

MALHEUR COUNTY CIRCUIT COURT

S.A.F.E COURT PROGRAM

P.O. Box 670, 251 B Street, West

Vale, Oregon 97918

(541)473-5568

S.A.F.E Court PETITION, WAIVER AND AGREEMENT

Name: _____

Last

First

Middle

Address: _____

Street

Apt #

City

State

Zip

Phone: _____ **DOB** _____ **Case #** _____

If this petition is allowed by the Court, the Defendant agrees to give up the rights as listed and to carry out the agreement as stated.

For those with a “Conditional Discharge” on a NEW DRUG CRIME, including DUI:

____ I hereby agree that if I am terminated from the SAFE Court Program after 14 days from today, I will proceed to sentencing. Both the State and I agree that during the first 14 days from today, I may withdraw from the program and withdraw my plea. The State likewise during the first 14 days, may withdraw from this agreement and oppose my entry into the program as noncompliant with entry requirements. The State at any time may request my termination from the program for noncompliance. The termination decision will be made by the Court.

For those with a Probation Violation and/or a NEW charge;

____ I hereby agree that if I am terminated from the SAFE Court Program after 14 days from today, I will have my suspended sanctions and fine reinstated and will return to a standard probation **or** serve an executed sentence to be determined by the Court. The State may decide to file a Show Cause against me for failure to complete treatment. Both the State and I agree that during the first 14 days from today, I may withdraw from the program and return to a standard probation. The State likewise during the first 14 days, may withdraw from this agreement and oppose my entry into the program for noncompliance. The termination decision will be made by the Court.

FOR EVERYONE:

___ I agree to satisfactorily complete a diagnostic evaluation for the development of my drug/alcohol treatment program as recommended by the treatment provider. I hereby authorize release of all treatment information by the provider to the Court. Any such information shall not be utilized by the District Attorney for any prosecution but may be considered by the Court in deciding whether I remain in the program.

___ I agree to complete the treatment program as required by the SAFE Court program including an Aftercare treatment phase.

___ I agree to not knowingly associate with any person possessing or using illegal drugs or knowingly participate in any other criminal activity.

___ I agree to not work with any police agency on drug cases or on cases where I may come into contact with illegal drugs. Nothing in this agreement shall prevent petitioner from voluntarily providing historical or current information to a police agency regarding the petitioner's involvement with illegal drugs, or cooperating in any investigation or prosecution in which the participant is involved as a victim or witness.

___ I agree to pay a program fee of \$600.00. I agree to pay \$50.00 within 21 days of my acceptance into the SAFE Court Program. I also agree to pay the balance as approved by the Court. If I pay the entire fee within the first nine months of the program, I only have to pay a total of \$550. If I drop out of the program any amounts paid are not refundable. I understand there may be additional costs for the cost of any attorney, cost of supervision and for the costs of the treatment program. I understand that I will not be able to successfully complete the SAFE Court Program if the program fee is not paid in full.

___ I agree that any failure of the treatment program such as positive intoxilyzer, urinalysis tests, missing treatment or any failure to abide by the terms of this agreement or a new crime may result in a failure to comply hearing which can result in modification of the treatment program, revocation of my probation, temporary incarceration or other sanction or termination from the program.

___ I agree that as part of the treatment program the Court may also require me to seek and maintain employment, obtain employment counseling and/or a GED or high school equivalent.

___ I agree that the Court will require me to appear in Court as directed.

___ I understand that upon successful completion of the treatment program and drug court participation, the Court may order early termination of my probation.

___ I agree that the Court may extend the treatment program for additional time to allow me to successfully complete my requirements.

____ I agree to keep the treatment provider, my probation officer and the Court advised of my current address at all times during the treatment program.

____ I agree to be supervised by the Malheur County Community Corrections and comply with all conditions of probation.

____ I agree to have no alcohol in my possession, vehicle or residence and not to enter any place where alcohol is the primary product of sale.

____ I agree the Court has the discretion to terminate me from the treatment program upon commission of a new crime or other violation of the SAFE Court Program than would otherwise make me ineligible for the program.

____ I agree to participate in surveys following my completion of the SAFE Court program for the purpose of a longitudinal study on the effectiveness of this program. I understand my identity will not be disclosed without my written consent. I further understand the information collected will be a benefit to those who participate in the future.

____ I agree to complete a polygraph with a "truthful" result at my own expense prior to the completion of the SAFE Court program. I understand the questions asked during the polygraph will be regarding my use history while in the program only and not for the purposes of new criminal charges.

____ I agree I will abide by a curfew of 10 p.m. to 6 am every night of the week unless other arrangements are made with my probation officer ahead of time.

____ I agree I will refrain from any type of gambling activity while I am participating in the SAFE Court 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" with regard to Structured Sanctions and Home visits. I understand what I have read and do hereby enter into these agreements with the Court *voluntarily*.

Defendant's Signature	Date	Attorney for Defendant	Date
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District Attorney	Date	
	"APPROVED"	

	Circuit Judge	Date