



**Consent for Interview
Treatment Accountability for Safer Communities**

Client Name: _____ **Client ID:** _____ **Date:** _____

Treatment Accountability for Safer Communities (TASC) bridges the gap between the justice system and treatment programs by making substance abuse and mental health assessments and the appropriate treatment services available to adolescent offenders who would otherwise burden the justice system.

The program is designed to determine if you may benefit from treatment due to a problem that is related to your crime. If so, we will assist you in securing these services. We are here to HELP you.

Before a TASC Specialist may begin working with you, we are required to have your written consent for an initial interview. Please read the following statements and then sign your name where indicated.

**I hereby give my consent for a TASC Specialist to conduct an initial interview and evaluation.
I also agree to collaboratively develop and adhere to my TASC Intervention Plan.
Furthermore, I agree to be an active participant in this voluntary program.**

Client's Signature

Date

TASC Specialist's Signature

Date





**Consent for Services, Program Expectations, and Consequences
Treatment Accountability for Safer Communities**

Client Name: _____ **Client ID:** _____ **Date:** _____

Consent for Services:

I agree to participate in the Treatment Accountability for Safer Communities (TASC) Program and I understand that successful participation in the TASC Program may enhance a more favorable disposition of my criminal charges as well as improve my ability to avoid further arrests. I also agree to maintain contact with my TASC Specialist at least once every 10 days and agree to have the TASC Specialist send progress reports to the Juvenile Justice System and any other referral source. Furthermore, I understand that I must abide by the following conditions to remain in the program.

Program Expectations:

- To refrain from the use of any illicit drugs and/or alcohol.
- To refrain from illegal activity.
- To refrain from violence, threats of violence, or verbal abuse.
- To cooperate with the rules and regulations of the treatment program to which I am referred.
- To attend all treatment, counseling sessions scheduled at the treatment program.
- To make required court appearances.
- To pay for services at the treatment center, as applicable.
- To provide a urine sample whenever requested by TASC or the treatment counselor.
- To notify TASC should you change your address or telephone number, change employment, obtain a lawyer, receive a court date.
- To meet with my TASC Specialist in person at least every 30 days to review and update my TASC Intervention Plan.

Consequences:

I also understand that if I do not follow through with the recommendations of the TASC Program, the Department of Juvenile Justice and the Judge will be notified. This may result in a violation of my sanctions/court order and may result in violation of probation.

By signing this agreement, I am fully aware that my participation is not a guarantee against prosecution or ultimate incarceration.

Client's Signature

Date

TASC Specialist's Signature

Date