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

STATE OF OREGON  
  
Plaintiff  
  
vs.  
  
Defendant

**CASE NUMBER:**  
  
**PETITION FOR ADULT  
DRUG COURT**  
  
District Attorney: \_\_\_\_\_  
Defense Counsel: \_\_\_\_\_

I, \_\_\_\_\_, personally and by and through  
\_\_\_\_\_, counsel for Defendant, respectfully petition the Court  
for acceptance into Adult Drug Court (ADULT DRUG COURT). I understand the Adult Drug  
Court Program is designed to coordinate services and interventions intended to rehabilitate  
court-involved individuals. ADULT DRUG COURT is not available to everyone due to limited  
resources and eligibility criteria. If this petition is accepted by the Court, I agree to give up  
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 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. 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 Adult Drug 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 will be terminated as successful.
- 3. I agree if I am terminated from the Adult Drug Court Program 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 penitentiary time. The State may request my termination from the ADULT DRUG COURT for non-compliance at any time. The ultimate decision to terminate will be made by the Court.

- 1 4. I agree that any violations of the terms of this agreement, commission of a new  
2 crime or any failure in the treatment program may result in modification of the  
3 Adult Drug Court agreement or termination from the ADULT DRUG COURT  
4 program and will then proceed to sentencing. I agree the court may impose other  
5 sanctions including, but not limited to, community service, work crew, court days  
6 and jail, rather than terminating my participation in ADULT DRUG COURT.
- 7 5. I waive the following rights: my right to a speedy trial before a jury of my peers,  
8 my right to call witnesses on my behalf, my right to confront any witnesses and  
9 my right to remain silent. If the District Attorney files additional charges arising  
10 from the original incident on which my plea is based I agree not to assert my  
11 former jeopardy rights. I further agree not to file any motions, including motions  
12 to suppress any evidence obtained by search and/or seizure. I have discussed  
13 these waivers with my attorney and fully understand their significance. If I have  
14 signed this waiver without the assistance of an attorney, I acknowledge that I am  
15 aware I have the right to have an attorney, and if I cannot afford an attorney the  
16 Court would appoint an attorney to assist me.
- 17 6. I agree to satisfactorily complete a diagnostic assessment for the development of  
18 my drug/alcohol treatment program at a state certified treatment provider, as  
19 ordered by the Court. I authorize the release of all treatment information by the  
20 treatment provider to the Court.
- 21 7. I agree to complete a treatment program at my expense and to attend a minimum  
22 of two support groups (12 step) per week unless otherwise ordered. I will follow  
23 and comply with all requirements of the treatment program.
- 24 8. I agree to comply with all requirements for drug testing. Any refusal or failure to  
25 give a drug test will be considered a positive or dirty test. A positive or a dirty  
26 drug test will not necessarily terminate me from Adult Drug Court, but may lead  
to a sanction or recommendation by the treatment provider.
9. I understand I will be tested for all controlled substances. 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. All tests are observed.
10. I agree to provide information on all prescriptions from my health-care provider(s)  
that I am taking while in Adult Drug Court. If I do not provide these prescriptions,  
any test showing the presence of un-prescribed drugs will be considered positive  
or a dirty. I understand I should explore non-narcotic prescription alternatives to  
narcotic medications. I will be required to inform medical personnel of my  
addictions prior to receiving narcotic medications. I understand I am not allowed  
to take prescription medication that has not been prescribed to me by my health-  
care provider(s), nor am I allowed to abuse prescribed medication.
11. I understand that I may also be asked to take a polygraph as a condition of my  
participation in Adult Drug Court.

- 1 12. I shall refrain from knowingly associating with persons who use or possess  
2 controlled substances illegally or from frequenting places where such substances  
3 are kept or sold, including bars and taverns.
- 4 13. I agree to submit current private and/or government funded medical insurance  
5 information upon admission into treatment. I understand I will be required to  
6 show proof of income and apply for the Oregon Health Plan if I am eligible. I  
7 authorize release of all information necessary to appropriately invoice third party  
8 insurance plans for treatment services provided to me under this program.
- 9 14. I will immediately report all contact with law enforcement to a member of the  
10 Adult Drug Court Team.
- 11 15. I will not work as a confidential informant (engage in controlled buys) without  
12 obtaining written permission from both the Adult Drug Court Judge and Jackson  
13 County Community Justice.
- 14 16. I agree the Court may require me to seek and maintain employment, participate  
15 in mental health or other counseling assessment and treatment, educational  
16 programs and other interventions deemed appropriate.
- 17 17. I will appear in court on scheduled dates. I agree the Court may require me to  
18 appear at any time regardless of my compliance and success in the treatment  
19 program. I will provide written documentation verifying absences as directed.
- 20 18. I agree to keep the Adult Drug Court staff, my treatment provider, probation  
21 officer and my case worker apprised of my current address and phone number  
22 and to notify them of changes within 24 hours.
- 23 19. I agree the Adult Drug Court Judge may communicate with others about my  
24 participation in Adult Drug Court without my attorney or me present. I agree to  
25 sign any releases or other documents necessary so that the ADULT DRUG COURT  
26 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 Adult  
Drug Court. I DO NOT WAIVE any rights of privacy or confidentiality regarding  
any aspect of my case or treatment concerning communications with any person  
or agency that is not affiliated with ADULT DRUG COURT except as mandated by  
law. The waiver shall apply only while I am a participant in Adult Drug Court.
20. If I have ANY doubt, confusion or misgiving about what ADULT DRUG COURT, my  
probation officer or any treatment provider expect of me I will communicate with  
them for clarification. I understand that ignorance will not be a sufficient defense  
for my actions.
21. I understand the Adult Drug 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 been terminated from. Upon the  
request of the Adult Drug Court treatment provider or the Court, I will sign a

1 release of information agreement and authorize such program to provide  
2 supervision and treatment information to the Adult Drug Court Program. The  
3 Court in its discretion may release information to the treatment provider.

4 22. I understand I will be placed on formal probation for a period of eighteen months  
5 and be subject to the general and specific conditions of probation, including but  
6 not limited to, treatment, community service, jail sanctions and polygraph  
7 examinations. I will pay a monthly supervision fee of \$40.00 per month.

8 23. I agree the Court may extend the duration of Adult Drug Court for additional time  
9 to allow me to successfully complete my requirements.

10 24. I understand as a condition of my participation in Adult Drug Court, I will not  
11 operate a motor vehicle without a valid driver's license and insurance. If I do not  
12 have a valid driver's license and insurance I will make efforts to obtain them.

13 25. I will pay a \$150.00 Adult Drug Court program fee to the Jackson County  
14 Community Justice Department pursuant to a payment schedule established by  
15 my probation officer, or within nine months from the date of this order, whichever  
16 is sooner.

17 26. I will pay a \$107.00 Unitary Assessment Fee within 90 days of entry into the  
18 program.

19 27. I will pay Court-Appointed Attorney Fees to the Jackson County Circuit Court  
20 within nine months from the date of this order.

21 28. I understand that staff from Adult Drug Court and its partner agencies are  
22 mandatory reporters under Oregon state law. They cannot be exempted from this  
23 law and must make a report to the Department of Human Services- Child Welfare  
24 Division if they have reasonable cause to suspect child abuse and neglect.

25 29. I understand my decision to enter into Adult Drug Court is irrevocable.

26 30. I shall remain a law abiding citizen.

31. If I successfully complete ADC, the Court shall dismiss the proceedings against me  
without an adjudication of guilt in accordance with ORS 475.245.

I have read and understand the terms of this petition:

\_\_\_\_\_  
Petitioner's Signature

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Date

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CERTIFICATE OF COUNSEL

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

- 1. I have read the foregoing Petition and have discussed with the Defendant each section contained therein;
- 2. I have fully explained to the Defendant each statement in the Petition and believe the Defendant comprehends the program.
- 3. To the best of my knowledge and belief, the statements and representations and declarations made by the Defendant in the foregoing Petition are in all respects accurate and true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Defendant, OSB# \_\_\_\_\_

CERTIFICATE OF PETITIONER IF UNREPRESENTED BY COUNSEL

The undersigned certifies as follows:

- 1. I have been advised that I have the right to have an attorney represent me in this matter and explain this document to me
- 2. 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner