

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

THE STATE OF OREGON,)	
)	CASE NO.
Plaintiff,)	
)	PETITION TO ENTER ADULT
vs.)	TREATMENT COURT AS A
)	CONDITION OF PROBATION
)	
_____)	
)	
Defendant.)	

Address _____
Street Apt # City State Zip

Phone (_____) _____ Date of Birth _____

Email _____

If the Lane County Adult Treatment Court (“the Court”) accepts this Petition on the day I am scheduled to formally enter the Lane County Adult Treatment Court Program (“the Program”), I agree to give up the rights listed below, and abide by the Rules listed in the Program Rules and Conditions Section. My initials next to each numbered sub-section indicate that I have read (or have had read to me) that subsection, and that I understand the rights I give up and the obligations I accept. I understand that I have the right to withdraw this petition at any time before the Court formally accepts it.

I understand and agree that my mind is clear and I am not sick. I am not under the influence of alcohol or drugs.

AGREEMENT TO PARTICIPATE (Condition of Probation Only)

____ 1. I have been convicted of the following offenses in case number(s) _____ and placed on probation. As a condition of my probation, I have been referred to the Lane County Adult Treatment Court. If accepted, I understand that if I had previously been sentenced to bench probation, that probation will be converted to supervised probation.

Initials	Count	Charge	Sentence
	1		
	2		
	3		

____ 2. **Extension of Probation.** I understand that by signing this petition, I consent in advance to any and all probation extensions, including *nunc pro tunc* extensions, ordered by the Court. I understand that such extensions will not exceed a period of one year, and that they will only be granted if the Team determines that the Program requirements cannot be met before my term of Probation expires. If I graduate from the Program after my original term of Probation would have expired, my most recently extended term of probation will also expire. If I graduate before my original term of probation expires, the circumstances will be taken on a case by case basis. If I am terminated from the program for any reason, including at my own request, the District Attorney may file an order to show cause alleging that I have violated a condition of my probation. I affirm that I have discussed my probation violation sentencing exposure with my attorney.

I reserve the right to withdraw my consent at any time by providing the District Attorney with written notice, but understand that withdrawing my consent may potentially lead to my termination from the Program, even in the absence of other Program violations.

PROGRAM RULES AND CONDITIONS

____ 3. **Rules and Conditions Discussed in the Petition are Non-Exhaustive.** I understand that the rules and conditions discussed in this petition are not the only rules and conditions of the Program. I will be provided with a Handbook containing a complete list of all Program rules and conditions at court orientation. I also understand that the Program is continually evolving, so as to keep up with current research into best practices. Whenever the Program's Handbook is updated, I will be notified by my attorney.

____ 4. **Assessment and Treatment, Including Inpatient Treatment.** I understand and agree that in order to enter the Program, I must undergo a substance abuse assessment as directed by the Court and by the treatment provider(s). Additionally, as part of the Program, I agree to undergo and to complete any outpatient or inpatient treatment deemed appropriate, as directed by the Court and by the treatment provider(s).

____ 5. **Abstinence.** I agree to refrain from using or possessing any controlled substances, including any controlled substances (such as pain killers and steroids) that may legally be prescribed by a physician, unless I have a current valid prescription and am taking the medication in accordance with that prescription. I further agree to refrain from consuming legal mind-altering substances including alcohol, marijuana, Spice, and Kratom (but not including caffeine or nicotine), as well as any other substance that may interfere with accurate urinalysis testing (such as poppy seeds).

I understand that new mind-altering substances are created and that many of them are created for the explicit purpose of enabling individuals to evade drug tests, and as a result, the Program's drug testing protocol is constantly being updated to detect new substances. I understand I may be in violation of Program rules if I use a substance that is either not approved or could cause a positive urinalysis. I understand that the Handbook provides complete information regarding the Program's abstinence policy.

- _____ 6. **Urinalysis Testing.** I agree to submit to frequent, random, and observed drug-and-alcohol testing pursuant to program rules and/or court order.
- _____ 7. **Medication.** I agree to fully inform my treating physician(s) of my substance use history and of my participation in this Program. If I receive or possess any prescriptions during my enrollment in the Program, I will immediately notify my counselor. If a physician prescribes me narcotic or addictive medications, I will immediately inform my probation officer, my counselor, my Attorney and the Court. Further, I understand that some over-the-counter (OTC) medications can be abused, or can interfere with drug testing results. Before using any OTC medications, I will seek guidance from probation officer and/or counselor. If either one advises me against taking such medication, I will obtain a physician's written recommendation before doing so.
- _____ 8. **Court Attendance.** If I fail to appear for a Court hearing, I understand and agree that the Court can (and likely will) order a warrant for my arrest. I understand the District Attorney can charge me with a new criminal offense of my Failure to Appear for missing court appearances.
- _____ 9. **Courtroom Demeanor.** I will behave respectfully and attentively in the courtroom. I will turn off my cell phone and all other electronic devices when in Court.
- _____ 10. **Dress Code.** I agree to comply with the Court's Dress Code, which I will review at Court orientation. I also understand that I will be provided with a copy of the dress code in the court handbook. I understand that if I fail to comply with the dress code, the Court may ask me to leave – in which case my absence would be unexcused and could result in a sanction.
- _____ 11. **Incentives, Sanctions, and Interventions.** I understand that I may receive incentives when I progress in the Program, and responses/sanctions when I fail to comply with Program requirements. Incentives may include (but are not limited to): verbal praise, applause, gift cards, and early placement on the docket. Failure to abide by any rule set forth in the Handbook may result in a response/sanction or in termination from the Program. Responses/sanctions may include (but are not limited to): written assignments, sit sanctions, road crew, community service, or jail time. I

understand that the Handbook contains more detailed information about what incentives and sanctions to expect under what circumstances.

- _____ 12. **Law-Abiding Conduct.** I agree to obey all laws (including municipal, county, state and federal) while in the Program. If I am charged with a new criminal or traffic violation while I am participating in the Program, that charge may be grounds for termination even in the absence of other Program-related violations. If I am arrested or cited for any crime or violation, I will report the arrest or citation to my probation officer within 48 hours.
- _____ 13. **No Informant Work.** I will not work with any police agency as an informant on drug cases, nor on cases where I may come into contact with illegal drugs. Nothing in this agreement shall prevent me from voluntarily providing historical information to a police agency regarding my involvement with illegal drugs.
- _____ 14. **Driving.** If I plan to drive while in the Program, I agree to comply with all motor vehicle laws and regulatory requirements, including all requirements regarding licensing and insurance. If the Court finds that I have driven while intoxicated, it may confiscate my license until I demonstrate that I can maintain sobriety. I am also subject to Program sanctions if I drive without complying with motor vehicle laws and regulatory requirements.
- _____ 15. **Avoiding Triggers.** I agree to take reasonable steps to avoid persons, places, and things that are likely to trigger me to use intoxicating substances. This means that I will avoid knowingly associating with persons who use or possess such substances, avoid places where such substances are commonly kept or sold, and not possess any such substances, paraphernalia, or other items likely to trigger me to use.
- _____ 16. **Education and Employment.** I understand and agree that as a part of the Program, I will be required to provide proof that I received a high school diploma or General Education Diploma (i.e. GED). If I do not have a diploma, I will be required to obtain a GED and I will also be required to obtain and maintain full time employment or enroll in post secondary education full time, or a combination of part-time work and part-time post secondary education. These requirements should be regarded as non-negotiable, and will only be modified if the Court determines that an adjustment supports the NADCP best practices. Employment in establishments where the sale of alcohol or marijuana is the primary business will not be permitted under any circumstances. Additionally, employment is prohibited in any adult entertainment industry.
- _____ 17. **Health Insurance.** I understand that I must enroll in, or attempt to enroll in, the Oregon Health Plan, or use any health insurance policy I have to defray the costs of my treatment.

- _____ 18. **Contact Information.** I agree to keep my probation officer, my treatment provider, the Program, and my lawyer advised and updated as to my current address and telephone number(s) at all times, within five (5) days of any move or change of contact information.
- _____ 19. **Releases of Information.** The Treatment Court Team (“the Team”) includes (but is not necessarily limited to) representatives from the Lane County District Attorney’s Office, Public Defender Services of Lane County, Lane County Parole and Probation, Eugene Police Department, Lane County Department of Human Services, Emergence (our contracted treatment provider,) the Treatment Court coordinators and a Lane County Circuit Court Judge. I understand that as a condition of my participation in this Program, I will be required to sign releases of all treatment information by the provider(s) (i.e. Emergence) to the members of the Treatment Court Team. I understand that if I withdraw such releases, that withdrawal may disqualify me from further participation in the Program. I understand that the District Attorney shall not use any of the information released under this condition to prosecute me for a drug possession charge. However, the Court may consider such information in deciding whether to impose sanctions, or terminate me from the Program. I further understand that nothing in this section grants me immunity from prosecution on non-drug-related charges. I also understand that I may be asked to submit additional releases of information during my participation in the Program, and that my refusal to comply with such requests could potentially have a negative impact on my status in the Program.
- _____ 20. **Treatment Court Confidentiality.** As a necessary part of their activities, the Team will need to discuss my progress and performance in the Program during meetings as well as by e-mail or other means of communication. These discussions can affect my participation or ability to participate in the Program. The Team can only work effectively if discussions and communications between team members remain confidential. Therefore, those communications will not be shared with me, nor will they be used to prosecute me for any other crime, except to the extent permitted by ORS 3.450.

I therefore acknowledge by initialing above that I have been told that as a condition of my participation in the Program, I will not be entitled to learn the specifics of what each individual said during these discussions. I understand that if I request a copy of my file, any documents or notes regarding or relating to the Team’s confidential communications will be redacted unless otherwise authorized by court order. However, if any consensus is reached about me or my case during or as a result of these communications, I will be told what the consensus is and the general rationale used to reach that consensus. I will also be entitled to see all documents that my lawyer files on my behalf and to ask the lawyer the substance of what he or she said or did.

- _____ 21. **Costs and Fees.** I agree to pay fees, fines, restitution or other costs ordered by the Court. Treatment fees are \$10 per week. If I am terminated from the program, any fees ordered are still due and owing, and any funds paid are not refundable.
- _____ 22. **Grounds for Termination.** I understand and agree that if the Court finds that I no longer meet, or did not initially meet, the eligibility criteria for entry into the Program, that finding may be grounds for termination from the Program. Further, I understand and agree that if I violate this Treatment Court contract, or am arrested for any new crime or receive a criminal or traffic violation, such violations may be grounds for termination from the program. Certain serious offenses – including but not limited to attempting to fake urinalysis results, absconding from the program, and providing controlled substances or alcohol to other program participants – will likely lead to a termination hearing even in the absence of prior violations.
- _____ 23. **Successful Completion.** I understand and agree that upon successful completion of the treatment program for a minimum twelve-month period, the Court will graduate me from the program. However, I understand that if I have other criminal charges pending in any court, I cannot graduate from the Program until those charges have been resolved.
- _____ 24. **Immigration.** I understand that even if I am a legal resident of the United States, if I am not a citizen of the United States, submission of this petition and entry into the Program could trigger negative consequences under federal immigration law, up to and including my removal from the United States, even if I successfully complete the program. I affirm that I have discussed the potential immigration consequences of submitting this petition and entering the Program with my attorney.

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My attorney has fully informed me regarding the consequences of this agreement, and the available alternative options. I am freely and voluntarily agreeing to the above waivers consents, and stipulations, after ample opportunity to discuss them with counsel.

Dated this _____ day of _____, 20__.

Defendant

I certify that I am the attorney for the above-named Defendant; that I have discussed the matter of this Petition with the Defendant and advised the Defendant of the constitutional rights described herein; of the agreements described herein; that the Defendant desires to waive these rights and enter into these agreements; that in my opinion the within election is well-founded in law and is not made or filed for the purposes of delay and in support thereof the Defendant will rely upon Article I, Section 11 of the Oregon Constitution.

Dated this _____ day of _____, 20__.

Attorney for Defendant OSB # _____

I certify that I am a court certified interpreter and that I have read this document in full to Petitioner in _____ and that I am confident that Petitioner understands the contents of this Petition.

Court Certified Interpreter

I certify that I am the attorney for the State; that I have reviewed the matter of this Petition; and that the State does not oppose the entry of the Defendant into the Drug Treatment Court Program at this time.

Dated this _____ day of _____, 20__.

Assistant District Attorney OSB # _____