

## Carver County Drug Treatment Court Participant Consent to Observation of Proceedings

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First	Middle	Last Name	Date of Birth
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Individuals are requesting permission to observe Carver County Drug Treatment Court proceedings where I am a participant.

I understand that I am under no obligation to provide consent for the observation of these proceedings and that providing consent is not a required condition of the Carver County Drug Treatment Court program. I understand that I may revoke my consent at any time, but that revocation will not be retroactive.

I understand that Carver County Drug Treatment Court observers will be required to sign an agreement to keep certain information I provide about my experience in Carver County Drug Treatment Court confidential. This may include information about: why I am eligible for substance abuse treatment services, what kind of treatment I have received, my treatment program attendance and compliance records, my drug test results, and treatment program progress notes used to monitor me.

I understand that Carver County Drug Treatment Court observers will not keep information confidential if the court has already disclosed the information to the public, or if someone else has lawfully disclosed the information to the public.

I understand that statements I make to Carver County Drug Treatment Court observers are not privileged like statements I make to my lawyer. Any incriminating statements I make to an observer may be disclosed and may be used against me.

Under the terms listed above, I consent to having observers present for Carver County Drug Treatment Court proceedings where I am a participant.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_