52-4 District Court Drug Therapy Court

Prescription Drug Policy

As a participant in DTC, I am prohibited from using certain prescription medications that are potentially habit-forming or prone to abuse, including but not limited to opiates, amphetamines, and benzodiazepines. I will inform my medical doctor and/or psychiatrist of this restriction when being prescribed any medication and will present the Healthcare Contract at the time of any appointment or surgery. If I am prescribed a restricted medication, I will not take it unless it has been approved by the Court—except in the case of a life-threatening illness or injury.

_____ I have disclosed all current prescribed and over the counter medication.

_____ I am aware that the Court will use the Michigan Automated Prescription System (MAPS) to verify all prescriptions, on up to a monthly basis.

_____ _____

Participant Signature Date

_____ _____

Probation Officer Date

Medication List (use the back for additional medication):

1. _____ 2. _____

3. _____ 4. _____