

DRUG COURT AGREEMENT

Name

Case # _____

Judge _____

1. I hereby understand that I have been accepted into the Salt Lake County Drug Court Treatment Program under one of the following conditions:

PLEA IN ABEYANCE

I understand that the plea(s) I have entered will be held in abeyance and not formally entered as (a) conviction(s) while I am participating in the Drug Court Treatment Program. I also understand that I am waiving the right to be sentenced within the statutory time period of more than two days and no more than 45 days.

I understand that if I successfully complete the Drug Court Treatment Program as ordered by the Court, I will be allowed to withdraw my plea(s) and charge(s) will be dismissed. I further understand that if I successfully complete the Drug Court Treatment Program and my plea(s) and charges(s) are dismissed, the District Attorney may not prosecute said charge(s) in the future, and I may be eligible to file a motion to have the record of my initial arrest expunged by the Court.

I understand that if I fail to satisfactorily complete the Drug Court Treatment Program, the Court can remove me from the Program, enter my plea(s) as (a) conviction(s) and sentence me for those offenses.

CONDITION OF PROBATION

I understand I have been accepted into the Salt Lake County Drug Court Treatment Program as a condition of probation. This will require an entrance of a plea(s) of guilty and a subsequent sentence being imposed by the Court. I further understand that if I successfully complete the Drug Court Treatment Program and I am in compliance with the other conditions of my probation, I will be successfully discharged and terminated from probation. I understand I may be eligible for a reduction of my charges pursuant to § 76-3-402.

I also understand that if I fail to satisfactorily complete the Drug Court Treatment Program, the Court may revoke my probation and sentence me in accordance with the provisions of law.

2. I understand and agree that satisfactory completion of the Drug Court Treatment Program will take a minimum of one year. I further understand that the Plea in Abeyance term or condition of probation will be 36 months and may be extended or terminate early on agreement of the parties. The average time for completion of the Program is 18 months. Six months prior to graduation, I must use no substances illegally or consume any amount of alcohol. All drug tests must be taken, be valid and drug free.

Failure to do either could result in a 6-month extension.

3. I understand that during the term of plea in abeyance/probation, I will:
 - a.) Commit no new criminal offenses;
 - b.) Successfully complete the Drug Court Treatment Program;
 - c.) Abide by all requirements set forth in the Drug Court Agreement;
 - d.) Not tamper with drug tests;
 - e.) _____

4. I understand that the Drug Court Treatment Program is a special program which requires reliance on drug testing and the recommendations of treatment personnel imposing treatment conditions and/or sanctions for violating Drug Court rules, policies, or requirements. Drug tests may be challenged with the prior permission of the treatment staff and my payment for additional verification. The Court is not bound to wait for the results of a verification test before sanctions may be imposed.

5. I understand further that in the event there is a claim that I failed a drug test or I am otherwise not in compliance with the policies, rules or requirements of the Drug Court Treatment Program, the Court may impose sanctions, other than removal from the Program, without conducting an Order to Show Cause hearing. I further understand that the sanctions which the Court may impose for failure to comply with policies, rules or requirements of the Program may include, but not limited to, modification of treatment conditions, administrative sanctions, community service, fines, jail or a specified jail term. In the event there is a claim that I have failed to comply with the policies, rules or requirements of the Drug Court Treatment Program, I hereby waive my right to a hearing or counsel advocating in court on that claim.

6. I understand and agree that defense attorney in the Drug Court Program does not have the role of traditional adversarial advocate. I understand and agree that I will appear in court without counsel and that I will be responsible to personally advocate my position at all Drug Court hearings, unless the hearing involves an Order to Show Cause where the prosecution is seeking my removal from the Drug Court Program. Defense counsel will assist me in preparing to advocate before the Court and will be present in the courtroom at my request, but will not argue my position to the Court. Defense counsel will not disclose information to the Drug Court team that may result in my removal from Drug Court or that may result in additional criminal charges being filed against me. However, I understand and agree that defense counsel may disclose any other information about me, regardless of the source of such information and including otherwise privileged communications, if defense counsel reasonably believes that such disclosure will further my goal of achieving and maintaining sobriety. Defense counsel will communicate my position to the Drug Court team during staffing meetings, but will have the discretion to advocate a position different than my own if defense counsel reasonably believes that a different position will further my goal of achieving and maintaining sobriety. Upon request from me, defense counsel may communicate to me

information discussed during staffing regarding proposed sanctions.

7. I agree to sign all releases of information and other documents necessary for entry into and satisfactory completion of the Drug Court Treatment Program.
8. I agree to allow Drug Court personnel to search my residence, vehicle, personal articles and person as set forth in the Drug Court policy and procedures.
9. I agree to report all contact with law enforcement to my case manager within 48 hours.
10. I agree to notify Drug Court of any lawfully prescribed prescription before filling the prescription whenever medically practicable and provide appropriate notice to my medical care provider of my addiction and Drug Court status as required through the use of the prescription disclosure.
11. I agree to keep the treatment provider, my supervising officer, the Court and Adult Probation and Parole if applicable, advised of my current address and phone number at all times during the Drug Court Treatment Program. I agree not to change addresses without the Court's permission.
12. I understand and agree that the Court will order me to pay a fee for participation in the Drug Court Treatment Program based on an assessment of my ability to pay, and that a payment schedule will be established by the Court for payment of that fee.
13. I understand that if restitution is owed by me, it must be paid in full before I can graduate from Drug Court, unless special arrangements have been agreed to by my case manager, the Judge, and the District Attorney's Office.

RESTITUTION INFORMATION

Name of Victim:			
Address:			
City:	State:	Zip:	Phone:
Amount Owed:		Monthly Payment Amount:	
Payable to: AP&P <input type="checkbox"/> Court <input type="checkbox"/> Other <input type="checkbox"/>			

I have read the above statement of my rights and hereby waive those rights and agree to the terms and conditions of the Drug Court Program as provided above and do hereby enter into this agreement with the Court for admission into the Salt Lake County Drug Court Treatment Program.

Defendant's signature Date

Defendant's name (print)

Attorney for Defendant Date



PETER CORROON
Salt Lake County Mayor
pcorroon@slco.org

JEAN NIELSEN
Director Human Services
jnielsen@slco.org

GARY K. DALTON
CRIMINAL JUSTICE SERVICES
DIVISION DIRECTOR

RONALD L. OLDROYD
CRIMINAL JUSTICE SERVICES
ASSOCIATE DIRECTOR

ADMINISTRATIVE SERVICES
801 / 799-8400
801 / 799-8455 F

PRE-TRIAL

DAY REPORTING CENTER
801/595-4000
801/595-4005 F

PRETRIAL SERVICES
801/799-8400
801/799-8430 F

POST-TRIAL

COURT SERVICES
801 / 799-8466
801 / 799-8493 F

PROBATION SERVICES
801 / 799-8460
801/799-8494 F

TREATMENT SERVICES
801 / 799-8466
801 / 799-8493 F

145 EAST 1300 SOUTH, SUITE 501
SALT LAKE CITY, UTAH 84115
WWW.CRIMINALJUSTICE.SLCO.ORG

PRESCRIPTION DISCLOSURE

Today's date _____

Name of facility/medical professional _____

I, _____, am a participant in the Third District Felony Drug Court. I am a drug addict and am in treatment to address my addiction.

Drug Court is a court-monitored treatment program where I am subject to frequent and random drug testing. Prescriptions that can be habit-forming or addictive are not appropriate while I'm in the program.

I respectfully request that you take this into consideration and offer non-narcotic and/or non habit-forming medications when drugs are necessary for my medical care.

Please list the medications prescribed today:

Physician (please print name) _____

Physician (signature) _____

If you have any questions or concerns, please feel free to call my Drug Court Case Manager at 801-799-8466. The signed release of confidential information is attached.