Veterans' Court Participant Agreement

State of Minnesota

Case #:

27-CR-22-22521

٧.

SILS #:

877130

Dennis Joseph Barry

Offense:

CT 1: Burglary-2nd Degree-Dwelling; CT 2: Burglary-2nd Degree-Dwelling; CT 3: Burglary-2nd

Degree-Dwelling; CT 4: Burglary-2nd Degree-Dwelling; CT 5: Burglary-2nd Degree-Dwelling

Degree:

FEL 🖂

GMD □

MSD □

PMD □

The purpose of the Hennepin County Veterans' Court is to promote public safety and assist and support veterans and their families by creating a coordinated response through collaboration with the veteran's service delivery system, community-based services, and the criminal justice system. I have been offered and have accepted the opportunity to participate in this program.

- I, Dennis Joseph Barry VOLUNTARILY AGREE TO THE FOLLOWING:
- I will attend and complete any treatment program and/or support group, including AA/NA that I am
 referred to by the Court. I agree to be supervised by persons designated by the Court. I will obey all rules
 of the treatment program and/or support group, provide verification of my participation, and pay all
 required fees.
- 2. I will submit to urine, breath and other drug testing as ordered by the Court. I will not manipulate the results of any testing of me. I will control the intake of fluids so as not to dilute any urine sample. I will cooperate during random home visits by probation officers, police officers, or other authorized agencies, including breath testing and cursory searches of my person and residence.
- 3. I will appear for all court dates, treatment meetings, probation officer meetings, classes or other scheduled appointments as ordered by the Court, and I will be on time.
- 4. I will comply with the terms and conditions of my sentence and any other rules designated by Probation or members of the Team. I will read the Veterans' Court participant handbook and abide by the rules in the handbook.
- 5. I agree to keep the Court and treatment providers informed of my current address and phone number(s) and to report all address and phone changes to my probation officer before I make the changes.
- 6. I will not use or possess alcohol or any mood-altering substances while participating in the program. Furthermore, I understand that I must have prior permission from Court staff before taking any prescribed



Page 1 of 2

medication. I will provide verification of prescriptions to my probation officer before any use of medication. Except in the case of a life-threatening medical emergency, I will only use one physician, one pharmacy, and one hospital while in Veterans' Court and I will advise any health care professionals who treat me that I am chemically dependent.

- 7. The Court may impose immediate sanctions for non-compliance with conditions of the program.
- 8. I understand I have the right to a formal hearing before sanctions are imposed.

I agree to the terms set forth by the Hennepin County Veterans' Court and understand that if I do not follow the Court rules I will be terminated from the program. I have received a copy of this Participant Agreement and the Participant Handbook and agree to its terms and conditions. I also understand that full compliance will fulfill the original Court order and may result in early termination of my probation or placement on administrative probation.

| Probation Offic | er: Randall Atkins | Call within th | je next 24 hou | rs | | |
|-----------------|--------------------|----------------|----------------|----|-------|----------|
| Defendant: | DAM | MAX | | | Date: | 12-20-21 |
| | C 11 // | | | | | |
| Defendant's | Attorney: | | | | Date: | |



Page 2 of 2

27-CR-22-22521.12/20/2022.61.0408.2



Rev. 7.22