

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

THE STATE OF OREGON,	)	
	)	CASE NO.
Plaintiff,	)	
	)	PETITION, PLEA AGREEMENT
vs.	)	AND WAIVER TO ENTER
	)	VETERANS COURT PROGRAM
	)	
	)	
Defendant.	)	PD NO.

Address \_\_\_\_\_  
 Street Apt # City State Zip

Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

If this Petition is allowed by the Court, I agree to give up the rights and carry out the agreements listed below. My initials next to each sub-section indicate that I have read, or have had read to me, these sections and understand the rights I give up, and the obligations I accept.

I understand that by following these conditions, I enhance my success in the program.

WAIVER SECTION (Conditional Discharge Only)

- \_\_\_\_\_ 1. I, \_\_\_\_\_, am accused of the felony crime(s) of \_\_\_\_\_, alleged to have occurred on the \_\_\_\_\_ day(s) of \_\_\_\_\_, 20\_\_\_. I know I have the right to have this case presented to the Lane County Grand Jury. I hereby freely and voluntarily waive and give up my right to require indictment by the Grand Jury on the above charge(s). I consent to proceed through all stages of this criminal matter, including trial, on the basis of an Information filed by the Lane County District Attorney.
- \_\_\_\_\_ 2. ***For UPCS Cases Only:*** I stipulate that the substance seized which resulted in this charge being filed is the substance alleged in the Information filed by the District Attorney, and waive any further testing of the substance.
- \_\_\_\_\_ 3. I understand that I may plead "not guilty" to any charge against me. If I plead "not guilty", I understand that I have these rights: a) the right to a speedy and public trial by jury; b) the right to see, hear and face in open Court all witnesses called to testify against me; c) the right to use the power and process of the Court to compel the production of any evidence, including the attendance of any witnesses, in my favor; d) the right to have the assistance of a lawyer at all stages of the proceedings; 3) the right to take the witness stand, and if I do not take the witness stand, I understand the jury would be told that this cannot be held against me; and f) the right to have the state of Oregon establish my guilt beyond a reasonable doubt.

- \_\_\_\_ 4. I freely and voluntarily waive my right to trial by a jury.
- \_\_\_\_ 5. I have discussed the above waivers and the following stipulation with my attorney; I have been fully informed regarding the consequences of and alternatives to my agreement. My waivers, consents and stipulations are freely and voluntarily given after ample opportunity to discuss them with counsel.

STIPULATION SECTION

\_\_\_\_ I, \_\_\_\_\_, hereby [ ] enter a plea of guilty [ ] agree to a finding of guilty to:

1. Count(s) \_\_\_\_\_: I was in unlawful and knowing possession of the controlled substance(s) \_\_\_\_\_ on the \_\_\_\_\_ day(s) of \_\_\_\_\_, 20\_\_\_\_, in Lane County, Oregon.

I understand and agree that I will be found guilty by my plea or by the judge's finding of guilty in a stipulated facts trial by a judge based upon my stipulation above as a condition of entering Veterans Court. If I fail to complete Veterans Court, I understand that the Court will then sentence me based upon this prior finding of guilt and may, as part of that sentence, impose the same punishment as if I had not entered the Veterans Court Program. I understand that the maximum possible sentence(s) is (are): [ ] Five (5) years prison and \$125,000 fine, OR [ ] ten (10) years prison and \$250,000 fine, subject to the sentencing guidelines which I have discussed with my attorney.

2. Count \_\_\_\_\_: I \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ on the \_\_\_\_\_ day(s) of \_\_\_\_\_, 20\_\_\_\_, in Lane County, Oregon.

I understand and agree that I will be found guilty in a stipulated facts trial by a judge based upon my stipulation above as a condition of entering Veterans Court. If I fail to complete Veterans Court, I understand that the Court will then sentence me based upon this finding of guilt and may, as part of that sentence, impose the same punishment as if I had not entered the Veterans Court Program.

For felony charge(s):  
I understand that the maximum possible sentence(s) is (are): [ ] Five years prison and \$125,000 fine, OR [ ] ten (10) years prison and \$250,000 fine, subject to the sentencing guidelines which I have discussed with my attorney.

For misdemeanor charge(s):

I understand that the maximum possible sentence(s) is (are): [ ] One (1) year jail and \$6,250 fine; [ ] six (6) months jail and \$2,500, OR [ ] thirty (30) days jail and \$1,250 fine.

I understand and agree that I will plead guilty and be sentenced on the charges below. I agree to be placed on Supervised probation for \_\_\_\_\_ months, with standard conditions, and the special condition(s) that I successfully complete the Veterans Court Program in Count(s) \_\_\_\_\_ above.

3. Count \_\_\_\_\_: \_\_\_\_\_  
committed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in Lane  
County, Oregon. Additional conditions: \_\_\_\_\_  
\_\_\_\_\_

4. Count \_\_\_\_\_: \_\_\_\_\_  
committed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in Lane  
County, Oregon. Additional conditions: \_\_\_\_\_  
\_\_\_\_\_

### AGREEMENTS AND CONDITIONS SECTION

- \_\_\_\_ 1. **Finding of Guilt Without Final Judgment.** I agree to proceed under ORS 475.245, Oregon's Conditional Discharge Statute, I agree that the Court will find me guilty and defer the proceeding without entering a judgment of Guilt. I agree to be placed on supervised probation and comply with the conditions of the Order Imposing Supervised Probation. I further agree to proceed under ORS 137.533 if the charge is a misdemeanor. I agree that the Court will find me guilty and defer the proceeding without entering a judgment of Guilt. I agree to be placed on supervised probation and comply with the conditions of the Order Imposing Probation.
- \_\_\_\_ 2. **Abstinence.** I agree to refrain from the use or possession of controlled or mind-altering substances, including alcohol, and I agree to immediately notify my Counselor of the receipt or possession of any prescriptions.
- \_\_\_\_ 3. **Assessment and Releases of Information.** I agree to participate in a substance abuse assessment as directed by the Court and by the treatment provider, and to follow the recommendations of the evaluator. I authorize release of all treatment information by the provider(s) to the Court, District Attorney and Public Defender's Office. I agree that my compliance and progress in treatment may be discussed in pre-court staffings and in open court during Veterans Court status hearings. The term "provider(s)" means all substance abuse, mental health, and physical health provider(s) who have been, or are treating me. I understand that if I withdraw a Release of Information, I will be subject to possible sanction, or termination and sentencing by the Court. This information shall not be used by the District Attorney to prosecute me solely for a drug possession charge. However, such information may be considered by the Court in deciding to impose sanctions or my continued participation in the Veterans Court Program. Nothing in this section, however, shall be construed as granting me immunity from prosecution on other charges.
- \_\_\_\_ 4. **Drug Testing.** I agree to submit to frequent, random, observed testing of my urine or other bodily substances for controlled substances or alcohol use.
- \_\_\_\_ 5. **Treatment.** I agree to complete the treatment program to the satisfaction of the

Court. I understand that I may be referred by my outpatient provider to complete inpatient treatment as part of my treatment.

- \_\_\_\_\_ 6. **Persons, Places, Things.** I agree to refrain from knowingly associating with persons who use or possess controlled substances illegally, or from frequenting places where such substances are kept or sold. I will not possess alcohol, drugs, drug paraphernalia, weapons, firearms or anything else that might trigger me to use illegal substances.
- \_\_\_\_\_ 7. **Law Abiding Conduct.** I agree to obey all laws, municipal, county, state and federal. I understand that if I am charged with a new crime while I am in Veterans Court, that charge may be grounds for termination from the program. I agree that within 24 hours of an arrest or citation for a crime, I will report the arrest or citation in writing to my probation officer and treatment provider.
- \_\_\_\_\_ 8. **Costs.** I agree to pay fees, fines, restitution or other costs ordered by the Court. Treatment fees are \$\_\_\_\_\_ per week. If I drop out of the program, any fees ordered are still due and owing, and any funds paid are not refundable.
- \_\_\_\_\_ 9. **Sanctions, Incentives and Interventions.** I understand that I can expect to receive incentives when I progress in the program and interventions or sanctions when I do not. Various forms of positive reinforcements (incentives), such as applause, compliments from the Judge, less frequent reporting to Veterans Court, will be used to encourage me to progress in the program. Failure to abide by any rule in the Veterans Court contract may result in an intervention, a sanction, or termination from the Veterans Court program. Interventions and sanctions may include attendance at additional self-help groups, written assignments, court detention, work crew, or jail time.
- \_\_\_\_\_ 10. **Education and Employment.** I agree that as a part of the treatment program the Court will also require me to seek and maintain employment, employment counseling, and a GED.
- \_\_\_\_\_ 11. **Court Attendance.** If I fail to appear for a Veterans Court hearing, a warrant for my arrest will likely be ordered by the Judge.
- \_\_\_\_\_ 12. **Eligibility Determination.** I agree that a subsequent finding of probable cause that I no longer meet, or did not initially meet, the eligibility criteria for entry into Veterans Court. may be grounds for termination from the program.
- \_\_\_\_\_ 13. **Program / Probation Extension.** I further agree that the Court may extend the treatment program and probation for additional time to allow me to successfully complete the program requirements.
- \_\_\_\_\_ 14. **Client Contact Information.** I agree to keep the Court, my treatment provider and my Public Defender advised of my current address and telephone number(s) at all times. I agree to notify each of them, within five (5) days, of any move or change of address or telephone number(s).
- \_\_\_\_\_ 15. **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 defer the costs of my treatment program. If I am billed by my treatment agency for treatment services, I agree to notify my Public Defender and the Court of any such billing.

- \_\_\_\_\_ 16. **No Informants.** 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 me from voluntarily providing historical information to a police agency regarding my involvement with illegal drugs.
- \_\_\_\_\_ 17. **Meds.** I will inform my treating physician that I am a recovering addict and am at risk of using narcotic or addictive medications or drugs. If the treating physician wishes to prescribe narcotic or addictive medications, I will disclose this to my PO, my addictions counselor, my attorney and the court. Further, since some over-the-counter (OTC) non-prescription medications can be abused or can interfere with drug testing results, I will check with my PO and addictions counselor for guidance about OTC medications I wish to take. If it appears I need to take OTC medication I am advised against, I will obtain a physician's written recommendation to do so. I understand that if the OTC medication I take interferes with drug testing, I may be unable to continue with Veterans Court.
- \_\_\_\_\_ 18. **Courtroom Demeanor.** I will behave respectfully in the courtroom by paying attention and dressing appropriately. Exposed midriffs or open shirts, shorts, tank tops, sunglasses, hats, gang/drug/alcohol references are not appropriate attire for the courtroom. Cell phones will be turned off or on silent. Texting is not allowed in the courtroom.
- \_\_\_\_\_ 19. **Responsible Driving.** I agree to be validly licensed and insured and otherwise in compliance with Oregon Motor Vehicle Laws, if I plan to drive during the program. If the judge finds evidence that I have been operating a vehicle while using or affected by alcohol or controlled substances, the judge may direct the Probation Officer to confiscate my license until I have demonstrated that I can maintain sobriety.
- \_\_\_\_\_ 20. **Employment.** It is a program requirement, except in special circumstances, that I be fully employed, a full time student or engaged in a combination of school and work, in order to commence from the program. I understand that I cannot be employed in establishments where the sale of alcohol or medicinal marijuana is the primary business. Employment in establishments that serve alcohol as part of their business will be examined on an individual basis.
- \_\_\_\_\_ 21. **Alcohol/Drug Art.** I agree not to publicly display or promote artistic expression that reflects the use of drugs, and the use or abuse of alcohol. I recognize that such messages may act as a trigger to others in recovery and may undermine my efforts and the efforts of my peers to maintain a clean and sober lifestyle. Such art and expression include clothing, music, artwork and any other form of communication that appears to celebrate a drug-using or alcohol abusing lifestyle.
- \_\_\_\_\_ 22. **Grounds for Termination.** Repeated violations of the Veterans Court contract or an arrest for any new crime will likely be grounds for immediate termination from the program. Sharing or dealing drugs to other program participants will not be tolerated, and is likely to result in program termination. Upon termination, I have the right to be sentenced by a different judge than the Veterans Court judge if I so request.
- \_\_\_\_\_ 23. **Successful Completion.** The Court agrees that upon successful completion of the treatment program for a minimum twelve-month period, the Court will discharge me

and dismiss the charge with prejudice and the District Attorney may not prosecute it in the future. I may then file a motion to set aside the record of arrest. However, I understand that if I have other criminal charges pending in any court, I cannot graduate from the Veterans Court program until those charges have been resolved

I have read, or have had read to me, the above statement of the rights I must give up and the stipulations and agreements I must make. I understand what I have read or have had read to me. I knowingly and voluntarily give up these rights and enter into these agreements with the Court.

I hereby petition the Court to admit me to the Circuit Court Veterans Program based upon the waivers, stipulations, and agreements contained in this document.

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, Agreement and Waiver 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 Veterans Court Program at this time.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Assistant District Attorney OSB # \_\_\_\_\_

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