## HENNEPIN COUNTY FOURTH JUDICIAL DISTRICT

Filed in District Court State of Minnesota COMMUNITY CORRECTIONS & REHABILITATION Dec 22, 2022 8:27 am ADULT SPECIALIZED SUPERVISION SERVICES.

## Veterans' Court Participant Agreement

| State of Minnesota | Case #: | 27-CR-22-22521 |
|--------------------|---------|----------------|
| V.                 | SILS #: | 877130         |

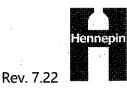
## **Dennis Joseph Barry**

Offense:CT 1: Burglary-2nd Degree-Dwelling; CT 2: Burglary-2nd Degree-Dwelling; CT 3: Burglary-2nd<br/>Degree-Dwelling; CT 4: Burglary-2nd Degree-Dwelling; CT 5: Burglary-2nd Degree-DwellingDegree: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:

- 1. 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



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 Officer: Randall Atkins Call within the next 24 hours

Date: Defendant:

**Defendant's Attorney:** 

Date:





Rev. 7.22