

**PUTNAM COUNTY**  
**DUI COURT PROGRAM**  
**PARTICIPANT HANDBOOK**

# TABLE OF CONTENTS

Welcome .....	3
Overview .....	3
Confidentiality.....	3
Fourth Amendment Waiver & Search and Arrest Requirements .....	4
DUI Court Hearings .....	4
Progress Reports.....	5
Termination from DUI Court .....	5
Minimum Sanctions .....	5
Incentives .....	6
DUI Court Program Rules .....	6
Phases of DUI Court .....	7
Attendance.....	9
DUI Court Fees .....	9
Medication(s) .....	10
Drug Testing.....	10
Reporting for a Drug Screen: .....	11
Treatment Facility .....	12
Graduation.....	10
List of Medications to AVOID.....	14
# - C.....	14
D - I .....	15
J - P.....	16
Q - V.....	17
W - Z .....	18
Appendix – Forms & Contracts.....	15
Acknowledgement Form	
Consent For The Release of Confidential Information	
Urine Abstinence Testing And Incidental Alcohol Exposure Contract	
Addendum to Sentence - Fourth Admendment Waiver	
Participant Schedule	
DUI Court Program Contract	
Participant Vacation Request	
Resources	
DUI Court	
Education	
Employment	
Medical	
Public Assistance	

## **WELCOME**

Welcome to the Putnam County DUI Court Program! This handbook is designed to answer your questions and provide overall information about the DUI Court Program. As a participant, you will be expected to follow the instructions given in DUI Court by the Judge and comply with the treatment plan developed for you by the probation officer and treatment team.

This Handbook will detail what is expected of you as a DUI Court participant and will review general program information and guidelines.

The purpose of DUI Court is to assist those with a history of multiple DUI charges to overcome their alcohol and drug addictions. Once accepted into this intensive treatment program you will obtain a two-fold benefit. One, you will receive cost effective quality treatment and two, your current DUI sentence may be modified to allow for reduced fines and/or community service work.

## **OVERVIEW**

DUI Court is a three-phase intervention program. The program is a minimum of twelve (12) months and consists of three (3) phases:

All phases of the program encompass vocational and educational components in conjunction with providing substance abuse treatment with judicial oversight. This program provides intervention and serves as a meaningful alternative to jail for the participant who can function in the community with support. It is our goal to improve the quality of life and reduce recidivism for participants. Those who graduate will have a solid foundation to build upon in order to become even more productive members of our community.

The DUI Court Judge will make all decisions regarding your participation in the DUI Court Program with input from the DUI Court Team. In addition to the Judge, the DUI Court Team consists of the following members:

- Judge
- Solicitor
- Public Defender
- Court Coordinator
- Probation Officer
- Treatment Provider
- Law Enforcement, Putnam County Sheriff and Eatonton Chief of Police

Prior to each DUI Court session, the DUI Court Team members familiarize themselves with your progress and set-backs so that they may discuss that progress with you during the DUI Court session.

## **CONFIDENTIALITY**

Federal and State law requires that your identity and privacy be protected. In response to these regulations, DUI Court, its probation officers, and treatment providers have developed policies and procedures that guard your privacy. You will be asked to sign a Consent for Disclosure of Confidential Substance Abuse Information. This disclosure of information is for the only purpose of hearings and reports concerning your specific DUI Court case.

## **FOURTH AMENDMENT WAIVER & SEARCH AND ARREST REQUIREMENTS**

All participants must, at any time, without warning, probable cause, articulable suspicion or a search warrant, provide a sample of blood, breath, urine, saliva or other bodily substance and submit to searches of his/her residence, workplace, vehicle, containers, records and all other locations and items, by any law enforcement officer, probation officer or parole officer.

As a participant in DUI Court, you are required to submit your person, vehicle, place of residence or area to search and seizure of narcotics, drugs or other contraband at any time of the day or night with or without a search warrant, without prior notice, and without probable cause by any peace officer or probation officer. Any law enforcement officer who observes a current participant of DUI Court in any of the following circumstances is authorized to arrest that individual:

- In violation of any criminal law;
- Ingesting a controlled substance, marijuana or alcohol;
- Being under the influence of a controlled substance, marijuana or alcohol;
- Possessing a controlled substance, marijuana or alcohol or drug paraphernalia;
- Being in the presence of a person in possession of controlled substance(s) and a reasonable person in a like position, would conclude that drugs are present.

Participants detained in jail after arrest will be brought before a DUI Court Judge for hearing.

### **DUI COURT HEARINGS**

As a DUI Court participant, you will be required to appear in DUI Court on a regular basis. The number of times you must appear depends upon the phase of DUI Court you are currently in. Failure to appear will result in a warrant being issued for your arrest and detention in jail until you can appear before the court. If you have questions about your court appearances you may contact your Probation Officer. DUI Court is scheduled twice monthly **on Thursday's** at the convenience of the participant, or as otherwise scheduled by the Judge. The Court Coordinator will provide you with a schedule.

*Effective January 1, 2015, DUI Court will be held at 1 PM on Wednesday's bi-weekly. Schedule will be amended into the handbook once the time has arrived.*

Your behavior from the time you leave your automobile until you arrive in the courtroom should reflect positively on your DUI Court Treatment Program. Your attire sPutnam NOT include shorts, tank tops, halter-tops, hats, sunglasses, or excessively baggy clothing. Additionally, you sPutnam NOT wear clothes displaying offensive language, advertising alcohol or other drugs. Loud and boisterous behavior is unacceptable. You must be punctual. Once in the courtroom, conversations should be minimal, and you are to remain seated unless directed otherwise. You are not to read or sleep in the courtroom. No food, drink, pagers, cell phones, or other distracting items are allowed. You are responsible for your guests and/or children.

When addressed by the Judge, you should stand and respond respectfully. For example, "Yes" and "No" or "Yes, sir" and "No, ma'am" are appropriate. Speak clearly and directly to the Bench and remain in front of the Judge until dismissed.

### **PROGRESS REPORTS**

Before your DUI Court hearing, the Judge will be given a progress report presented by your Probation Officer. The progress report will discuss your drug testing results, attendance, participation and cooperation in the treatment program, employment and/or other requirements that may have been imposed. The Judge may ask questions about your progress and any problems you may be having. If you are doing well you may be rewarded with reduced

program requirements. If your progress reports show that you are not doing well, the judge will discuss this with you and determine future action, which could include a sanction in order to help you remember your goals in the program. Sanctions can be anything from increased program requirements to jail custody.

### **TERMINATION FROM DUI COURT**

Warrants, new arrests, or a violation of any aspect of your treatment plan may result in terminated from the DUI Court Program. Other violations, which could result in termination, include the following:

- Missing and/or positive drug tests;
- Altered drug test;
- Demonstrating a lack of program response by failing to cooperate with the probation officer or treatment program;
- Violence or threat of violence directed at treatment staff, other participants of the program or other clients of the treatment providers;
- Subsequent DUI charges;

### **MINIMUM SANCTIONS**

Sanctions include admonition from the judge, increased frequency of court status hearings, increased frequency of drug testing, community service, increased treatment intensity, monitoring, progressively longer incarceration stays, curfews, in-court sentencing, and termination from program and sentencing to include incarceration. Generally, sanctions are applied as follows:

- Intermediate sanctions will be used to address non-compliance with the treatment program and/or a positive screen.
- The court upon recommendation of the treatment team will consider expulsion.

Upon the recommendation of the DUI Court Team, participants may be given rewards or incentives for compliant behavior. Common incentives are as follows:

<ul style="list-style-type: none"><li>○ Praise by the Court/Judge</li><li>○ Sobriety Tokens</li><li>○ Promotion to the next phase</li><li>○ Certificates of Graduation</li><li>○ Reduction of Community Service</li></ul>	<p><b>COMPLIANCE WITH DUI COURT RULES WILL RESULT IN REWARDS CALLED "INCENTIVES." FAILURE TO COMPLY WITH RULES MAY RESULT IN SANCTIONS.</b></p>
---	---

### **DUI COURT PROGRAM RULES**

As a participant you will be required to abide by the rules outlined in the participant contract, including, but not limited to the following:

- Totally abstain from the use of illegal drugs and alcohol.
- You will allow, as a condition of participation in the DUI Court program, your person, property, place of residence, vehicle or personal effects may be searched at any time with or without a warrant, and with or without reasonable cause, when required by a probation officer or other law enforcement officer.
- You will inform all treating physicians that you are a recovering addict and may not take narcotic or addictive medications or drugs.
- You will attend court sessions and treatment sessions as scheduled, submit to random alcohol and drug testing, remain clean and sober and law abiding.
- Pay fees totaling \$110.00 per month for probation and drug screens as directed by the DUI Court Judge. If at anytime you become delinquent on this account by more than 30 days, you will be subject to sanctions, up to potential incarceration.
- You will not associate with people who use or possess drugs, nor will you be present while others are using drugs or alcohol.
- You will keep the DUI Court team, probation officer, Treatment Provider and law enforcement liaison informed of your current address and phone number at all time
- You will dress appropriately for court and treatment sessions.
- You will abide by all other rules and regulations imposed by the DUI Court Team.

### **PHASES OF DUI COURT**

DUI Court is a 12 to 24 month program divided into three phases, including a transition phase. An individual participant must successfully complete each phase before transitioning on to the next. Each phase has a key concept or focus different from the other phases.

The program provides intervention and serves as a meaningful alternative to jail for the participant who can function in the community with support. It is our goal to improve he quality of life and reduce recidivism for participants. Those who graduate will have a solid foundation to build upon in order to become even more productive members of our community.

Note: Your level of treatment will be determined based upon your level of need; should you need increased treatment (Inpatient Treatment) during any phase, placement at such a facility will be coordinated by your Treatment Provider and the rest of the DUI Court team.

### **Phase I – Active Treatment and Early Recovery (24 AA sessions)**

- Attend bi-weekly court sessions
- Attend a minimum of two (2) AA meetings and provide verifiable documentation
- Provide a minimum of two (2) random drug screens per week
- Obtain an AA sponsor within 30 – 45 days of entering the program
- Maintain an ongoing relationship with said sponsor after sixty (60) days
- All treatments fees kept current
- No sanctions within 30 days

- Complete and present a 2 page paper explaining your struggled with addiction
  - Alcohol & Drug Evaluation
  - Risk Reduction Program

**Phase II – Relapse Prevention (64 AA sessions & 60 SA hours)**

Continue all requirements of Phase I excluding drug screening, with the addition of:

- Provide drug screens as recommended by the DUI court team.
- Complete Court-ordered community service
- Complete Court-ordered jail time
- Complete and present the following once approved:
  - Promotional Interview with Treatment Provider in the presence of a personal support group (spouse, roommate, etc...)

**Phase III – Continuance of Aftercare Program and Graduation (16 AA sessions)**

- DUI Court attendance once per month.
- Attend one-and-a-half (1.5) hours of weekly group meetings
- Attend a minimum of two (2) AA meetings and provide verifiable documentation
- Provide at least one (1) random drug screen per week
- Complete and present the following once approved:
  - Final Presentation
  - Family / Exit Session with group leader or program coordinator
  - Exit interview, as provided by DUI court
- You must be clean and sober for a minimum of six months prior to graduation.

## **ATTENDANCE**

As a participant in the Putnam County DUI Court, you are required to attend all meetings as assigned. Failure to attend will result in sanctions. Special requests to be excused from meetings must be approved by your Probation Officer and/or the DUI Court Team. Participants in Phase 1 should not request leave to miss a drug screen or a group session.

This procedure must be taken in order to miss a drug screen:

- All requests are to be submitted a minimum of two weeks in advance to your probation officer.
- All requests must have verified documentation attached. (For example: doctor, school, work, or court letterhead explaining the situation and signed by a person in authority, including a phone number.)
- The DUI Court staff will screen requests, and only if they are recommended will they be presented to the Judge for consideration.
- The DUI Court Judge will inform you in court of his decision on the requests that the staff recommends.

Only legitimate excuses will be considered. For example, birthdays, anniversaries, vacations, concerts...will not be considered. More leeway may be given to senior participants. In the event of a sudden illness and/or death of immediate family, of course, proceed as needed. (Immediate family includes spouse, children, siblings, parents, and grandparents only.) Contact your probation officer by phone on the next working day and obtain proof of relationship, medical records, or an obituary to be submitted upon your return to treatment.

## **DUI COURT FEES**

Throughout your attendance in the DUI Court Program, you are required to contribute financially through program and management fees. You will be charged \$110.00 per month. Payment must be made to the Probation Officer.

Failure to keep your account balance under \$110.00 will result in sanctions until your arrears are disposed of. If you cannot meet your financial obligations, it is your responsibility to discuss your situation with the program coordinator and develop a solution.

In addition, you will be responsible for a one-time \$95.00 fee to cover your Clinical Evaluation conducted by a licensed drug counselor; this fee **MUST** be paid prior to your evaluation being scheduled. Payment records will be reported to the Judge as part of your regular progress report.

## **MEDICATION(S)**

As you will learn in the DUI Court Program, cross addiction is real. Many of you were already addicted to more than one substance when you started DUI Court, but only had one "favorite" substance. You will find it quite easy to change from one mood-altering substance to another and continue to be addicted. As long as you continue to manipulate your mood with a substance rather than new thoughts and new activities, you will remain cross-addicted.

There are many reasons that you may continue to feel the need to use a variety of substances. The first thing that comes to mind is insomnia (sleeplessness) and you may be tempted to return to using sleeping medications within a short period of time because of poorly developed abilities to get yourself to sleep (these skills can be developed: warm milk, reading, meditation, etc.).

Pain is the second most common reason, and if you choose to use mood-altering analgesics (pain-killers), especially any of the narcotic drugs (*Loritab*, *Percocet*, *Darvocet*, *Darvon*, etc.) you are extremely likely to eventually return to your drug of choice because this will short-circuit your ability to control impulsive action. You have to be very cautious when you become physically ill, even with respiratory diseases (colds, flu, or pneumonia) because many of the drugs used to treat these conditions cause mood changes and decreased ability to control impulses. There are many compounds that will cause you to crave a drink/drug...many cough syrups have narcotics in them.

It is difficult to remember which drugs to avoid and so this has been prepared for you. You have to take responsibility for all of your future drug use because not every physician, pharmacist, or



dentist knows about the nature of your condition and what you have learned. Let your physicians, dentists, pharmacists, and all other persons that will be involved in your receiving medications know that you are in recovery. This is extremely important in the maintenance of your recovery! If you have a particular problem, be sure and discuss it with your probation officer. No drug of any kind is to be taken without prior notice to the DUI Court program.

Should you continue taking addictive OTC and/or prescribed medication(s), a hearing will be scheduled to allow you to present evidence of need to continue said medication(s). If you elect to continue use without authorization from the DUI Court team, positive drug screens will be considered sanctionable, and termination a potential end result.

## **DRUG TESTING**

All drug testing will be conducted at the probation officer. You will be provided with testing hours. You must be punctual and prepared to submit a specimen during the specified hours. Failure to submit a specimen will be considered a positive screen. Tampering with or diluting a drug screen is grounds for removal from the Putnam County DUI Court Program. A test resulting as **DILUTED** will result in appropriate sanctions, including possible jail time.

## **DILUTED TEST RESULTS**

An adulterated or diluted urine screen occurs with one of the following conditions:

- An individual takes a substance in order to “cleanse” the system of alcohol and/or other drugs.
- An individual attempts to add a substance, including water, to the urine at the time they are required to provide a specimen.
- An individual has consumed an excessive amount of fluids prior to submitting a specimen for testing.

## **REPORTING FOR A DRUG SCREEN:**

- Honesty is a crucial component for recovery and participation in the Putnam County DUI Court Program. The court will consider self-disclosure of use when sanctions are imposed.
- You will not be allowed to leave the testing area or to drink excessive fluids until a specimen is rendered.
- A staff member of the same sex must always witness the sample being given.
- You may not carry purses, coats, bags, etc. into the testing area.
- The test cup must contain a minimum 1/3 level to be adequate for testing.

You may not be able to stop using drugs immediately and recovery may not occur overnight. However, all use of illegal or unapproved drugs will be sanctioned. This is not intended as punishment but to encourage sobriety. Thus, the ultimate goal of drug testing is to provide accountability and confirmation of an individual's progress towards recovery

## **TREATMENT FACILITY**

All DUI Court activities and locations may be viewed as an extension of the Putnam County State Court. Your behavior should reflect that understanding at all times. This includes all contracted treatment locations, community service sites, special events, and any other functions associated with DUI Court activity. Violations of program rules can result in sanctions. All staff members of the Putnam County DUI Court are to be considered as officers of the Court, and you are expected to follow their instructions.

- No alcohol, drugs, weapons, or pocketknives will be brought to these facilities.
- Groups will begin on time! You must be punctual, as tardiness will result in sanctions. You must attend and participate in the full session to receive credit.
- Confidentiality is a must. What is said here stays here! There will be stiff consequences to any violations of this rule.
- Free expression of your thoughts and feelings is encouraged; however, violence, threats or intimidation will not be tolerated. Extreme use of profanity is not acceptable.
- If provided with a break, though a break is never guaranteed, this time is for smoking, bathroom breaks, and getting a drink. Use this time wisely and return to group on time.
- Leave group only in an emergency after notifying staff.
- Pagers and cell phones must be left outside in a locked vehicle. They will be confiscated if they ring or beep during group.
- No visitors allowed. You will be notified of scheduled exceptions to this rule. This includes children and pets.
- Pairing up with another DUI Court participant for an intimate relationship is not allowed.
- Smoking is permitted outside only. Place cigarette butts in the ash can provided.
- No littering in parking lot or in building. You must be responsible for assisting in maintaining the cleanliness of the building.
- Destroying or defacing property will lead to sanctions and possible criminal charges.

## **GRADUATION**

Graduation from the DUI Court Program is recognized as a very important event. Your loved ones will be invited to join you at a special ceremony as the DUI Court Team congratulates you for successfully completing Phase I – III of the DUI Court Program and achieving your goal to establish a drug-free life.

## LIST OF MEDICATIONS TO AVOID (IF POSSIBLE)

The following substances (prescribed, OTC, and ingredients) have been shown to cause a positive (true or false) on a drug screen. **This list is not all inclusive – it is YOUR responsibility to research any medication and to obtain approval PRIOR to consuming. If you have questions or concerns, call the DUI Court staff PRIOR to consumption!**

### #

4-Way Nasal Spray

### A

Accutrim  
Acetaminoph w/codeine  
Acet-AM  
Acro-Lase Plus®  
A.P.C. w/codeine  
A.R.M.  
Actifed  
Actifed with Codeine Cough Syrup®  
Aderal  
Adderall®  
Adipex-P  
Afrin  
Alcohol  
Alka-Seltzer  
Alka-Seltzer Plus  
Allerest  
Alprazolam  
Alurate  
Amantadine  
Ambenyl  
Ambien  
Amesec  
Amfepramone  
Amifepamone  
Amineptine  
Amitriptyline  
Amogel PG®  
Amoxicillin  
Ampicillin  
Amphetaminil  
Ampicin  
Amyl/butyl Nitrate  
Anaprox  
Ansaid  
Antihistamines  
Antrocol Elixir®  
Amytal  
Appedrine  
Apo-Naproxen  
Artane  
Ascriptin w/codeine

Aspirin with Codeine  
Astramoph PF ®  
Atarax  
Ativan®  
Atripla  
Atropine

### B

Bancap HC  
Bayer Select Maximum Strength Sinus Pain Relief Caplets  
Bayer Select Pain Relief Formula  
Belladonna  
Bentyl®  
Benylin  
Benzatropine/Artane®  
Benzedrine®  
Benzphetamine  
Biphetamine®  
Black Pearls (Tung Sheuh pills)  
Bitisol Na.  
Bontril  
Brevital  
Broncholate CS  
Bromocriptine/Parlodel®  
Bromocriptin  
Bromo-quinine  
Bromphenramline  
Bronkaid  
Bronkotabs  
Buprenex®  
Buprenorphine  
Bupropion (Wellbutrin)  
Butabarbital  
Butisol  
Butotinine

### C

Cafergot®  
Caldecon  
Capital and Codeine Oral Solution  
Captagon®

Carbital  
Cathne  
Centrax  
Cheracol  
Cheracol Sinus  
Chinese herb pills  
Chloral Hydrate  
Chlordiazepoxide  
Chlorpromazine  
Chlorpromazine  
Cipro (antibiotic)  
Clinafloxacin  
Clobenzorex  
Clonazepam  
Coca tea, Coca leaf, Coca flour, Coca oil  
Codeine  
Codinal PH®  
Coffee-Break  
Combivent inhaler  
Compazine  
Comtrex  
Concerta  
Contac  
Contac Severe Cold Formula  
Contact  
Contact Non-Drowsy  
Formula Sinus Caplets  
Control  
Cough medicines - See if any ingredients are on this list  
Cough suppressants with Dextromethorphan (DXM)  
Cows head pills (Chinese herb)  
Cramp End Tablets  
Cremacoat 4  
Cylert

### D

Dalmane®  
Damason - P  
Datril  
Darvon®  
Darvocet

Darvocet N-100  
Daypro  
Deconsal  
Demerol  
Demethoxyamphetamine  
Deprenyl  
Deprol  
Desbutal  
Desipramine  
Desoxyn  
Desoxyephedrine  
Desoyn®  
Dexaspan  
Dexatrim  
Dexdenfluramine  
Dexedrine  
Dexfenfluramine  
Dextroamphetamine  
Dextromethorphan  
hydrobromide or DXM  
Dextromethorphan  
DHEA  
Diabismul®  
Diazepam  
Diazepam  
Dicyclomine  
Didrex  
Dexies  
Diethyltryptamine  
Dietac  
Dihydrocodeine  
Dilantin  
Dilaudid®  
Dimetane-DC Cough Syrup  
®  
Dimetapp  
Dimethylamphetamine  
Dietac  
Dimetapp  
Dinintel®  
Diphenhydramine  
Diphenhydramine  
Doco children's cough syrup  
Dolene  
Dolobid  
Dolophine®  
Donnagel-PG ®  
Donnatal®  
Donnatol  
Doriden  
Dormonocet®  
Doxylamine  
Dristan Cold  
Dristan Cough Formula  
Dristan Nasal Spray  
Drixoral Cold and Flu  
Dronabad®

Dronabinol (Marinol)  
Duramorph®  
Durophet®

## **E**

Edecrin  
Efavirenz  
Efed 11  
Effexor Tablets (venlafaxine  
hydrochloride)  
Efidac/24  
Efotamine  
Elavil  
Eldepryl  
Elderpryl®  
Emprin with Codeine®  
Empracet with Codeine  
Ephedrol, Ephedra (Ma  
Haug)  
Ephedrine  
Equanil  
Ethylamphetamine  
Excedrin IB  
Ephedra  
Equegesic  
Empirin w/codeine  
Enoxacin  
Ergostat®  
Ergotamine  
Eskatrol  
Estasule Minus  
Etafediate  
Eskobarb  
Ethanol

## **F**

Famprofazone  
Fastin  
Fencamine  
Fenellyline  
Fenfluramine  
Fenpropofin  
Fenproporex  
Fenproporex  
Fentanyl-Sublimaze  
Finedal®  
Fioricet with Codeine®  
Fiorinal  
Fluoroquinolone antibiotics  
Fluothane  
Fluoxetine (Prozac)  
Flurazepam  
Flurbiprofen  
Fluripirofen®  
Fluspirilene  
Furfenorex

## **G**

Gatifloxacin  
Genpril  
Gradumet®

## **H**

Halcion  
Haltran Hamantashen  
Hempseed Oil  
Hold Cough Suppressant  
Homatropine Methylbromide  
Halotest-25  
Hycodan  
Hydrocodone Bitartrate  
Hydrocodone  
Hydromorphone  
Hydroymethamphetamine  
Hyosoine  
Hy-Phen  
Hycodan®  
Hydergine

## **I**

Ibogaine  
Ifenoprofen  
Imitrex Hydergine®  
Indocin  
Infantol Pink ®  
Infumorf  
Ibuprin  
Ionamin  
Isoclor Expectorant

## **J**

## **K**

Kaoden with Codeine®  
Kaodene with Paregoric®  
Kenesed®  
Ketamine  
Ketoprofen  
Kinesed  
Klonopin®

## **L**

Leritine  
Levaquin®  
Levo-Dromoran  
Levofloxacin  
Levsin with Pb  
Librax  
Libritab®  
Librium®  
Limitrol®

Lisuride  
Lisuride/Dopergin®  
Lodine  
Lomefloxacin  
Lomotil  
Loprazolam  
Lorazepam  
Lorcet  
Lortab  
Luminal®  
Lysergol

## M

Ma Huang (Ephedra sinica)  
Marax  
Margestic  
Marinol®  
Maximum Strength Sinus  
Gelcaps  
Maximum Strength Sine-aid  
Maximum Strength Sudafed  
Sinus  
Maximum Strength Tylenol  
Sinus Gelcaps  
Mazanor  
Mebaral  
Mediprim  
Mefenorex  
Melfat  
Meperidine  
Mephentermine  
Mepergan Forte  
Meprobarbinate  
Mesocarb  
Mescaline  
Methadrine  
Methadone  
Methaqualone  
Methoxyphenamine  
Methphenidate  
Methylphenidate (Ritalin)  
Methysergide/Sansert®  
Methysergide  
Miles Nervine  
Milpath  
Miltown  
Mini-thins  
Miracle herb pills (Chinese  
herb)  
Morphine  
Morazone  
Morax  
Moxifloxacin  
MS Contin Tablets®  
MSIR®  
Mudrane GC®

## N

Naldecon  
Nalfon  
Nasal sprays (Vicks inhaler,  
Afrin)  
Navonaprox  
Nembutal  
Neosynephren  
Neosynephrine  
No Drowsiness Sinarest  
Tablets  
Noctec  
Nodoz  
Noludar  
Norflex  
Norfloxacin  
Norgesic  
Novahistine DH®  
Novahistine Expectorant®  
Nubain  
Nucofed Expectorant  
Numorphan®  
Nuprin  
Nyquil  
Nytol

## O

Obetrol®  
Ofloxacin  
Oramorph  
Ornade  
Ortain  
Orudis KT  
Orudis®  
Oxaprozin  
Oxazepam  
Oxycodone  
Oxymorphone

## P

Pailocybin  
Pamprin®  
Panthrane  
Pantoprazole  
Paracodine®  
Pantopan  
Parafon Forte  
Paregoric  
Paraldehyde  
Parest  
Par-Glycerol-C (CV)  
Patgibamate  
Paxipam  
Pediacof®

Pefloxacin  
Pemoline  
Pentazocine  
Pentobarbital  
Pentothal  
Pentothane  
Perco barbs  
Percocet  
Percodan®  
Percovil  
Perylamine  
Peyote  
Phenaphen with Codeine®  
Phendimetrazine  
Phenergan-D  
Phenegan-D  
Phenergan VC®  
Phenergan with Codeine®  
Phenergan®  
Phenobarbital  
Phenmetrazine  
Phentermine  
Phenylephrine  
Phenylpropanolamine  
Phenylephrine  
Phenylpropanolamine (PPA)  
Phenylpropanolamine  
Phenylpropan-Olamine\*  
*\*(This is an active ingredient in  
Actifed, Alka-Seltzer, Alka-Selzer  
Plus, Allerest, Caldecon, Contac,  
Dietac, Dimetapp, 4-Way Nasal  
Spray, Ortain, Sinarest,  
Triaminicin)*  
Phenzocine  
Pholedrine  
Placidyl  
Poly-Histine  
Pondimin  
Pondinil®  
Potentsex pills (Chinese  
herb)  
Prela-2  
Prelu-2  
Preludin  
Preludin  
Prenylamine  
Primatene-M  
Primatine Tablets  
Prolamine  
Promethazine  
Promethgan  
Propanolamine  
Propoxyphene  
Propylephedrine  
Protonix  
Prozac (Fluoxetine  
Hydrochloride)

Psilocin  
Pseudoephedrine  
Pseudoephedrine  
Pseudoephedrineare

## Q

Quaalude  
Quadrinal®  
Quelidrine  
Quelichine  
Quibron Plus  
Quinine  
Quinolones

## R

Ranitidine  
Redux  
Relafen  
Rescudose  
Restoril  
Rexatal®  
Rifampin  
Rifampicin  
Ritalin®  
Rivotril®  
Robaxin  
Robaxisal  
Robitussin  
Robitussin A-C®  
Robitussin Cold and Flu  
Robitussin DAC®  
Robitussin DM  
Romilar  
Roxanol  
Roxicet  
Roxicodone  
Rufin

## S

Sanorex  
Secobarbital  
Secobarbital Sodium  
Bellergal-S®  
Seconal  
Selegiline (Eldepryl)  
Serax®  
Silexin  
Sinarest  
Sine-Aid Tablets Maximum

Strength  
Sine-Off  
Sinex  
Sinubid  
Sinus Excedrin Extra  
Strength Caplets  
Sleepze  
Sodium Luminar  
Sodium Phenobarbital  
Solfoton®  
Soma  
Soma with Codeine  
Sominex  
Sopor  
Sparfloxacin  
St. Joseph's Cough Syrup  
Stadol  
Sublimaze  
Sudafed  
Surital  
Sustiva (Efanirenz)  
Synalgos DC®

## T

Talacin C  
Talwin  
Tavist-D  
Tedral  
Tegisec®  
Tenuate  
Thioridazine  
Tolectin®  
Trancopal  
Trazedone  
Tranxene  
Trendar Cramp Relief  
Formula  
Triaminic 12  
Triaminic Expectorant with  
Codeine®  
TriazolamHalcion®  
Triaminicin  
Triminicol  
Trilene  
Triprolidine  
Trucal  
Tuinal  
Tussagesic  
Tussaminic

Tussionex  
Tussar 2®  
Tussar SF®  
Tussi-Organiden  
Tussinic  
Tylenol (acetaminophen)  
with Codeine®  
Tylenol 3  
Tylenol 4  
Tylenol Sinus  
TyloxU  
Ultram  
Unisom Nighttime Sleep Aid

## V

Valerian Root and extract  
Valium®  
Valrelease®  
Venlafaxine hydrochloride  
(Effexor)  
Veronal  
Versed  
Vesprin  
Vicks Formula 44M  
Vicks Cough Syrup  
Vicks Inhaler  
Vicks Nasal Spray  
Vicks Nyquil  
Vicodin  
Vicodin ES®  
Vistaril  
Vivarin  
Voltaren

## W

Wellbutrin  
Wigraine®  
Wygesic  
X  
Xanax®

## Y

## Z

Zantac  
Zolof  
Zydon e

# **Appendix – Forms & Contracts**



## ***Putnam County DUI Court Program***

### **State Court of Putnam County**

#### **Acknowledgement Form**

I, \_\_\_\_\_, hereby acknowledge that I have received and read (or had read to me) the following waivers and consent forms required for my participation in the Putnam County DUI Court Program.

I further acknowledge that I have asked all questions and have received answers in turn as applicable to each by placement of my initials.

- \_\_\_\_\_ 1. General Conditions of Probation (original court docket)
- \_\_\_\_\_ 2. Consent For The Release of Confidential Information
- \_\_\_\_\_ 3. Addendum to Sentence – Fourth Amendment Waiver
- \_\_\_\_\_ 4. Putnam County DUI Court Contract
- \_\_\_\_\_ 5. Putnam County DUI Court Handbook
- \_\_\_\_\_ 6. (List of) Medications to Avoid
- \_\_\_\_\_ 7. Participant Vacation Request
- \_\_\_\_\_ 8. Urine Abstinence Testing And Incidental Alcohol Exposure Contract

\_\_\_\_\_

**Participant  
Signature**

\_\_\_\_\_/\_\_\_\_\_/ 2014  
**Date**

\_\_\_\_\_

**Witness  
Signature**

\_\_\_\_\_/\_\_\_\_\_/ 2014  
**Date**





## ***Putnam County DUI Court Program***

**State Court of Putnam County**

### **Consent for the Release of Confidential Information**

I, \_\_\_\_\_, hereby consent to communication between the Putnam County DUI Court program and Treatment Providers, State, Private, or County Probation, Public Defender, Solicitor General, Drug Test Lab, and other Agencies the following information: any and all information requested pertaining to this individual, to include but not limited to information obtained through court records, record checks, and information concerning substance use, drug testing, diagnosis and treatment.

I also consent to participation in open Court sessions which entails that there will be some discussion of my behavior in open Court and that citizens are allowed to be present during these sessions. I understand that this information will be public in nature, though the Judge will attempt to minimize the divulgence of personal information in this forum.

I further consent to any prison, detention center, county jail, or city jail in which I have been confined to release to the Putnam County DUI Court all information in my records concerning tests for HIV (Aids), Tuberculosis, and Hepatitis.

I hereby absolve the facility that releases such information to the Putnam County DUI Court from any and all liability for complying with this authorization.

*The purpose of and need for the disclosure is to inform the criminal justice agency(ies) listed above of my attendance and progress and treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, and drug test results.*

I understand that this consent will remain in effect until completion or termination from the Putnam County DUI Court Program.

***I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of AOD abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.***

\_\_\_\_\_  
Participant's Signature

\*\*\*\*\*ORIGINAL ON FILE IN THE CLERK'S OFFICE\*\*\*\*\*

# Putnam County DUI Court Program

## State Court of Putnam County

Participant Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

### **Urine Abstinence Testing and Incidental Alcohol Exposure Contract**

Recent advances in the science of alcohol detection in urine have greatly increased the ability to detect even trace amounts of alcohol consumption. In addition, these tests are capable of detecting alcohol ingestion for significantly longer periods of time after a drinking episode. Because these tests are sensitive, in rare circumstances, exposure to non-beverage alcohol sources can result in detectable levels of alcohol (or its breakdown products). In order to preserve the integrity of the Putnam County Accountability Court testing program, it has become necessary for us to restrict and/or advise Accountability Court participants regarding the use of certain alcohol-containing products.

It is **YOUR** responsibility to limit your exposure to the products and substances detailed below that contain ethyl alcohol. It is **YOUR** responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products **BEFORE** you use them. ***Use of the products detailed below in violation of this contract will NOT be allowed as an excuse for a positive test result. When in doubt, don't use, consume or apply.***

**Cough syrups and other liquid medications:** Participants have always been prohibited from using alcohol-containing cough/cold syrups, such as Nyquil<sup>®</sup>. Other cough syrup brands and numerous other liquid medications, rely upon ethyl alcohol as a solvent. Participants are required to read product labels carefully to determine if they contain ethyl alcohol (ethanol). All prescription and over-the-counter medications should be reviewed with your probation officer before use. Information on the composition of prescription medications should be available upon request from your pharmacist. Non-alcohol containing cough and cold remedies are readily available at most pharmacies and major retail stores.

**Non-Alcoholic Beer and Wine:** Although legally considered non-alcoholic, NA beers (e.g. O'Douls<sup>®</sup>, Sharps<sup>®</sup>) do contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed. Participants are **not** permitted to ingest NA beer or NA wine.

**Food and Other Ingestible Products:** There are numerous other consumable products that contain ethyl alcohol that could result in a positive test for alcohol. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts (such as Ginko Biloba), could result in a positive screen for alcohol or its breakdown products. Communion wine, food cooked with wine, and flambé dishes (alcohol poured over a food and ignited such as cherries jubilee, baked Alaska) must be avoided. Read carefully the labels on any liquid herbal or homeopathic remedy and do not ingest without approval from your probation officer.

**Mouthwash and Breath Strips:** Most mouthwashes (Listermint<sup>®</sup>, Cepacol<sup>®</sup>, etc.) and other breath cleansing products contain ethyl alcohol. The use of mouthwashes containing ethyl alcohol can produce a positive test result. Participants are required to read product labels and educate themselves as to whether a mouthwash product contains ethyl alcohol. Use of ethyl alcohol-containing mouthwashes and breath strips by participants is not permitted. Non-alcohol mouthwashes are readily available and are an acceptable alternative. If you have questions about a particular product, bring it in to discuss with your probation officer.

**Hand sanitizers:** Hand sanitizers (e.g. Purell<sup>®</sup>, Germex<sup>®</sup>, etc.) and other antiseptic gels and foams used to disinfect hands contain up to 70% ethyl alcohol. Excessive, unnecessary or repeated use of these products could result in a positive urine test. Hand washing with soap and water are just as effective for killing germs.

**Hygiene Products:** Aftershave and colognes, hair sprays and mousse, astringents, insecticides (bug sprays such as Off<sup>®</sup>) and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol (or its breakdown products) excessive, unnecessary or repeated use of these products could affect test results. Participants must use such products sparingly to avoid reaching detection levels. Just as the court requires participants to regulate their fluid intake to avoid dilute urine samples, it is likewise incumbent upon each participant to limit their use of topically applied (on the skin) products containing ethyl alcohol.

**Solvents and Lacquers.** Many solvents, lacquers and surface preparation products used in industry, construction, and the home, contain ethyl alcohol. Both excessive inhalation of vapors, and topical exposure to such products, can potentially cause a positive test result for alcohol. As with the products noted above, participants must educate themselves as to the ingredients in the products they are using. There are alternatives to nearly any item containing ethyl alcohol. Frequency of use and duration of exposure to such products should be kept to a minimum. A positive test result will not be excused by reference to use of an alcohol-based solvent. If you are in employment where contact with such products cannot be avoided, *you need to discuss this with your Probation officer.* Do not wait for a positive test result to do so.

**I HAVE READ THE ABOVE AND UNDERSTAND MY RESPONSIBILITIES:**

\_\_\_\_\_  
Participant's Signature

\*\*\*\*\*ORIGINAL ON FILE IN THE CLERK'S OFFICE\*\*\*\*\*



**IN THE STATE COURT OF PUTNAM COUNTY  
STATE OF GEORGIA**

STATE OF GEORGIA

\*

VS.

\*

ACCUSATION NO.:

\*

\*

\*

\*

\_\_\_\_\_

\_\_\_\_\_

**ADDENDUM TO SENTENCE  
SPECIAL CONDITION OF PROBATION**

As a condition of participation in this program, I agree to the search of my person, property, place of residence, vehicle or personal effects at any time with or without a warrant, and with or without reason able cause, when required by a probation officer, treatment staff, DUI Accountability Court staff and/or law enforcement officer.

**Defendant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Attorney  
for Defendant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The defendant must, at any time, without warning, probable cause, articulable suspicion or a search warrant, provide a sample of blood, breath, urine, saliva or other bodily substance and submit to searches of his/her residence, workplace, vehicle, containers, records and all other locations and items, by any law enforcement officer, probation officer or parole officer.

SO ORDERED, this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

\_\_\_\_\_  
Chelsea Hughes  
Probation Officer

\_\_\_\_\_  
Judge, Michael Gailey  
State Court of Putnam County, Ga

\*\*\*\*\*ORIGINAL ON FILE IN THE CLERK'S OFFICE\*\*\*\*\*

**IN THE STATE COURT OF PUTNAM COUNTY  
STATE OF GEORGIA**

**STATE OF GEORGIA,**  
**Vs.**

**CASE NO.** \_\_\_\_\_

\_\_\_\_\_  
**Defendant,**

§  
§  
§  
§  
§  
§

**DUI Court Program Contract**

- \_\_\_\_\_ 1. I understand that the validity of this contract is conditioned upon my eligibility for the DUI Accountability Court Program. If at any time after the execution of this agreement and in any phase of the DUI Accountability Court Program, it is discovered that I am, in fact, ineligible to participate in the program, I may be immediately terminated from the program and subject to further sanctions.
- \_\_\_\_\_ 2. I understand that if I enter this program and fail to complete it, I may be barred from future participation.
- \_\_\_\_\_ 3. I understand that participation in DUI Accountability Court involves a minimum time commitment of twelve months.
- \_\_\_\_\_ 4. I understand that during the entire course of the DUI Accountability Court program, I will be required to attend court sessions, treatment sessions (I further understand that I must maintain satisfactory progress, participation, and attitude in the treatment sessions), submit to random drug testing; remain clean and sober, and law-abiding. I agree to abide by the rules and regulations imposed by the DUI Accountability Court Team. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program.
- \_\_\_\_\_ 5. I give consent to the DUI Accountability Court Team to view my Juvenile criminal history for the purpose of assessment only.
- \_\_\_\_\_ 6. I will be responsible for my own transportation and will appear ON TIME for all DUI Accountability court sessions, counseling sessions and meetings as required. Lack of transportation is NOT an acceptable excuse to miss or be late for any DUI Accountability Court related activity.
- \_\_\_\_\_ 7. I understand that sanctions may include time in custody, increased treatment episodes, increased testing, community service and such other sanctions as may be deemed appropriate by the DUI Accountability Court Team.
- \_\_\_\_\_ 8. I agree to cooperate in an assessment/evaluation for planning an individualized DUI treatment program adequate to my needs. I understand that my treatment plan may be modified by the Treatment Provider or the DUI Accountability Court Team as circumstances arise, and I agree to comply with the requirements of any such modifications.
- \_\_\_\_\_ 9. I understand that I must attend all scheduled Treatment sessions and appointments required by the staff. If it is necessary to miss any sessions, I will get approval by my DUI Court

Probation officer IN ADVANCE. Also, I will bring my Probation officer documentation from my employer or doctor for verification. If I fail to get approval in advance and bring verification to my next scheduled session, the absence will be considered unexcused.

- \_\_\_\_\_ 10. I understand that I will be required to pay a total of \$110.00 per month, for payment of my drug screens in addition to my probation supervision fees excluding what court fine has been previously implemented by the court.
- \_\_\_\_\_ 11. I understand that I will be tested for the presence of drugs in my system on a random basis according to procedures established by the DUI Accountability Court Team and/or treatment provider. I understand that I will be given a location and time to report for my drug test. I understand that it is my responsibility to report to the assigned location at the time given for the test. I understand that if I am late for a test, or miss a test, it will be considered “dirty” and I may be sanctioned.
- \_\_\_\_\_ 12. I understand that substituting, altering or trying in any way to change my body fluids for purposes of testing will be grounds for immediate termination from DUI Accountability Court.
- \_\_\_\_\_ 13. I understand that participating in DUI Accountability Court requires me to be drug and alcohol free at all times. I will not possess drugs (including marijuana) or alcohol, or drugs or alcohol paraphernalia. I will not associate with people who use or possess drugs, nor will I be present while drugs or alcohol are being used by others.
- \_\_\_\_\_ 14. I will attend the court ordered number of recovery support meetings per week and submit proof of attendance as required.
- \_\_\_\_\_ 15. I agree to be drug/alcohol tested at any time by a Probation Officer, Treatment Provider, DUI Accountability Court staff, or at the request of the court or any agency designated by the court.
- \_\_\_\_\_ 16. I agree to inform any law enforcement officer who contacts me that I am in DUI Accountability Court.
- \_\_\_\_\_ 17. I may not participate in DUI Accountability Court if I am currently an affiliated gang member.
- \_\_\_\_\_ 18. I will inform all treating physicians that I am a recovering addict, and may not take narcotic or addictive medications or drugs. If a treating physician wishes to treat me with narcotic or addictive medications or drugs, I must disclose this to my Treatment Provider and get specific permission from the DUI Accountability Court Team to take such medication.
- \_\_\_\_\_ 19. I agree to be responsible for what goes into my body that may affect drug test results. Before taking medication of any kind, I will check with the pharmacist to ensure that it is non-narcotic, non-addictive and contains no alcohol. I will pre-register any and all medications, prescribed or over-the-counter, with my Treatment Provider and with the DUI Accountability Court.
- \_\_\_\_\_ 20. I agree that I will not leave any treatment program without prior approval of my Treatment Provider and the DUI Accountability Court Team.
- \_\_\_\_\_ 21. I understand that I may dispute positive test results, but that re-testing will be at my expense, and that I may face more severe sanctions for a re-test that is still positive.
- \_\_\_\_\_ 22. For the purposes of regular DUI Accountability Court review hearings, I agree to waive my right to have my attorney of record present. I understand that my case may be discussed without my attorney or the prosecutor present.

- \_\_\_\_\_ 23. I understand that my individual course of treatment may include alcohol treatment education, and/or self-improvement courses such as anger management, parenting or relationship counseling.
- \_\_\_\_\_ 24. I understand that within the time directed by the DUI Accountability Court Team, I will seek employment, job training and/or further education as approved by the DUI Accountability Court Team, and that failure to do so may result in sanctions or termination.
- \_\_\_\_\_ 25. I agree to keep the DUI Accountability Court Team and Treatment Provider advised of my current address and phone number at all times and whenever changed. My place of residence is subject to DUI Accountability Court approval, and I will not move out of Putnam County without prior approval from the DUI Accountability Court Team.
- \_\_\_\_\_ 26. I understand that if I receive Community Service and fail to show for my designated time that I will be sanctioned.
- \_\_\_\_\_ 27. As a condition of participation in this program, I agree to the search of my person, property, place of residence, vehicle or personal effects at any time with or without a warrant, and with or without reasonable cause, when required by a probation officer, treatment staff, DUI Accountability Court staff and /or law enforcement officer.
- \_\_\_\_\_ 28. I agree to execute the Consent for Disclosure of Confidential Substance Abuse Information. I understand that any information obtained from this release will be kept apart from the Court file.
- \_\_\_\_\_ 29. I understand that I am guilty of a DUI, I must comply with all State Court orders and recommendations. In addition, I understand that the DUI Accountability Court will not nolle prosequi my DUI charge.
- \_\_\_\_\_ 30. I give consent to the Putnam County Drug Court Program to access my GCIC record for a period of five (5) years after completion of the Accountability Court Program.

**I have read (had read to me) the above contract and acknowledge that I understand the terms and conditions and have received a copy of same.**

**I willing enter into this agreement with the Putnam County State Court DUI Accountability Program.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probation Officer

\_\_\_\_\_  
Date

**\*\*\*\*\*ORIGINAL ON FILE IN THE CLERK'S OFFICE\*\*\*\*\***

## *Putnam County DUI Court Program*

### PARTICIPANT VACATION REQUEST

<b>Participant Name</b>		<b>Date Request Submitted</b>	
<b>Employer Name</b>		<b>Fees Owed</b>	\$
<b>Date of Departure</b>		<b>Phase Level</b>	
<b>Date of Return</b>		<b>Concurrent Days Sober</b>	
<b>List all Treatment Sessions Missed</b>			
<b>Reason for request</b>			

\_\_\_\_\_ **Participant Signature**      \_\_\_\_/\_\_\_\_/201\_\_\_\_  
**Date**

<b>Treatment Provider</b>	<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Not Approved</b>	<b>Signature:</b>
<b>Comments:</b>		
<b>DUI Court Staff</b>	<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Not Approved</b>	<b>Signature:</b>
<b>Comments:</b>		





## Community Resources

### DUI Court Resources

<b>Eatonton JAG Office</b> 824 Oak Street, Suite 2 Eatonton, GA 31024 Fax (706) 485-2249	<b>(706) 485-2247</b>
<b>Eatonton Police Department</b> 214 West Marion Street Eatonton, GA 31024	<b>(706) 485-3551</b>
<b>Putnam County Jail</b> 111 Ridley Drive Eatonton, GA 31024	<b>(706) 485-2680</b>
<b>Putnam County Sheriff's Office</b> 111 Ridley Drive Eatonton, GA 31024	<b>(706) 485-8557</b>
<b>Putnam County State Court</b> 100 South Jefferson Avenue, Suite 218 Eatonton, GA 31024	<b>(706) 485-4056</b>
<b>Putnam Public Defender's Office</b> <i>(Butch Moore, Gray Office)</i>	<b>(478) 986-6185</b>
<b>Putnam Solicitor General's Office</b> <i>(State Prosecution for Misdemeanor Offenses)</i>	<b>(706) 923-2331</b>

### Education

<b>Putnam County CGTC Center</b> 580 James MarsPutnam Bypass Eatonton, GA 31024	<b>(706) 923-5000</b>
---	-----------------------

### Employment Resources

<b>Georgia Department of Labor – Baldwin County</b> 156 Roberson Mill Road Milledgeville, GA 31061	<b>(478) 445-5465</b>
<b>Advantage Staffing</b> 101 Industrial Boulevard Eatonton, GA 31024	<b>(706) 485-2017</b>
<b>Haband Distirbution</b> 148 Industrial Boulevard Eatonton, GA 31024	<b>(706) 485-8411</b>

**Randstad Temp Agency**  
635 Madison Road  
Eatonton, GA 31024

**(706) 923-4123**

## **Medical Resources**

**Putnam County Health Department**  
103 North Washington Avenue  
Eatonton, GA 31024

**(706) 485-8591**

**Putnam General Hospital**  
101 Lake Oconee Parkway  
Eatonton, GA 31024

**(706) 485-2711**

## **Public Assistance**

**Putnam DFACS** (*Medicaid and Food Stamps*)  
675 Godfrey Highway  
P.O. Box 3670  
Eatonton, GA 31024-3670  
**Fax** (706) 485-0073

**(706) 485-4921**