

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

**NOTICE TO DEFENDANT**

The Circuit Court Pre-trial Drug Treatment Program (S.T.O.P.) provides persons who have been charged with the offense of Possession of a Controlled Substance I or II with an opportunity to attend treatment during pre-trial release from confinement. Upon satisfactory completion of that treatment, the Court will dismiss the charges with prejudice. You may file a motion to set aside the record of arrest. This program is a privilege you may exercise only once. To take part in this program, you must do the following:

You must request to enter the S.T.O.P Program no later than \_\_\_\_\_, 20\_\_\_\_, following the \_\_\_\_\_ arraignment. You must complete and sign the petition form given to you by the Court or by your attorney and file the petition with the Court. At the time of filing you must pay a S.T.O.P. Program fee of \$ 400.00; however, the Court may make provisions for payment of the fee on an installment basis. You are eligible for this program if:

1. You are charged with PCS I or PCS II and you were in possession of only a small amount of a drug consistent with personal use;
2. You have not participated in the S.T.O.P. Program before and you are not currently participating in the S.T.O.P. Program;
3. There is no evidence that you have been involved in significant and substantial unlawful delivery of controlled substances;
4. You have no other felony crimes or any Class A person to person misdemeanors pending or charged in the same charging instrument other than traffic offenses or other counts or charges of PCS I or PCS II;
5. The State is not seeking a dispositional departure and there are no circumstances indicating to the District Attorney's Office your inability to succeed in the S.T.O.P. Program;
6. You have no hold from another jurisdiction (you may petition the Court if the hold is later resolved) and are otherwise eligible for security release;
7. There is no verifiable evidence of gang association or affiliation within one year of your arrest;

Prior to your arraignment, the District Attorney will review the police reports and the criminal history provided by the police agency and will make a preliminary determination whether your case is one the State would be willing to dismiss if treatment is successfully completed. At your arraignment, the Court will be notified by the District Attorney whether your case appears to be appropriate for dismissal if drug treatment is completed. An attorney will be appointed at the time of arraignment (if you are eligible for appointed counsel).

The Court will set your case over to the next court review date to allow you time to make a decision as to whether you wish to enter the S.T.O.P. Program. At the time you return to Court for the S.T.O.P. Program option hearing, a final decision on eligibility and participation will be made.

If you agree to participate in the S.T.O.P. Program and you are eligible, you will execute the Drug Treatment Agreement where you agree to waive preliminary hearing and proceed on the District Attorney's information. You further agree to waive a speedy trial and waive a jury trial. You waive any double jeopardy claims upon this or related cases. You agree that should you be terminated from the treatment program or elect to withdraw from it, you stipulate to the police reports and lab reports and proceed to a court trial on a stipulated facts basis. You waive any search and seizure challenges to the evidence contained in the police reports. If, within 14 days of the day you sign the treatment agreement you wish to withdraw from the program, your case will be returned to the trial docket.

During the treatment program, you will be continued on release subject to satisfactory compliance with terms of the drug treatment program agreement and any other conditions imposed by the Court. If you violate the terms of the release agreement, you may be returned to custody. During the pre-trial treatment period, your case will be continued until successful completion of the treatment period or until termination of agreement.

Entry into the S.T.O.P. Program does not entitle you to dismissal of the present charge until you have completed the program of treatment indicated as necessary by the assessment, including compliance with all treatment requirements and paying all fees and performing other program conditions to the satisfaction of the Court. If you successfully comply with all S.T.O.P. Program requirements, the District Attorney agrees to move for dismissal of the charge and the Court will dismiss the charge with prejudice.

If you decide that you do not wish to take part in the S.T.O.P. Program and you prefer to go to trial or enter a plea of guilty, you must sign and file with the Court a waiver of your opportunity to participate in the program. The waiver will be kept in the Court's record to clearly show that you had an opportunity to participate in the Drug Treatment Program and freely and voluntarily chose not to do so. Your case will then proceed to trial (or plea) in the usual manner.

If you choose to enter the S.T.O.P. Program and then later choose not to continue in the program, all fees which you have paid to the Court are not refundable and any remaining balance is to be paid in full.

JEFFERSON COUNTY CIRCUIT COURT

DRUG DIVERSION PETITION, WAIVER AND AGREEMENT

Defendant/Petitioner Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt.# City State Zip

Phone(\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_\_ Case No. \_\_\_\_\_

If this petition is allowed by the Court, the petitioner agrees to give up the rights and to carry out the agreements listed below and explained in the "Notice to Defendants".

1. I hereby give up the right to a preliminary hearing, Grand Jury Indictment and agree to proceed upon the District Attorney's Information.

Client: \_\_\_\_\_ Attorney: \_\_\_\_\_

2. I hereby give up my right to a speedy trial. I also give up my right to a jury trial. I give up my right to call witnesses and to cross-examine the State's witnesses. I also give up my right to testify. I give up my right to contest the stop and/or search in my case.

Client: \_\_\_\_\_ Attorney: \_\_\_\_\_

3. I hereby agree that should the treatment program be terminated **after 14 days from today either by the Court or me, I will proceed to a court trial based solely upon the facts in the police report and laboratory reports, which I hereby stipulate to.**

4. It is agreed by the Court that if the petitioner wishes to **withdraw from the treatment program within 14 days of today, this Agreement will be voided and the case will be returned to the trial docket and I will have all my constitutional rights available to me upon trial of my case.**

5. 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 by the provider to the Court, District Attorney and Defense Counsel. Any such information shall not be utilized by the District Attorney for any prosecution, but may be considered by the Court in deciding my remaining in S.T.O.P.

6. I agree to complete the treatment program to the satisfaction of the Court.

7. I agree not to knowingly use unlawful controlled substances.

8. I agree to not knowingly associate with any person possessing or using illegal drugs.
9. I agree to not work with any police agency on drug cases or on cases where I may come into contact with illegal drugs.
10. I agree to pay a drug court fee of \$400 to BestCare Treatment Services on a payment plan set up by the Court. If I drop out of the program, funds paid are not refundable and any remaining balance is to be paid in full. Failure to make scheduled payments may be considered a violation.
11. I agree that any failure on the treatment program such as positive urinalysis tests, missing treatment or any failure to abide by the terms of this agreement will result in a review hearing which can result in any court sanction, revocation of your pre-trial release or termination from the program.
12. I agree that as a part of the treatment program the Court may also require me to seek and maintain employment and obtain employment counseling and a GED.
13. I agree the Court will require me to appear in court up to at least once a month.
14. I agree the Court has the discretion to terminate me from the treatment program upon commission of a new crime.
15. The Court agrees that upon successful completion of the treatment program for a twelve (12) month period, the Court will dismiss the charge with prejudice and the District Attorney may not prosecute it in the future. You may then file a motion to set aside the record of arrest.
16. I further agree that the Court may extend the treatment program for an additional twelve (12) months to allow me to successfully complete my requirements.
17. I further agree to keep the treatment provider and the Court advised of my current address at all times during the treatment program.

I have read the above statement of the rights I must give up and the agreements I must make, as well as the “Notice to Defendants.” I understand what I have read and do hereby knowingly give up these rights and enter into these agreements with the Court.

_____	_____
Petitioner’s Signature	Date
_____	_____
Attorney for Defendant	Date
_____	_____
District Attorney	Date

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

STATE OF OREGON,	)	
	)	ORDER ALLOWING DRUG COURT
	)	
vs.	)	Case No. _____
	)	
	)	
_____	)	
Defendant.	)	

Defendant's petition to enter a Drug Court Treatment Program is:

\_\_\_\_\_ DENIED

\_\_\_\_\_ ALLOWED, and based on the agreements and waivers therein:

- a) This case is transferred to the Circuit Court for all further proceedings on the Information of the District Attorney.
- b) Defendant shall pay to BestCare Treatment Services the diversion fee of \$400.00 at the rate of \$\_\_\_\_\_ per month or in full within \_\_\_\_\_ weeks/days.  
\_\_\_\_\_ Payment schedule to be set at further proceedings.
- c) All treatment fees.
- d) Defendant shall report to the **JEFFERSON COUNTY DRUG COURT COORDINATOR AND EVALUATOR** immediately to begin the program of drug evaluation and treatment.
- e) Defendant shall report for the next S.T.O.P. hearing on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ am/pm in Courtroom \_\_\_\_\_ of the Jefferson County Courthouse.
- f) This case is assigned to Judge \_\_\_\_\_ for supervision.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Circuit Court Judge

