

**U. S. PROBATION OFFICE
MIDDLE DISTRICT OF GEORGIA**

DRUG/ALCOHOL PROGRAM COMPLIANCE AGREEMENT

Name: _____ Date: _____

Having been instructed by the Court/Parole Commission to participate in drug and/or alcohol aftercare, I agree to assist the Probation Office in monitoring my drug and/or alcohol free status by abiding by the following:

- I **will** maintain an honest and truthful relationship with my U.S. Probation Officer and report as directed.
- I **will** submit to urine testing as directed by my substance abuse counselor/U.S. Probation Officer.
- I **will** participate in all aspects of the Drug/Alcohol Treatment Program which may include group therapy, individual counseling, and NA/AA or other support group meetings at the direction of the U.S. Probation Officer.
- I **will not** use alcohol.
- I **will not** take any prescription medication until the doctor prescribing the medication has been advised of my substance abuse history. Documentation of the doctor's knowledge must be provided to the U.S. Probation Officer.
- I **will not** miss treatment/urine tests without the prior approval of the treatment counselor and/or the U.S. Probation Officer.
- I **understand** drug/alcohol use, missed appointments, or urine tampering will result in adverse action.

I have read or had read to me the above conditions. I fully understand them and will abide by them:

Signed: _____ Date: _____
Probationer/Parolee

Signed: _____ Date: _____
U.S. Probation Officer