

## 22<sup>ND</sup> JUDICIAL DISTRICT DRUG COURT

### Information to Potential Participant

The Drug Court Program is a privilege you may exercise only once. To take part in this program, you must do the following:

- Complete and sign the petition form and file it with the Court; and
- Pay a program fee of \$400, or make arrangements to do so.

You are eligible for the Program if:

- Addiction issues contributed to your behaviors which led to your involvement with the Court; and
- You have not participated or are not currently participating in the Drug Court Program; and
- The District Attorney agrees to your participation in the Drug Court Program.

The District Attorney will review your file and will make a preliminary determination whether your case is one the State would be willing to consider for Drug Court and speak with your defense attorney or the Drug Court Coordinator. Drug Court Program paperwork must be filed with the Court in order to be considered. The Court will establish a date for you to appear to make a decision about your eligibility for entry. It is important for you to remain in contact with your attorney and the Drug Court Coordinator.

If you choose to enter the Drug Court Program and then later choose not to continue or are terminated from the Program, all fees which you have paid to the treatment provider or Court are non-refundable and any remaining balance is to be paid in full.

Upon successful completion of the Drug Court Program, the Court will dismiss the charge(s) against you and the District Attorney cannot prosecute you in the future for these charges. Additionally, you may later file a motion to set aside the record of arrest.

Please contact the Drug Court Coordinator for a complete description of the Drug Court Program, including specific details of your potential benefit:

Angie Madden  
Drug Court Coordinator  
22<sup>nd</sup> Judicial District  
(541) 475-3317 x322  
(541) 447-6541 x322

**22nd JUDICIAL DISTRICT DRUG COURT**

Drug Court Petition, Waiver and Agreement

Post Plea, Pre Adjudication Track

Defendant Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Case No. \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

The Circuit Court post plea track of the Drug Court Program is an opportunity provided by recommendation of the District Attorney because of the nature of the criminal charges in this case. You will have the opportunity to participate in the Program after a guilty plea but prior to sentencing. If you fail to successfully complete the Program, your case will be placed back onto the regular docket and set for sentencing. However, while you are actively engaged in treatment and the Drug Court Program, a conviction will not be placed on your record. Upon satisfactory completion of the Drug Court Program, the Court will permanently dismiss the charge(s) and the conviction will never be entered onto your record. You may file a motion to set aside the record of arrest if you qualify, after the charges have been dismissed.

If this petition is allowed by the Court, you agree to give up certain legal rights and to carry out the agreements listed below. Your initials next to each subsection indicate that you have read, or have had read to you, these sections and understand the rights you give up and the obligations you accept.

Waivers

\_\_\_\_\_ I waive my right to have a preliminary hearing and/or grand jury indictment and agree to proceed upon the District Attorney's information by entering a plea of guilty or no contest to the charges. I give up my right to have any evidence seized by the police in this case tested by the Oregon State Crime Laboratory.

\_\_\_\_\_ I waive the following rights:

- My right to a speedy trial before a jury of my peers
- My right to call witnesses on my behalf
- My right to confront any witnesses
- My right to remain silent

\_\_\_\_\_ If the District Attorney files additional charges arising from the original incident on which my plea is based, I agree not to assert my former jeopardy rights.

\_\_\_\_\_ I agree not to file any motions, including motions to suppress any evidence obtained by search and/or seizure.

\_\_\_\_\_ I have discussed these waivers with my attorney and fully understand their significance. If I have signed this waiver without the assistance of an attorney, I acknowledge that I am aware I have the right to have an attorney, and if I cannot afford an attorney the Court would appoint one to assist me.

#### Stipulated Section

\_\_\_\_\_ I hereby stipulate and agree that the conditions of my release agreement will include entry into, participation in, and successful completion of the Drug Court Program.

\_\_\_\_\_ I understand and agree that if I fail to complete the Drug Court Program to the satisfaction of the Court and Drug Court Team, that my case will proceed directly to sentencing. If I received a suspended sentence, that sentence will be imposed without further delay and may include jail or prison time. The State may request my termination from the Drug Court Program for non-compliance at any time. The ultimate decision to terminate will be made by the Court.

#### Agreements and Conditions

\_\_\_\_\_ I agree to pay restitution in the amount of \_\_\_\_\_ to \_\_\_\_\_. I agree to waive my right to challenge the amount of restitution. I also agree that if I do not pay restitution, I may be sanctioned or terminated from the Drug Court Program.

\_\_\_\_\_ I hereby agree that should the treatment program be terminated, either by the Court or me, I will proceed to a sentencing hearing.

\_\_\_\_\_ If I wish to withdraw from the Drug Court Program, this agreement will be voided and the case will be returned to the normal Court docket for processing.

\_\_\_\_\_ The Court agrees that, upon successful completion of the Drug Court Program, the proceedings against me will be dismissed in accordance with ORS 475.24.

\_\_\_\_\_ I further agree that the Court may extend my release agreement for a sufficient period of time to allow me to successfully complete my requirements. I also understand that all conditions of my release agreement remain in effect while I am in the Drug Court Program.

\_\_\_\_\_ I agree to satisfactorily complete a diagnostic evaluation for the development of my drug/alcohol treatment program as ordered by the Court. I hereby authorize release of all treatment information to the Court, District Attorney, Probation Department, and Defense Counsel. Any such information shall not be utilized by the District Attorney for any prosecution. The information will be utilized by the Drug Court Team in the monitoring of my compliance with the program requirements.

\_\_\_\_\_ I agree to complete the treatment program to the satisfaction of the Court.

\_\_\_\_\_ I agree to not knowingly use unlawful controlled substances or alcohol.

\_\_\_\_\_ I agree to not knowingly associate with any person who possesses or uses drugs illegally.

\_\_\_\_\_ I agree to not work with any police agency on drug cases or on cases where I may come into contact with illegal drugs.

\_\_\_\_\_ I agree that the Drug Court Judge may communicate with others about my participation in Drug Court without me or my attorney's presence.

\_\_\_\_\_ I agree to pay a Drug Court fee of \$400 to the treatment provider. If I drop out of the program, payments made are non-refundable and any remaining balance is to be paid in full. Failure to make payments will be considered a violation of the Drug Court Program requirements.

\_\_\_\_\_ I agree that any failure of the treatment program, such as a positive urinalysis test, missed treatment appointment, or any failure to abide by the terms of the Drug Court Program Agreement, may result in a Court sanction or termination from the Program.

\_\_\_\_\_ I agree to appear for all scheduled Court times and dates.

\_\_\_\_\_ I agree that the Court has the discretion to terminate me from the Program upon the commission of a new crime.

\_\_\_\_\_ I agree to keep the treatment provider and Court advised of my current address and phone number at all times.

I have read the above statements and agreements. I understand them and do hereby knowingly enter into this agreement.

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Defendant

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Date

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Attorney for Defendant

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Date

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District Attorney

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Date

**22<sup>nd</sup> JUDICIAL DISTRICT DRUG COURT PROGRAM**

Drug Court Program Declined

State of Oregon vs. \_\_\_\_\_

Case No. \_\_\_\_\_

I have been advised of the Circuit Court's Drug Court Program by the Court as well as by my attorney. I have reviewed the information, waiver, and agreements. I fully understand the opportunity it affords me and the responsibilities it would place upon me. I further understand that an election to not participate will result in my case being placed back on the regular Court docket for further proceedings. I further understand that I may not elect to participate in this program at any future date.

I hereby elect to **not** participate in the 22<sup>nd</sup> Judicial District Drug Court Program.

\_\_\_\_\_  
Defendant Date

\_\_\_\_\_  
Attorney for Defendant Date