RECOVERY AGREEMENT

BEFORE ME, the undersigned Notary Public, personally came and appeared **NAME**, Attorney at Law, who after being duly sworn did depose and say:

That I, **NAME**, wish to enter into this Recovery Agreement with the Lawyers Assistance Program, Inc. (LAP). I hereby agree to the following terms and conditions in order that I may pursue a plan of recovery, and further state that if I violate any condition of this Agreement, the Agreement is terminated:

1. I agree that the term of this agreement shall be **FIVE (5) YEARS** from the date of the execution of this document. I understand that this agreement may be extended for an additional period upon my consent or the recommendation of the LAP Director.

2. I agree to remain abstinent from alcohol and all mood-altering drugs.

3. My monitor with the Lawyers Assistance Program, Inc. will be _____.

4. Prior to the use of any mood-altering/psychoactive prescription medication, I agree to notify the prescribing physician that I am under contract with LAP, and request that the physician notify LAP in writing of the identity of the drug or drugs prescribed, and advise of the reason for said prescription. I will also notify my monitor and William R. Leary, LAP Director, of any drugs that are prescribed to me for any condition.

5. I agree to submit blood and/or urine specimens for appropriate laboratory analysis upon request of the LAP Director or my monitor. I understand that said urine and blood specimens will be requested without prior notice and that the cost of the resulting

analysis will be borne by me. I further understand that a positive test will constitute grounds for revocation of this agreement. I further understand that refusal to submit samples immediately upon request will likewise be grounds for termination of this agreement after a hearing to determine that there was no just cause for said refusal.

6. I agree to attend **TWO (2) Alcoholics Anonymous (AA) meetings and ONE (1) lawyer support group meeting per week**, and to visit with my monitor once a month for the term of this contract. I will provide documentation of my attendance at AA and lawyer support group meetings on a weekly basis on forms supplied by LAP.

7. I will diligently work the Twelve Steps of AA and will file written reports on my continued sobriety and progress, verified and signed by my AA sponsor on a monthly basis, which will be submitted to my monitor and to the LAP Director. The reports must be submitted on the **FIFTH** day of each month.

8. I agree to pay a $50.00 monitor fee, made payable to "Lawyers Assistance Program, Inc.", to be submitted with my monthly report.

9. I agree to personally appear, if required, before the LAP Director and two members of the Committee on Alcohol and Drug Abuse designated by him semi-annually as directed, to allow them to assess the progress of my recovery and my compliance with the terms of this agreement.

10. I hereby authorize the LAP Director and the Committee on Alcohol and Drug Abuse full access to any and all information contained in any files kept by any parties regarding my recovery.

11. I agree to advise the LAP Director of any change of address or telephone, mailing or office, within ten (l0) days of such occurrence.

12. I hereby agree that my AA sponsor, my monitor, or any lawyer who is a member of the Committee on Alcohol and Drug Abuse, will notify the LAP Director if they or any of them become aware that any of the conditions of this agreement have been violated.

13. I voluntarily waive all privileges and confidentiality granted by the Louisiana Supreme Court under Rule XIX and La. R.S. 37:221 concerning information received by any member of the Committee on Alcohol and Drug Abuse, or LAP, Inc., relating to my activities in the practice of law, or other matters relating to the consumption of alcoholic beverages, use of other drugs, or in any other way violative of these conditions.

_____
NAME

ADDRESS: _____   TELEPHONE _____

        _____   _____

E-MAIL ADDRESS _____

      THUS DONE AND SIGNED at _____, Louisiana, on this ____ day of _____, 20__.

                      _____
                      NOTARY PUBLIC