

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF CLATSOP

STATE OF OREGON,)	
)	
Plaintiff,)	CASE NO. _____
vs.)	
)	
_____)	DRUG COURT PETITION AND
)	AGREEMENT
Defendant.)	

Defendant petitions for acceptance into Drug Court and agrees:

1. If a Grand Jury Indictment has not been filed, I give up the right to a preliminary hearing and/or Grand Jury Indictment and agree to proceed on the District Attorney's information in Circuit Court.
2. I understand criminal charges or civil actions arising out of the same episode or transaction may be severed and prosecuted or litigated separately. I give up my former jeopardy rights as to all criminal charges and civil actions arising out of the same act or transaction or same criminal episode as the drug-related charge(s).
3. I give up my rights to speedy trial.
4. I give up the following rights:
 - my right to counsel, including court appointed counsel, while participating in Drug Court.
 - my right to hearing on alleged violations while participating in Drug Court.
 - my right to hearing prior to termination from Drug Court.
 - my right to set aside record of the arrest pursuant to ORS 137.225.
5. I agree that during my participation in Drug Court, my probation officer or the District Attorney may at any time request imposition of sanctions and/or my termination from Drug Court for non-compliance. The Court may impose sanctions or terminate Drug Court without a hearing. If the Court orders termination from Drug Court, I understand I could be remanded into custody pending sentencing or show cause hearing to revoke probation.
6. I agree to apply for enrollment in the Oregon Health Plan within seven (7) days of acceptance into Drug Court **if I am eligible.**
7. I agree to successfully complete the diagnostic evaluation as ordered by the Court and to successfully complete the treatment program to the satisfaction of the treatment provider, probation officer and Court and pay all costs.

8. I agree to sign releases of information to give the Court, my probation officer and the treatment provider access to my evaluation and to give the Court and my probation officer access to treatment records.
9. I agree to abide by the conditions of probation ordered by the Court.
10. I agree I will not work as an undercover agent with any police agency on cases where I may come into contact with illegal drugs. Nothing in this agreement shall prevent me from voluntarily providing information to police regarding illegal drugs.
11. I agree that any violation of probation including but not limited to drug use, new criminal activity, non-compliance with treatment, failure to appear in court, failure to pay financial obligations or any failure to abide by the terms of this agreement may result in sanctions including but not limited to incarceration, modification of the treatment program or termination from Drug Court.
12. I agree to appear in court as directed by the Court or my probation officer.
13. I agree that the Court may extend probation to allow me to successfully complete my requirements.
14. I agree to keep the treatment provider, Clatsop Community Corrections and the Court advised of my residential and mailing addresses at all times during my participation in Drug Court.
15. I understand that I will be required to provide frequent and random urine, blood, breath or other samples as a condition of my participation in the drug court program. I agree that I will not take any over-the-counter medications, including cold, cough and any other over-the-counter medications without getting **prior** approval from my treatment provider and probation officer.
16. I agree that I cannot drink, use, possess or otherwise ingest alcohol, or any illegal controlled substances, nor may I associate with those who do, while I am a participant in the drug court program.
17. I am not currently on any treatment program that involves the use of prescription medications, including Methadone or Suboxone. I acknowledge that if I am currently on such a program, I must obtain authorization from the drug court probation officer and treatment provider to enter the drug court program. If I am on such a treatment program and I am allowed to enter the drug court program, I must be completely weaned off the medication within three months unless the drug court treatment provider, probation officer and Court allow an exception.
18. I agree to sign a Prescription Waiver Form that can be obtained by the probation officer or treatment provider that shall be submitted to the licensed physician prior to receiving any prescribed medication. I agree to provide copies of the signed form to the probation officer, treatment provider and Court.
19. I have read, signed and received a copy of the Clatsop County Drug Court prescription medication policy.

I have read and understand this petition and hereby knowingly and voluntarily give up the rights listed on this petition, petition the Court for acceptance into Drug Court, and enter into this agreement. Being duly sworn to tell the truth, I, the undersigned, do hereby swear that I am eligible to participate in the Clatsop County Drug Court Program and I meet the eligibility requirements listed in this agreement.

Defendant's Name (Print or Type)

Address

Telephone Number

Defendant's Signature (Required)

Date

Defense Attorney Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public for Oregon/Clerk of the Court

My commission expires: _____

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ORDER

Defendant's petition to enter Drug Court is hereby:

- Denied.
- Allowed, based on the agreements and waivers therein.
- The case shall be set for change of plea in due course.
