

**IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF JACKSON**

State of Oregon

Plaintiff

Case No. _____

vs

PETITION FOR TREATMENT COURT

Defendant

I respectfully petition the court for acceptance into treatment court. I understand treatment court programs are designed to coordinate services and interventions intended to rehabilitate court-involved individuals. If this petition is accepted by the court, I agree to waive the following rights and to carry out the agreements set forth below:

1. I waive my right to have a preliminary hearing and/or grand jury indictment and agree to proceed upon the District Attorney's information or indictment by entering a plea of guilty to the charge(s). I give up my right to have any evidence seized by police in this case tested by the Oregon State Crime Laboratory or any other entity. If this is a probation violation, I waive my right to a probation revocation hearing and will enter an admission to the allegation(s).

2. I understand if I successfully complete treatment court, I may receive a reduction or dismissal of the charges. If dismissed with prejudice, the District Attorney may not prosecute this charge in the future. If this is a probation violation, the probation may continue beyond my participation in treatment court.

3. I agree if I am terminated from the treatment court program, my case will proceed directly to sentencing. I will not be entitled to a hearing. If I received a suspended sentence, that sentence will be imposed without further delay and may include jail or penitentiary time. The same will be true if I am on a conditional discharge or have a deferred sentence. The State may request my termination from the treatment court for non-compliance at any time. The ultimate decision to terminate will be made by the court.

4. I agree that any violation of the terms of this agreement, commission of a new crime or any failure in the treatment program may result in a sanction being imposed or termination from treatment court program. I agree the court may impose other sanctions including, but not limited to, community service, work crew, court days, and jail, rather than terminating my participation in treatment court.
5. 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 and 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 further 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 an attorney to assist me.
6. I will abstain from the use of intoxicants; not consume or possess alcohol or non-prescribed controlled substances. I agree to provide information on all prescriptions from my health care provider(s) that I am taking while in treatment court. If I do not provide these prescriptions, any testing showing the presence of any drugs will be considered a positive drug test. I am required to inform all medical personnel, including dental personnel, of my addictions prior to receiving prescribed narcotic medications.
7. I agree to satisfactorily complete a diagnostic assessment for the development of my drug/alcohol treatment program at a state certified treatment provider, as ordered by the court. I authorize the release of all treatment information by the treatment provider to the court.
8. I agree to complete a treatment program which may be at my expense and to attend a minimum of two support groups per week unless otherwise ordered. I will follow and comply with all requirements of the treatment program.
9. I agree to comply with all requirements for drug testing for all controlled substances. I may be tested for substances not currently illegal, but prohibited by my probation officer or the court. Any results

out of range may be considered a positive test. The test will also screen for possible adulteration. If I submit a urine sample that appears to have been diluted or adulterated, I will be required to wait at the testing facility until a legitimate sample can be obtained. Any dilute sample may be considered a positive test. Any dilute, refusal, adulteration, or failure to give a drug test will be considered a positive or dirty test and may lead to a sanction or recommendation by the treatment court team. All drug tests are observed.

10. I understand that I will be asked to take a polygraph test as a condition of my participation in treatment court. I will also be required to pay for any polygraph test.
11. I shall refrain from knowingly associating with persons who use or possess controlled substances illegally or from frequenting places where such substances are kept or sold, including bars and taverns.
12. I agree to submit current private and/or government funded medical insurance information upon admission into treatment. I understand I will be required to show proof of income and apply for the Oregon Health Plan if I am eligible. I authorize release of all information necessary to appropriately invoice third party insurance plans for treatment services provided to me under this program. There are instances participant may be required to pay, such as drug testing.
13. I will immediately report all contact with law enforcement to a member of the treatment court team.
14. I will not work as a confidential informant (engage in controlled buys).
15. I agree the court may require me to seek and maintain employment, participate in mental health or other counseling assessment and treatment, educational programs, psychological assessment, and other interventions deemed appropriate.
16. I will appear in court on scheduled dates. I agree the court may require me to appear at any time regardless of my compliance and success in the treatment program. I will provide written documentation verifying absences as directed. Failure to appear may result in a sanction or termination.

17. I agree the treatment court judge may communicate with others about my participation in treatment court without my attorney or me present. I agree to sign any releases or other documents necessary so that the treatment court team can discuss my progress in all my programs including, but not limited to, drug/alcohol treatment and mental health counseling. I further waive any rights of state or federal confidentiality I may have regarding discussions about my case and/or treatment between only those persons who are directly involved with Treatment Court. The waiver shall apply only while I am a participant in treatment court.
18. If I have confusion about what treatment court expects of me, I will communicate for clarification. I understand that ignorance will not be a sufficient defense for my actions.
19. I understand the treatment court treatment provider will be informed of my criminal history. I will be required to disclose any supervision or treatment I am involved in, have successfully completed, or was terminated from. Upon the request of the treatment team, I will sign a release of information relating thereto.
20. I agree to keep the treatment court staff, my treatment provider, probation officer and my case worker apprised of my current address and phone number and to notify them of changes within 24 hours.
21. I understand I will be placed on formal probation for a period of at least three years and be subject to the general and specific conditions of probation. I agree to sanctions, including but not limited to, treatment, community service, jail sanctions and polygraph examinations. I will pay the monthly supervision fee.
22. I understand my decision to enter into treatment court is irrevocable and I cannot opt out once I am accepted.
23. I agree the court may extend the duration of probation and treatment court for additional time to allow me to successfully complete my requirements.

CERTIFICATE OF COUNSEL

The undersigned, as attorney for the above-named defendant, certifies as follows:

I have read the foregoing Affidavit and have discussed with the defendant each section contained therein;

I have fully explained to the defendant each statutory provision cited in the foregoing Affidavit, and it is my opinion that the defendant comprehends and understands the laws applicable in this matter.

To the best of my knowledge and belief, the statements, representatives and declarations made by the defendant in the foregoing Affidavit are in all respects accurate and true.

Attorney for Defendant / OSB #

Date

Print Name

CERTIFICATE OF PETITIONER IF NOT REPRESENTED BY COUNSEL

The undersigned, as attorney for the above-named defendant, certifies as follows:

I have been advised that I have the right to have an attorney represent me in this matter and explain this document to me.

I understand that if I cannot afford an attorney the Court would appoint an attorney to represent me.

(3) I hereby waive my right to an attorney and agree that I am signing this document knowingly, voluntarily and that I understand its contents.

Petitioner's Signature

Date

Print Name