

WASHINGTON COUNTY DRUG COURT PROGRAM PETITION

Defendant/Petitioner Name : _____
Last First Middle

Address: _____

Phone: _____ DOB: _____ Case Number _____

If this Petition is allowed by the Court, the Petitioner agrees to give up these rights and to carry out the agreements listed below:

1. I hereby give up the right to a preliminary hearing, Grand Jury Indictment, and agree to proceed upon the District Attorney's information and I agree to enter a written plea of guilty to the charge(s). If this is a probation case, I waive my right to a probation revocation hearing and agree to a sanction of revocation if I do not complete this program.
2. I hereby give up any former jeopardy rights in any subsequent action upon this charge or any other offense based upon the same criminal episode.
3. I hereby give up my right to a speedy 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.
4. I hereby agree that should I be terminated from the Drug Court Program my charge(s) will proceed to sentencing. The State may request my termination from Drug Court for non-compliance at any time. The termination decision will be made by the Court.
5. I agree to satisfactorily complete a diagnostic assessment 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. Any such information shall not be utilized by the District Attorney for any prosecution but may be considered by the Court in deciding if I remain in Drug Court.
6. I agree to complete the treatment program to the satisfaction of the Court.
7. I agree to not knowingly associate with any person possessing or using illegal drugs.
8. I shall not work with any police agency on drug cases where I may come into contact with illegal drugs. Nothing in the agreement shall prevent Petitioner from voluntarily providing historical information to a police agency regarding the Petitioner's involvement with the illegal drugs/
9. I agree that any failure in the treatment program such as positive urinalysis test, missing treatment, any violation of the terms of this agreement, or a new crime may result in modification of the treatment program or termination from the program.
10. I agree that as a part of the treatment program, the Court may also require me to seek and maintain employment, counseling, educational programs, work release, or other sanctions by the court at any time.

11. I agree the Court may require me to appear at any time regardless of my compliance and success in the treatment program.

12. I understand that upon successful completion of the treatment program I may receive reduction or dismissal of the charges; if dismissed with prejudice, the District Attorney may not prosecute it in the future. If this is a probation case, the probation will be terminated as successful.

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

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

15. I agree to submit current private or government funded medical insurance information upon admission to treatment. I understand that I will be required to show proof of income and apply for the Oregon Health Plan if I am eligible. I hereby authorize release of all information necessary to appropriately invoice third party medical insurance plans for treatment services provided to me.

16. I agree that the Drug Court Judge may communicate with others about my participation in Drug Court without the presence of my attorney or me.

17. I understand the Drug Court treatment provider will be informed of my criminal history. I further understand I will be required to disclose any supervision or treatment I am involved in or have completed successfully or by termination. Upon request of the Drug Court treatment provider or the Court, I will sign a release of Information and authorize such program to provide supervision and treatment information to the Drug Court. The Court in its discretion may release information to the treatment provider.

18. I understand that I will be placed on formal probation and therefore subject to the general conditions of probation, the alcohol and drug package, jail sanctions and polygraph examinations during my participation in Drug Court.

19. I agree to return to Oregon (sending state) at any time I am directed to by the sending state or the receiving state. I know that I may have a constitutional right to insist that the sending state extradite me from the receiving state or any other state where I may be found. This is commonly call the right to extradition. But I also understand and acknowledge that I have agreed to return to the sending state when ordered to do so either by the sending state or receiving state. Therefore, I agree that I will no resist or fight any effort by any state to return me to the sending state and I agree to waive any right I may have to extradition. I waive this right freely, voluntarily and intelligently.

