



Hero Help Program Participant Agreement

Case number# 32- _____ - _____

I, _____, have been provided information regarding the Hero Help Program and informed that I am eligible to participate.

Treatment Requirements

I understand that the Hero Help Program facilitates drug and or alcohol addiction treatment to qualifying adults. _____ (initial)

I understand that I as a participant in the Hero Help Program, a New Castle County Division of Police Officer (“NCCPD”) will accompany me to a treatment facility where I will be admitted into a 23-hour observation bed and given a clinical assessment by a licensed counselor. I understand that after this assessment I will be contacted by the Hero Help Coordinator, who will provide resource referrals and treatment and case management services. _____ (initial)

I agree to allow any and all treatment centers to update the New Castle County Division of Police on the status of my treatment. _____ (initial)

I agree to adhere to the treatment plan established by the treatment professional and agreed to by me. _____ (initial)

I agree not to use ANY intoxicating substances including alcohol and drugs except those lawfully prescribed by a legally authorized medical professional. _____ (initial)

Criminal Conduct

I agree not to engage in conduct that would constitute a violation of criminal law. _____ (initial)

I UNDERSTAND THAT FAILURE TO ADHERE TO THE TREATMENT REQUIREMENTS OUTLINED ABOVE OR ENGAGING IN CRIMINAL CONDUCT ARE GROUNDS FOR DISMISSAL FROM THE HERO HELP PROGRAM. _____ (initial)

In Lieu of Arrest (check if applicable)

I further understand that I am being permitted entry into treatment by the New Castle County Division of Police in lieu of being arrested for _____ . I understand that the New Castle County Police reserves the right to pursue the previously stated charge(s) if I fail to adhere to the treatment plan established by the treatment professional and agreed to by me. I further agree to adhere to all the Treatment stipulations outlined above. _____ (initial)

With Pending Criminal Charges (check if applicable)

I further understand that I am being permitted entry into treatment by the New Castle County Police Department knowing that I have criminal charges pending against me in the State of Delaware. I understand that my participation in the Hero Help Program will not result in dismissal of my charges. I understand that the Delaware Department of Justice will review these charges and possible restitution after successful completion of the Hero Help Program. I further agree to adhere to all the Treatment stipulations outlined above. _____ (initial)

Certification

Understanding the nature and parameters of the Hero Help Program, I, _____, certify that I voluntary agree to enter into and participate in the Hero Help Program.

Participant Signature

Date

Witness Signature

Date

Officer Signature

Date