prescribed medications) and to submit to random drug testing at the discretion of the Drug Court Team or any treatment provider and agree to the disclosure of the results to the Drug Court Team. I understand that I may be sanctioned for providing diluted, adulterated or substituted test specimens.
 6. I agree to appear in court as required. I understand that my court hearings will be open to the public and an observer could connect my identity with the fact that I am in treatment. I consent to this type of disclosure to a third person.
-

7. I agree to reside in Kane County and to keep the Drug Court Team advised of my current address and telephone number, employment status, and any new arrests at all times while in the programs.
8. I agree to sign any and all releases of information consenting to the disclosure of information to the Drug Court Team. I understand that if I refuse to comply with signing a release when requested, it may be grounds for termination from Drug Court.
9. I agree to be truthful, cooperative and respectful with the Drug Court Team.
10. I understand that based upon any report (written or oral) of my violation of any rules of my Drug Court probation, contract or of this Consent to Participate, the Drug Court Judge may: authorize a warrant for my arrest; impose any sanction, including jail time if ordered by the Judge; adjust my treatment plan; or modify or revoke any conditions of my probation or bond. My violation(s) may result in proceedings being initiated seeking my termination from the Drug Court and these proceedings could either be resolved in Drug Court or be referred back to traditional court.
11. I understand that my alcohol, drug and/or mental health treatment records are protected by Part 2 of Title 42 of the Code of Federal Regulations (C.F.R.), and HIPAA; Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110 *et seq.*; 45 C.F.R. Parts 160 & 164. I understand that I may revoke this Consent to Participate at any time except to the extent that action has been taken in reliance on it. In any event, this Consent to Participate expires upon the termination of the probation I am serving in this case or the termination of all proceedings with regard to this cause of action as named above.
12. I understand that I may voluntarily withdraw from the Drug Court Program in accordance with Drug Court procedures. I understand that there may be consequences, actual or potential, which will result from my withdrawal.
13. I understand that at the discretion of the presiding Drug Court Judge, for purposes of research and/or education, other persons may be permitted to attend the Drug Court Team meetings where communication as to my case will occur.
14. I understand that language help is available and if I need assistance, it is my responsibility to inform the court I need help.

I UNDERSTAND THAT THE DRUG COURT PROGRAM MAY BE AN OPPORTUNITY FOR ME TO AVOID CONVICTION, JAIL AND/OR PRISON AND TO HELP ME OBTAIN TREATMENT AND MOVE FORWARD WITH MY LIFE. I ALSO UNDERSTAND THAT ALL MEMBERS OF THE DRUG COURT TEAM WANT TO SEE ME SUCCEED AND ARE HERE TO HELP ME.

Date

Name (Print or Type)

Signature

Signature of Interpreter
(where applicable)

Signature of Parent or Guardian
(where applicable)

I HAVE REVIEWED THIS CONSENT WITH THE DEFENDANT. THE DEFENDANT UNDERSTANDS IT AND VOLUNTARILY AGREES TO PARTICIPATE. I FURTHER UNDERSTAND THAT THE DRUG COURT TEAM WILL BE DISCUSSING THE DEFENDANT'S COMPLIANCE AND COOPERATION WITH HIS/HER TREATMENT PLAN AND TERMS OF SUPERVISION AT DRUG COURT STAFFINGS AND AT DRUG COURT STATUS REVIEW HEARINGS. I ACKNOWLEDGE THAT IF I REMAIN COUNSEL OF RECORD FOR THE DEFENDANT, I WILL APPEAR OR ARRANGE FOR OTHER COUNSEL TO APPEAR AT TEAM STAFFINGS WHEN THE DEFENDANT IS SCHEDULED TO BE STAFFED BY THE DRUG COURT TEAM AND ALSO APPEAR OR ARRANGE FOR OTHER COUNSEL TO APPEAR WITH THE DEFENDANT AT ALL COURT HEARINGS.

Date

Signature of Defense Counsel/Public Defender

_____ This Consent to Participate is accepted by: _____
Date Judge

TREATMENT CONTACT LIST

NAME	ADDRESS	PHONE	
AID	1230 N. Highland Ave Aurora	630-966-4305	Behavioral Health / Outpatient Treatment
Breaking Free / Project Safe	120 Gale St Aurora, IL 60506	630-897-1003	Intensive Outpatient treatment
Cornell Interventions	22221 W. 64th Street Woodridge, IL 60517	630-968-1586 FAX 630-968- 6477 OFF	Inpatient Treatment
Crisis Line of Fox Valley	1230 N. Highland Ave Aurora, IL 60506	630-906-0516	Suicide Hotline
Discovery House	220 College DeKalb, IL 60115	815-756-5277	Halfway house
Ecker Center	Elgin	847-742-1371 fax 847-695- 0484	Behavioral Health / Outpatient Treatment
Family Guidance	751 Aurora Ave, Aurora, IL 60505	630-801-0017	Behavioral Health
Gateway Aurora	400 Mercy Lane Aurora IL 60505	630-897-7539 FAX 630-966- 7400 OFF	Inpatient / Outpatient Treatment
Gateway Lakevilla	25480 W. Cedarcrest Lane Lake Villa IL 60046	847-356-7391 FAX 847-356- 8205 OFF	Inpatient Treatment
Gateway Foundation Westside	3828 West Taylor Street Chicago, IL 60624	773-826-2707 FAX 773-826- 1916 OFF	Inpatient Treatment
HAS	1949 N. Humboldt Chicago, IL 60647	773-252-0527 FAX 773-252- 2666 OFF	Inpatient Treatment
Haymarket	932 W. Washington Chicago, IL 60607	312-226-0047 FAX 312-226- 7984	Inpatient Treatment
In Roads	150 Kennedy Memorial Dr. Carpentersville, IL 60110	847-844-1982	Intensive Outpatient Treatment
Latino Treatment Center	54 S. Grove Ave Elgin, IL 60120	847-695-9155	Intensive Outpatient Treatment
Lazarus House	214 Walnut Street St. Charles, IL 60174	630-587-2144	Shelter
LSSI	675 Varsity Drive Elgin, IL 60123	847-741-3248 FAX 847-741- 2600 OFF	Inpatient Outpatient Treatment
LSSI	415 W. Golf Road Suite 61-63 Arlington Heights, Il	847-640-7954	Intensive Outpatient Treatment
Oxford House	555 Ashland Aurora, IL 60505	630-800-2044	Recovery House

Renz - Elgin	2 American Way Elgin, IL 60120	847-742-3559 FAX 847-742-3545 OFF	Intensive Outpatient Treatment
Renz - St. Charles	309 Walnut St. Charles, IL 60174	630-513-6886	Intensive Outpatient Treatment
Rosecrance - Adult	3815 Harrison Rockford IL 61108-7631	815-229-9560 FAX 815-391-1000 OFF	Inpatient Treatment
Serenity House	891 S. Route 53 Addison, IL 60108	630-953-9241 FAX 630-620-6616 OFF	Halfway house / Recovery Homes
Share	1776 Moon Lake Blvd Hoffman Estates, IL 60194	847-882-4299 FAX 847-882-4181 OFF	Inpatient Treatment
Stepping Stones	1621 Theodore Street Joliet, IL 60435	815-723-7138 815-722-4498	Halfway house / Recovery Home
Tools for Life	26 S. Stolp Ave Aurora IL 60506	630-906-1200	Intensive Outpatient Treatment
VNA	400 N. Highland Avenue, Aurora, IL 60506	630-892-4355	Behavioral Health
Womens Program House	South Elgin	630-267-7543	Recovery House
Womens Residential Services	24647 N. Milwaukee Ave Vernon Hills, IL 60061	847-984-5635 FAX 847-377-7841 OFF	Inpatient Treatment
Womens Treatment Center	140 North Ashland Chicago 60607	312-850-9095 FAX 312-850-0050	Inpatient treatment

KANE COUNTY SPECIALTY COURT MEETING SHEET

DEFENDANT
NAME: _____

SPONSOR: _____

SPONSOR PHONE NUMBER: _____

DATE: _____	START TIME _____	END TIME _____
MEETING LOCATION: _____		OPEN _____ CLOSED _____
CHAIRPERSON: _____		CHAIR PHONE # _____
CHAIRPERSON SIGNATURE: _____		
MEETING TOPIC: _____		
SUMMARIZE MEETING: _____		

DATE: _____	START TIME _____	END TIME _____
MEETING LOCATION: _____		OPEN _____ CLOSED _____
CHAIRPERSON: _____		CHAIR PHONE # _____
CHAIRPERSON SIGNATURE: _____		
MEETING TOPIC: _____		
SUMMARIZE MEETING: _____		

DATE: _____	START TIME _____	END TIME _____
MEETING LOCATION: _____		OPEN _____ CLOSED _____
CHAIRPERSON: _____		CHAIR PHONE # _____
CHAIRPERSON SIGNATURE: _____		
MEETING TOPIC: _____		
SUMMARIZE MEETING: _____		

NAME _____

**Kane County Drug Rehabilitation Court
Employment Search
Verification List**

Time	Date	Name of Company	Name of person contacted	Address and phone # of company	Results
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

*** Forging or lying about any portion of this form will result in immediate court actions.

16TH JUDICIAL CIRCUIT

KANE COUNTY COURT SERVICES



Dear Healthcare Provider,

The Kane County Drug Rehabilitation Court exists within the community to provide assistance to individuals with substance abuse problems who are facing criminal charges. The Drug Court Team consists of a Judge, Assistant States Attorney, Public Defender, Administrators, Probation Officers, and treatment providers. A treatment plan is developed for each participant. As a participant in the Kane County Drug Rehabilitation Court, your patient has certain responsibilities to comply with his/her court orders with the ultimate goal of achieving success in the program.

Since all Drug Court Participants have an addiction to drugs and alcohol, the Drug Court team is very concerned about any medication that participants might be taking that is habit forming or narcotic based. It is the goal of Drug Court to provide support to all participants to remain clean and sober. We ask every participant to discuss pain management or other medical treatment with their healthcare provider to determine whether there are non-narcotic, non-addictive alternatives to any medication that might be prescribed so as to not undermine their recovery. We ask for your assistance in this regard.

Each participant is required to disclose **ALL** prescribed medications. Therefore, we respectfully request that the attached "Medication Receipt" be filled out by the physician and/or facility. The Kane County Drug Court regularly monitors their compliance through the State of Illinois Medication Monitoring Program. Should you have any questions about Kane County Drug Rehabilitation Court, please feel free to contact the Drug Court team at (630)406-7179.

Thank you for your time and attention,
Kane County Drug Court Team

Prescribing Doctor

Date



MEDICATION RECEIPT

I, _____, am a Kane County Drug Court Participant and have a history of chemical dependency. Please provide the following information on my behalf to remain compliant with the Drug Court Program.

Printed Name of Physician

Signature of Physician

DEA #

Date

Medical Facility

Medical Facility Phone Number

Medical Facility Address

Medication(s) Prescribed	Diagnosis	Metric Qty.	Days Supply	Refill?
<input type="checkbox"/> Non-narcotic	_____	_____	_____	_____
<input type="checkbox"/> Non-narcotic	_____	_____	_____	_____
<input type="checkbox"/> Non-narcotic	_____	_____	_____	_____
<input type="checkbox"/> Non-narcotic	_____	_____	_____	_____

Pharmacy Prescription Sent To _____

Next Physician Appointment _____



MEDICATION CONTRACT

I, _____, am a Kane County Drug Court Participant and I have a history of chemical dependency or a mental health diagnosis. I understand the importance of maintaining compliance with the rules and regulations of the program. In order to adhere to these rules, I agree to the following:

_____ Designate ONE pharmacy where I will get ALL my prescriptions
Initial

_____ Obtain and submit a printout every month from the pharmacy of all
Initial medications prescribed within the last 60 days

Designated Pharmacy

Pharmacy Address

Pharmacy Phone Number

Date: _____

Signature: _____



Dear Healthcare Provider:

The Kane County Drug Rehabilitation Court (KCDRC) is an extensive program that works with individuals with substance dependence issues who are facing criminal charges. The KCDRC Team consists of a Judge, Assistant State's Attorney, Public Defender, Administrators, Probation Officers as well as treatment providers. The Kane County Drug Rehabilitation Court is requesting additional information regarding the medically-assisted treatment of a Drug Court Participant under your care. It is imperative that we have a detailed account of this treatment on a quarterly basis in order to properly monitor the continued sobriety of this individual.

The information we are requesting is as follows:

- Date individual became a patient
- Referral Source
- Medication to be taken (i.e. Suboxone, Methadone, etc.) along with dose information
- What other alternatives have been explored and why this particular medication is the best choice for this particular individual
- Safety plan to monitor potential abuse/misuse of this medication
- Treatment plan (include ancillary services to be utilized including counseling, self-help meetings, etc.)
- Expected length of MAT treatment
- Prognosis
- Curriculum Vitae or other indication of DEA licensure for providing the medication prescribed as well as knowledge of addiction and treatment identified.

NOTICE TO RECEIVING AGENCY, FACILITY OR PERSON: The client's record is privileged information, which is protected by various State and Federal laws. Such information may not be disclosed to other persons or entities, including those within the organization wherein the client is employed, without a separate written authorization from the client. Any information obtained will be impounded in the court file and not subject to public record.

If you have any questions about the information that is necessary or about DRC itself, please do not hesitate to contact the Drug Court Team at 630-406-7179.

Thank you for your time and attention,

The Kane County Drug Rehabilitation Court Team

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
KANE COUNTY, ILLINOIS
KANE COUNTY DRUG REHABILITATION COURT**

PEOPLE OF THE STATE OF ILLINOIS)
Plaintiff)
)
vs.) General Number _____
)
_____,)
Defendant)

DEFENDANT'S MOTION TO RECONSIDER SANCTION

NOW COMES the defendant, _____, and states as follows:

1. Defendant is a participant in the Kane County Drug Rehabilitation Court (DRC).
2. On _____ Defendant was given the following sanction:

3. Defendant requests that the Court reconsider the sanction imposed.
4. Defendant requests that a copy of this motion be sent to his/her attorney:

5. Defendant requests that a copy of this motion be sent to the State's Attorney's Office.

WHEREFORE, defendant respectfully requests that this Honorable Court hold a hearing to reconsider the sanction imposed upon me within five (5) court days after the file stamp of this motion by the Clerk of the Circuit Court.

Defendant

Attorney at Law

Witness (where there is no attorney)

Date

Phase 1 Requirements



Name: _____

PO: _____

Date Reviewed: _____

Review each requirement with staff and initial you understand the expectation

_____ I will attend court every week at: _____

_____ I will follow my treatment plan.

_____ I will comply with supervision and notify my Probation Officer of ANY police contact.

_____ I will allow Probation Officers associated with the Drug Court Program into my residence for home visits.

_____ I will submit to random urine analysis testing as determined by the Drug Court Team.

_____ I will reside in a safe environment that supports my recovery. I will notify my Probation Officer within 24 hours if my residency changes.

_____ I will obtain a medical assessment as directed by my treatment team.

_____ I will develop a case supervision plan with my Probation Officer.

_____ I will have daily contact with my Probation Officer.

_____ I will attend weekly office appointments with my Probation Officer.

_____ I will obtain health insurance.

_____ I will start changing the people, places and things associated with my drug use.

I have reviewed the requirements for Phase 1 and understand my responsibilities to Drug Court.

Client Signature

Date

Probation Officer

Date

Phase 2 Requirements



Name: _____

PO: _____

Date Reviewed: _____

Review each requirement with staff and initial you understand the expectation

_____ I will attend court every week at: _____

_____ I will follow my treatment plan.

_____ I will comply with supervision and notify my Probation Officer of ANY police contact.

_____ I will allow Probation Officers associated with the Drug Court Program into my residence for home visits.

_____ I will submit to random urine analysis testing as determined by the Drug Court Team.

_____ I will reside in a safe environment that supports my recovery. I will notify my Probation Officer within 24 hours if my residency changes.

_____ I will obtain a medical assessment as directed by my treatment team.

_____ I will develop a case supervision plan with my Probation Officer.

_____ I will attend weekly office appointments with my Probation Officer.

_____ I will obtain health insurance.

_____ I will demonstrate how I am changing "people, places and things" associated with my drug use.

_____ I will begin Peer Recovery Groups (AA/NA/CA/HA/Smart Recovery, etc.)

_____ I will start to address my financial obligations.

I have reviewed the requirements for Phase 2 and understand my responsibilities to Drug Court.

Client Signature

Date

Probation Officer

Date

Phase 3 Requirements



Name: _____

PO: _____

Date Reviewed: _____

Review each requirement with staff and initial you understand the expectation

_____ I will attend court every other week on: _____

_____ I will follow my treatment plan.

_____ I will comply with supervision and notify my Probation Officer of ANY police contact.

_____ I will allow Probation Officers associated with the Drug Court Program into my residence for home visits.

_____ I will submit to random urine analysis testing as determined by the Drug Court Team.

_____ I will reside in a safe environment that supports my recovery. I will notify my Probation Officer within 24 hours if my residency changes.

_____ I will address my medical assessment as directed by my treatment team.

_____ I will continue to work on my case supervision plan with my Probation Officer.

_____ I will attend office appointments with my Probation Officer every other week.

_____ I will maintain health insurance.

_____ I will demonstrate how I am changing "people, places and things" associated with my drug use.

_____ I will maintain my Peer Recovery Groups (AA/NA/CA/HA/Smart Recovery, etc.)

_____ I will continue to address my financial obligations.

_____ I will begin Criminal Thinking Program (ie LEAPS/MRT)

_____ I will continue to address my financial issues.

_____ I will establish a pro-social activity.

_____ I will begin a job or start vocational training.

I have reviewed the requirements for Phase 3 and understand my responsibilities to Drug Court.

Client Signature

Date

Probation Officer

Date

Phase 4 Requirements



Name: _____

PO: _____

Date Reviewed: _____

Review each requirement with staff and initial you understand the expectation

_____ I will attend court every three weeks on: _____

_____ I will follow my treatment plan.

_____ I will comply with supervision and notify my Probation Officer of ANY police contact.

_____ I will allow Probation Officers associated with the Drug Court Program into my residence for home visits.

_____ I will submit to random urine analysis testing as determined by the Drug Court Team.

_____ I will reside in a safe environment that supports my recovery. I will notify my Probation Officer within 24 hours if my residency changes.

_____ I will continue to address my medical assessment as directed by my treatment team.

_____ I will continue to work on my case supervision plan with my Probation Officer.

_____ I will attend monthly office appointments with my Probation Officer.

_____ I will maintain health insurance.

_____ I will demonstrate how I am changing "people, places and things" associated with my drug use.

_____ I will maintain my Peer Recovery Groups (AA/NA/CA/HA/Smart Recovery, etc.)

_____ I will continue to address my financial obligations.

_____ I will complete my Criminal Thinking Program (ie LEAPS/MRT).

_____ I will continue to address my financial issues.

_____ I will maintain a pro-social activity.

_____ I will maintain a job or vocational training.

_____ I will address any ancillary services (parenting classes, family support, etc.)

I have reviewed the requirements for Phase 4 and understand my responsibilities to Drug Court.

Client Signature

Date

Probation Officer

Date

Phase 5 Requirements



Name: _____

PO: _____

Date Reviewed: _____

Review each requirement with staff and initial you understand the expectation

_____ I will attend court monthly on: _____

_____ I will follow my treatment plan.

_____ I will comply with supervision and notify my Probation Officer of ANY police contact.

_____ I will allow Probation Officers associated with the Drug Court Program into my residence for home visits.

_____ I will submit to random urine analysis testing as determined by the Drug Court Team.

_____ I will reside in a safe environment that supports my recovery. I will notify my Probation Officer within 24 hours if my residency changes.

_____ I will continue to address my medical assessment as directed by my treatment team.

_____ I will continue to work on my case supervision plan with my Probation Officer.

_____ I will attend monthly office appointments with my Probation Officer.

_____ I will maintain health insurance.

_____ I will demonstrate how I am changing "people, places and things" associated with my drug use.

_____ I will maintain my Peer Recovery Groups (AA/NA/CA/HA/Smart Recovery, etc.)

_____ I will continue to address my financial obligations.

_____ I will complete my Criminal Thinking Program (ie LEAPS/MRT). _____

_____ I will continue to address my financial issues.

_____ I will maintain a pro-social activity.

_____ I will maintain a job or vocational training.

_____ I will address any ancillary services (parenting classes, family support, etc.)

_____ I will attend monthly Drug Court Alumni Group.

I have reviewed the requirements for Phase 4 and understand my responsibilities to Drug Court.

Client Signature

Date

Probation Officer

Date

Application for Phase 2



Name: _____ Date Turned in: _____

Current Address: _____ Phone: _____

_____ Email: _____

You MUST meet the following criteria to Phase Up: (Place an "X" if task is completed)

You have been in Phase 1 for a minimum of 60 days. Date contracted into program: _____

You have a minimum of 14 consecutive days of sobriety. What is your sobriety date: _____

Did you obtain a self-help sponsor/mentor? If no, why: _____

You are engaged in treatment and attending regularly?
Counselor/Case Manager verification signature: _____

Are you in compliance with supervision:
Probation/Case Manager verification signature: _____

Did you develop a Case Supervision Plan with your Probation Officer: _____

Did you obtain your medical assessment, if so, where and when: _____

Did you start changing people, places and things, if so, how: _____

Did you obtain your insurance, who is your provider: _____

Identify 3 of your biggest struggles in Phase 1:

• _____

• _____

Application for Phase 3



Name: _____ Date Turned in: _____
Current Address: _____ Phone: _____
_____ Email: _____

You MUST meet the following criteria to Phase Up: (Place an "X" if task is completed)

- You have been in Phase 2 for a minimum of 90 days. Date entered Phase 2: _____

- You have a minimum of 30 consecutive days of sobriety. What is your sobriety date: _____

- You have maintained a self-help sponsor/mentor?
Name: _____ Date _____

- You are engaged in treatment and attending regularly?
Counselor/Case Manager verification signature: _____

- Are you in compliance with supervision:
Probation/Case Manager verification signature: _____

- Date of your last Case Supervision Review: _____

- In what ways are you working on changing people, places, and things: _____

- Where are you attending peer recovery groups: _____

- Date I reviewed my Financial plan: _____

- Addressing my medical issues: _____

Identify 3 of your biggest struggles in Phase 2:

- _____
- _____
- _____

Identify 3 personal goals you would like to accomplish in the next phase:

- _____
- _____
- _____

Client Signature

Date

Supervisor Signature for Approval

Date

Application for Phase 4



Name: _____ Date Turned in: _____

Current Address: _____ Phone: _____

_____ Email: _____

You MUST meet the following criteria to Phase Up: (Place an "X" if task is completed)

You have been in Phase 3 for a minimum of 90 days. Date entered Phase 3: _____

You have a minimum of 45 consecutive days of sobriety. What is your sobriety date: _____

You have maintained a self-help sponsor/mentor?
Name _____ Date _____

You are engaged in treatment and attending regularly?
Counselor/Case Manager verification signature: _____

Are you in compliance with supervision:
Probation/Case Manager verification signature: _____

What are you working on in your Case Supervision Plan: _____

Demonstrate how you are working on changing people, places, and things: _____

Where are you attending peer recovery groups? Home Group: _____

Date I reviewed my Financial Plan and what are my monthly payments: _____

Addressing my medical issues: _____

Engaged in Criminal Thinking Program? When did you start? _____

Engaged in Pro-social activities? What: _____

Employed or going to school? Where: _____

Identify 3 of your biggest struggles in Phase 3:

• _____

• _____

• _____

Identify 3 personal goals you would like to accomplish in the next phase:

• _____

• _____

• _____

Client Signature

Date

Supervisor Signature for Approval

Date

Application for Phase 5



Name: _____ Date Turned in: _____
Current Address: _____ Phone: _____
_____ Email: _____

You MUST meet the following criteria to Phase Up: (Place an "X" if task is completed)

You have been in Phase 4 for a minimum of 90 days. Date entered Phase 4: _____

You have a minimum of 60 consecutive days of sobriety. What is your sobriety date: _____

You have maintained a self-help sponsor/mentor:
Name _____ Date _____

You are engaged in criminal thinking program?
Counselor/Case Manager verification signature: _____

Are you in compliance with supervision:
Probation/Case Manager verification signature: _____

What are you working on in your Case Supervision Plan: _____

Demonstrate how you are working on changing people, places, and things: _____

Where are you attending peer recovery groups? Home Group: _____

What is my monthly payment from my financial form I need to make in order to graduate on time: _____

Addressing my medical issues: _____

Engaged in Pro-social activities? What: _____

Application for Graduation



Name: _____ Date Turned in: _____
Current Address: _____ Phone: _____
_____ Email: _____

You MUST meet the following criteria to Phase Up: (Place an "X" if task is completed)

You have been in Phase 5 for a minimum of 90 days. Date entered Phase 5: _____

You have a minimum of 90 consecutive days of sobriety. What is your sobriety date: _____

You have maintained a self-help sponsor/mentor?
Name _____ Date _____

You completed your criminal thinking program? Date: _____

Are you in compliance with supervision:
Probation/Case Manager verification signature: _____

What are you working on in your Case Supervision Plan: _____

Demonstrate how you are working on changing people, places, and things: _____

Where are you attending peer recovery groups? Home Group: _____

How much do you have to pay a monthly in order to graduate Plan: _____

Engaged in Pro-social activities? What: _____

Employed or going to school? Where: _____

Identify 3 coping responses if triggered:

- _____
- _____
- _____

Identify 3 community resources you can reach out to if need additional support:

- _____
- _____
- _____

Client Signature

Date

Supervisor to Approve

Date

KANE COUNTY DRUG COURT PHASES

PHASE ONE (60 DAYS) - ACUTE STABILIZATION

- | | | |
|--|---|---|
| <input type="checkbox"/> Court weekly | <input type="checkbox"/> Weekly office visits with PO | <input type="checkbox"/> Schedule any medical evaluations |
| <input type="checkbox"/> Engaged with treatment | <input type="checkbox"/> Home Visits | <input type="checkbox"/> Start changing people, places & things |
| <input type="checkbox"/> Comply with supervision | <input type="checkbox"/> Random drug tests | <input type="checkbox"/> Daily PO contact |
| <input type="checkbox"/> Develop case plan w/PO | <input type="checkbox"/> Address housing | <input type="checkbox"/> Obtain Insurance |

Minimum 14 consecutive days sobriety to advance to Phase Two

PHASE TWO (90 DAYS) - CLINICAL STABILIZATION

- | | | |
|---|---|---|
| <input type="checkbox"/> Court weekly | <input type="checkbox"/> Monthly home visits | <input type="checkbox"/> Address medical needs |
| <input type="checkbox"/> Engaged with treatment | <input type="checkbox"/> Random drug tests | <input type="checkbox"/> Demonstrate changing people
places and things |
| <input type="checkbox"/> Comply with supervision | <input type="checkbox"/> Begin peer recovery groups | <input type="checkbox"/> Obtain a sponsor |
| <input type="checkbox"/> Review case plan | <input type="checkbox"/> Maintain stable housing | |
| <input type="checkbox"/> Weekly office visits with PO | <input type="checkbox"/> Develop Financial Plan with PO | |

Minimum 30 consecutive days sobriety to advance to Phase Three

PHASE THREE (90 DAYS) - PRO-SOCIAL HABILITATION

- | | | |
|---|--|---|
| <input type="checkbox"/> Court every other week | <input type="checkbox"/> Begin Criminal thinking program (MRT) | <input type="checkbox"/> Demonstrate changing people,
places, etc. |
| <input type="checkbox"/> Engage with treatment | <input type="checkbox"/> Maintain peer recovery groups | <input type="checkbox"/> Maintain a sponsor |
| <input type="checkbox"/> Comply with supervision | <input type="checkbox"/> Establish recovery network | <input type="checkbox"/> Begin job or vocational training |
| <input type="checkbox"/> Review case plan | <input type="checkbox"/> Establish pro-social activity | <input type="checkbox"/> Address life skills (parenting, school etc) |
| <input type="checkbox"/> Office visits with PO every other week | <input type="checkbox"/> Maintain stable housing | |
| <input type="checkbox"/> Monthly home visits | <input type="checkbox"/> Address Financial Plan with PO | |
| <input type="checkbox"/> Random drug testing | <input type="checkbox"/> Address medical needs | |

Minimum 45 consecutive days sobriety to advance to Phase Four

PHASE FOUR (90 DAYS) - ADAPTIVE HABILITATION

- | | | |
|---|--|--|
| <input type="checkbox"/> Court every three weeks | <input type="checkbox"/> Random drug tests | <input type="checkbox"/> Address Financial Plan with PO |
| <input type="checkbox"/> Engaged with treatment | <input type="checkbox"/> Continue MRT | <input type="checkbox"/> Address medical needs |
| <input type="checkbox"/> Comply with supervision | <input type="checkbox"/> Maintain peer recovery groups | <input type="checkbox"/> Maintain a sponsor |
| <input type="checkbox"/> Review case plan | <input type="checkbox"/> Maintain recovery network | <input type="checkbox"/> Maintain job or vocational training |
| <input type="checkbox"/> Office visits with PO every other week | <input type="checkbox"/> Maintain pro-social activity | <input type="checkbox"/> Address life skills (parenting, school etc) |
| <input type="checkbox"/> Monthly home visits | <input type="checkbox"/> Maintain stable housing | |

Minimum 60 consecutive days sobriety to advance to Phase Five

PHASE FIVE (90 DAYS) - CONTINUING CARE

- | | | |
|--|--|---|
| <input type="checkbox"/> Court monthly | <input type="checkbox"/> Random drug tests | <input type="checkbox"/> Address Financial Plan with PO |
| <input type="checkbox"/> Engaged with treatment | <input type="checkbox"/> Complete MRT | <input type="checkbox"/> Address medical needs |
| <input type="checkbox"/> Comply with supervision | <input type="checkbox"/> Maintain peer recovery groups | <input type="checkbox"/> Maintain job or vocational training |
| <input type="checkbox"/> Review case plan | <input type="checkbox"/> Maintain recovery network | <input type="checkbox"/> Address life skills (parenting, school, etc) |
| <input type="checkbox"/> Monthly office visits | <input type="checkbox"/> Maintain pro-social activity | <input type="checkbox"/> Maintain a sponsor |
| <input type="checkbox"/> Random home visits | <input type="checkbox"/> Maintain stable housing | <input type="checkbox"/> Attend Alumni Group |

Minimum 90 consecutive days sobriety to advance to Graduation Phase

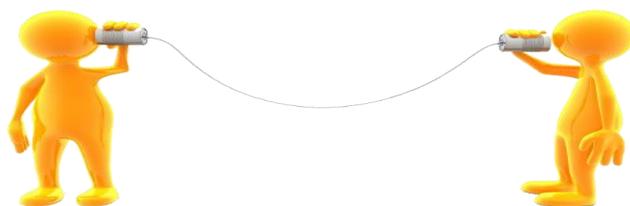
GRADUATION PHASE (MAX 90 DAYS)

- | | | |
|---|---|--|
| <input type="checkbox"/> Court check-in | <input type="checkbox"/> Hearing on fees/fines within 60 days | <input type="checkbox"/> No drop/meeting verification sheets |
| <input type="checkbox"/> Random home visits | <input type="checkbox"/> Maintain case supervision plan | <input type="checkbox"/> Attend Alumni Group |
| <input type="checkbox"/> Random office visits | <input type="checkbox"/> Random Drug Testing | |

Minimum 90 consecutive days sobriety to Graduate

WE ARE ALWAYS A PHONE CALL AWAY

DRUG COURT STAFF NUMBERS



	Office	Cell
Alicia Klimpke	630-406-7179	331-452-5189
Mike Roman	630-232-5824	630-461-9269
Liz Eyre	630-232-5889	630-742-1752
Lena Fischer	630-232-5813	224-230-9554
Quincy Owens	630-232-5884	630-461-9279
Jennifer Peacock	630-897-9557	630-461-9232
Juanita Archuleta (Public Defender)	630-232-5835	
Kane County Diagnostic Center	630-262-4480	
