

22ND 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.

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; and
- The Drug Court Team agrees to your participation in the Drug Court Program.

Engaging in Drug Court during probation is an opportunity provided by recommendation of your probation officer in concurrence with the DA and your defense attorney. You have been selected because it appears that the conditions of your probation are compromised by your addiction issues. 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. If you choose to withdraw from the program, your case will be returned to the normal criminal docket for processing.

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

Jennifer M.A. Goff
Drug Court Coordinator
Crook County Circuit Court
(541) 447-6541 x116

22nd JUDICIAL DISTRICT DRUG COURT

Drug Court Petition, Waiver and Agreement

Probation Track

Defendant Name: _____

DOB: _____ Case No. _____

Address: _____

Phone: Home: _____ Cell: _____

The Circuit Court probation track of the Drug Court Program is an opportunity provided by recommendation of your probation officer and the District Attorney because of the nature of the original criminal charges and conditions of your probation. It is important that you understand and agree that if you are terminated from the Drug Court Program or elect to withdraw from it, you will proceed to a probation violation hearing. If you choose to withdraw from the program, your case will be returned to the docket for regular violation processing or to the Crook County Probation Department for normal supervision.

During the treatment program, you will be continued on probation subject to satisfactory compliance with the terms of the drug treatment program agreement and any other conditions imposed by the Court as part of your probation requirements.

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 have been advised of my right to a court hearing on the proposed change to the conditions of my probation to include entry into and completion of the Drug Court Program. I understand I have a right to consult with an attorney before making any decision regarding changes to the conditions of my probation.

_____ I have reviewed the proposed addition of entry into and completion of the Drug Court Program to my conditions of probation. I agree to this change and voluntarily waive my right to a hearing.

_____ 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 probation 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, my case will proceed directly to a violation hearing. 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 hereby agree that should the treatment program be terminated, either by the Court or me, I will proceed to a probation violation hearing.

_____ I further agree that the Court may extend my probationary term for a sufficient period of time to allow me to successfully complete my requirements. I also understand that all conditions of my probation 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 and mental health 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, including any recommended mental health programs, 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 that any failure of the treatment program, such as a positive urinalysis test, missed treatment or mental health appointments, 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.

Defendant

Date

Attorney for Defendant

Date

District Attorney

Date