

DRUG COURT PLEA PACKET

To be completed and submitted by the Defense Attorney. Attorney's Instructions are as follows:

- 1. This packet includes the following forms: Intent to Plea; Application; Plea Bargain Agreement; Order for Participation; Graduation Requirements; Exhibit "B". Fill out and sign all attached forms. Complete and attach to this packet, the Explanation of Rights & Plea of Guilty Form. When completed, stamp and file with the Clerk's office the intent of this case to go to Drug Court. Then make three (3) copies of this packet. Submit the original to the DA's office for approval. Give a copy to the Community Corrections Staff/Office and keep a copy for your records. The DA's office or CCP staff will generate a list of approved applicants. Once approved, the Community Corrections Office will then set these defendants for the next Drug Court 'Plea' Docket and the attorney and defendant will be notified from the Community Corrections Office.
- 2. Thoroughly review all forms with the defendant. Sign and date each sheet.

iswer	• the following questions below: Defendant's Name:
a.	Does your client have a mental illness? Yes No
b.	If yes to #a, is Mental Health Court a better alternative for your client or do you feel your client is well &
	stable enough to complete Drug Court? Yes No
c.	Does your client take any prescription drugs? Yes No
If y	ves, please list all drugs:
d.	Does your client have any gun convictions (felony or misdemeanors)? Yes No If yes, please list
e.	Does your client have any assault/domestic violence convictions (felony or misdemeanors)? Yes No yes, please list:
f.	Number of prior felony convictions for this defendant: List:
C	Is your client on probation or parole, in this or any other jurisdiction? Yes No
	Does your client have any pending cases? Yes No If yes, list:
Da	te: Completed by:
	Defense Attorney
	Telephone #:

VS.		COUNTY COURT
Defendant		
DEFENDANT'S AGE:		
INTENT TO	O PLEA INTO DRUG COUR	<u>Γ</u>
To the Honorable Judge of the	Court of	County, Alabama:
	at I am charged with the offense of: and I desire to enter a plea of gu	
		ulty to said charge without
indictment.		ulty to said charge without
	Respectfully,	ulty to said charge without
		ulty to said charge without

COURT'S NOTICE TO THE DISTRICT ATTORNEY OF DEFENDANT'S DESIRE TO PLEAD GUILTY TO THE STATE DISTRICT ATTORNEY FOR THE 4TH JUDICIAL CIRCUIT OF ALABAMA.

You are hereby advised that the defendant in the above entitled cause, who is charged with having committed the offense of ______ in

______, County, Alabama, and who has made it known to the court that he/she desires to plea guilty to said charge in said court without first being indicted by a grand jury and, in accordance with the law, the undersigned judge of said court does hereby direct you to prefer and file an information against such defendant, under your oath or the oath of an Assistant District Attorney, or under the oath of some witness, charging the same defendant, with the same certainty as is required for an indictment, with having committed the said offense for which he/she is now being held for a preliminary hearing, or has waived a preliminary hearing, or has been bound over to the Grand Jury.

This defendant is represented by: ______, an attorney at law.

It is therefore ORDERED that on the _	day of	, 200 at	be and the
same is hereby set as the time for the hear	ing of such plea of guilty.	It is further ORDERED,	the Sheriff of said
County be and is hereby directed to serve	on the defendant and his/h	er attorney, a copy of thi	s notice setting the
date for the hearing of said plea.			

Date: _____

Judge

I HEREBY ACCEPT SERVICE OF A COPY OF THE ABOVE NOTICE

Date: _____

Defendant

Date: _____

Defendant's Attorney

STATE OF ALABAMA

vs.

_____ COUNTY

COURT

CASE NO.: _____

Defendant

COURT'S EXHIBIT 'B'

DEFENDANT'S STATEMENT OF SATISFACTION WITH SERIVCES RENDERED BY ATTORNEY

TO THE ABOVE NAMED DEFENDANT:

Please circle your responses:

1. good attorney	Are you satisfied that your attorney,, Esq. is a competent, and has represented you to your best interest in the settlement of this case (s)? Yes No
2.	Are you satisfied with the plea bargain made on this case(s)? Yes No
3.	Did you plead guilty of your own free will? Yes No
4. $(a)^{2}$	Has anyone forced you or coerced you in any manner to get you to plead guilty in this
case(s)?	Yes No
5.	Has anyone promised you anything to get you to plead guilty: Yes No

If you answered "Yes" to questions 1, 2, and 3, and "No" to questions 4 and 5, then sign this form indicating your attorney has looked to your best interest and your satisfaction with representing you on this case(s).

Date:

Defendant

Witness:

Judge

STATE OF ALABAMA	COUNTY

vs.

COURT

CASE NO.: _____

Defendant

APPLICATION FOR ADMISSION INTO THE AFJCCCP DRUG COURT

DATE:			
DEFENDANT'S NAME:			
ADDRESS:	CITY:	ZIP:	
TELEPHONE #:		DATE OF BIRTH:	
SSN:	AGE:	RACE:	SEX:
CHARGE (S):			
ATTORNEY:		TELEPHONE #:	
ADDRESS:	CITY:	ZIP:	

REQUEST:

Comes now the Defendant and hereby makes request to enter the FJCCCP Drug Court Program. I, the Defendant, understand my acceptance into the Drug Court Program is expressly conditioned upon the following: approval by the Office of the District Attorney for the 4th Judicial Circuit, Alabama, an assessment indicating the need for substance abuse treatment, and approval by the Sentencing Judge. By entering into this program, I freely and voluntarily waive my constitutional rights concerning self-incrimination and search and seizure to the extent necessary for the consideration of this request and for participation in this program. My attorney has explained these rights to me and I understand them. I hereby state no threats, promises, or inducements of any kind have been made to force me to waive these rights, except the provisions of my plea agreement entered into herein. I agree to provide information needed to conduct an assessment to determine if I qualify for participation in this program.

I understand my application to this program is entirely voluntary. Upon acceptance into the program, I understand I will be waiving my right to a trial, entering a plea of guilty and waiving my right to apply for probation. I further understand that, after actual entry into the program, my participation and compliance with the Drug Court's Order will be REQUIRED. If I fail to comply with the program requirements, I understand I will be subject to sanctions, which may include jail time, community service hours and/or revocation from the program. I understand revocation from this program will result in an immediate imposition of my initial sentence.

Upon successful completion of the Drug Court Program as determined by the Judge, I understand my guilty plea will be set aside and my case dismissed, with prejudice.

During my participation in the Drug Court Program, my case will be assigned to the Honorable , Circuit/District Judge of the 4th Judicial Circuit. Judge

will review my case with the Drug Court Team and treatment providers, and will be presiding over my review hearings. I acknowledge that, during the course of my participation in Drug Court, Judge

will be provided information about my progress from the treatment team while in Court, through the regular treatment team meetings, from my case manager and others who are actively involved with my case. In the event of my failure to successfully complete the Drug Court Program, Judge ______ will also preside over the revocation and sentencing proceedings.

I further acknowledge that, in order to successfully complete the Drug Court Program, I must comply with all terms and conditions of the Drug Court Order attached hereto and incorporated herein by reference.

I have read the Drug Court Order, reviewed it with my attorney and acknowledge my understanding of the requirements of said Order. I further acknowledge that, as a *minimum*, I will be participating in an intensive outpatient treatment program for one (1) year. I understand I am REQUIRED to participate in this treatment program, be compliant to and cooperative with the treatment staff and follow the guidelines of treatment. I understand I am REQUIRED to attend the said treatment program in a manner *generally* described as follows, but will differentiate depending on which treatment agency I am referred to:

Phase I:	Five (5) IOP treatment groups per week for twelve (12) weeks plus one (1) family group per month;
Phase II:	Two (2) IOP treatment groups for twenty (20) weeks plus one (1) family group per month;
Phase III:	One (1) IOP treatment group per week for twelve (12) weeks plus one (1) family group per month;
Phase IV:	One (1) IOP treatment group for eight (8) weeks plus one (1) family group per month for remainder of program;
OR:	Based on my individual needs, I understand I may be required to participate in a Drug Court Alternative Track, or other such treatment as determined necessary and ordered by the Sentencing Judge.
AND:	I understand that I am required to <i>actively</i> participate in the treatment program. I further understand that I <u>must</u> report to the family group with a family member or person who is supporting me throughout my treatment and recovery in the Drug Court Program.
	I acknowledge that all actual Court review hearings will be open to the public.

Defendant's Signature

Date

Defendant's Attorney Signature

STATE OF ALABAMA

vs.

COUNTY

CASE NO.: _____

____ COURT

Defendant

DRUG COURT PLEA BARGAIN AGREEMENT

The State of Alabama, the Defendant, and the Defendant's Attorney make the following Agreement effective upon entry of a Plea of Guilty in the Drug Court and acceptance of said Plea by the Court:

1) Defendant will enter a Plea of Guilty to the charge(s) of ______

_____ in the

FJCCCP Drug Court.

2) Defendant admits to the court that the defendant has ______ prior felony convictions.

3) Upon Defendant's Plea of Guilty, the Defendant shall enter the Drug Court Program and shall abide by his/her personal treatment plan and shall comply with the terms and conditions of the Drug Court Order attached hereto and incorporated herein by reference.

4) Termination from the Drug Court Program will result if the Defendant fails to comply with the terms and conditions of the Drug Court Participation Order. If the Defendant fails to successfully complete the Drug Court Program, the Defendant shall be sentenced to jail or prison as follows:

5) The Defendant, Defendant's Attorney and the District Attorney agree that, if the Defendant successfully completes the Drug Court Program, then the Defendant's Plea of Guilty will be set aside and the charges against him/her dismissed, with prejudice.

The above provisions have been explained to the Defendant by his/her Attorney. The Defendant understands that each of the above provisions, together with any special conditions imposed by the Court shall be requirements of the Defendant's participation in the Drug Court.

MICHAEL JACKSON, DISTRICT ATTORNEY

By:

Assistant District Attorney Fourth Judicial Circuit of Alabama Defendant

Date

Attorney for the Defendant

Date

STATE OF ALABAMA

_ COUNTY

vs.

COURT

•

CASE NO.: _____

Defendant

ORDER FOR PARTICIPATION in the FOURTH JUDICIAL CIRCUIT DRUG COURT

The Defendant's application for admission into the Fourth Judicial Circuit Community Corrections Program, having been approved by the Office of the District Attorney and the Sentencing Judge; and

The Court having accepted the Defendant's guilty plea subject to the terms and conditions as set out herein:

IT IS HEREBY ORDERED, ADJUDGED and DECREED as follows:

- (1) The Defendant is allowed to enter the Drug Court Treatment Program and must abide by his/her personal case management and treatment plan. Said treatment plan may include attendance at 12-step meetings such as Alcohol or Narcotics Anonymous, a substance abuse evaluation and/or attendance in drug treatment groups at a specified treatment facility.
- (2) The Defendant must remain drug and alcohol free.
- (3) The Defendant must comply with all of the directives of the Drug Court Judge, the Drug Court Staff and treatment providers.
- (4) The Defendant may not leave the State of Alabama without explicit permission from the Court and must advise his/her Drug Court Case Manager of all travel plans involving overnight travel within the State of Alabama.
- (5) The Defendant must attend and be on time for all counseling sessions, appointments with Drug Court Case Manager, all Drug Court hearings and reviews, and all appointments, meetings and activities required by the Treatment Providers.
- (6) The Defendant must *actively* participate and show involvement in the treatment groups in order that he/she remains active in the group. If the defendant shows up but fails to participate, the defendant will be set for a court review before the Sentencing Judge and be subject to sanctions or possible dismissal from the program.
- (7) The defendant must attend one family group per month and is required to bring to this group a family member, significant other, pastor or clergyman or any other person representing a support source for the defendant.
- (8) The Defendant must appear and submit to *random* drug screens as directed by his/her Drug Court Case Manager and/or Judge. The Defendant shall not use any drug masking agents. Neither shall the Defendant submit or attempt to submit the specimen of someone else for his/her own.
- (9) The Defendant must pay the Drug Court fee of **\$100.00 per month**, beginning with the initial intake appointment set upon defendant's admission into the Program. The Defendant is ordered to pay drug screen fees at the time of testing.
- (10) The Defendant must pay restitution, if any, in an amount as determined by the Court at a restitution hearing that will be scheduled at a later time. The satisfactory completion of the Drug Court Program is expressly conditioned upon the payment of all restitution as ordered.

Defendant's Initials:

- (11) The Defendant must pay all court cost associated with this case to the Clerk's office in said county, if applicable, in the amount of \$_____. The satisfactory completion of the Drug Court Program is expressly conditioned upon the payment of all court costs.
- (12) The Defendant must perform community service in the amount of 100 hours. (Additional community service hours can be acquired through Court ordered sanctions.)
- (13) The Defendant must obey all local, state and federal laws. If the Defendant is arrested on a new criminal charge while in the Drug Court Program, the Defendant may be REVOKED from the Drug Court Program and sent to prison.
- (14) The Defendant must have no contact or association with any persons who use or sell illegal drugs. If the Court finds that the Defendant is associating with persons who are using or selling illegal drugs, the Defendant may be REVOKED from the Drug Court Program and sent to prison.
- (15) The Defendant must not have possession of or connection with any type of firearm.
- (16) In the event the Defendant does not have a high school diploma or GED, then the Defendant shall obtain a GED or participate in a literacy program while in the Drug Court Program. Additionally, if required, the Defendant may be Ordered to participate in a GED preparation program.
- (17) Unless otherwise approved by the Sentencing Judge, the Defendant shall maintain regular employment while in the Drug Court Program. The Defendant may be Ordered to participate in a job skills training or other job preparation program if he/she is out of work at any time during his/her involvement with the Program.
- (18) The Defendant must report for reviews in open court as directed by the Judge. These reviews are open to the public.
- (19) If the Defendant fails to successfully complete the Drug Court Program or comply with all terms and conditions of this Drug Court Order, the Defendant may be revoked from the Drug Court Program and sentenced in the original court.
- (20) Upon successful completion of the Drug Court Program as determined by the Drug Court Judge, the guilty plea entered by the Defendant at the time of admission into the Drug Court Program will be set aside and the case dismissed, with prejudice.

DONE and ORDERD this the _____ day of _____ 200___.

Drug Court Judge

Defendant's Affirmation

I acknowledge I have read or had read to me this Order and I agree to follow it completely. I understand should I fail to comply with the terms of this Order in any manner, I am subject to being revoked from this program and having my initial sentence imposed, which may include a jail or prison sentence.

Defendant's Signature

Date

vs.

I.

____ COUNTY

COURT

Defendant

STATE OF ALABAMA

GRADUATION REQUIREMENTS

_____, understand, in order to qualify for graduation from the

CASE NO.:

Drug Court Program, I must meet the following requirements:

1. Must report and be on time for all Drug Court sessions, appointments and hearings.

2. Report to a Drug Court Case Manager as follows: Phase 1: One (1) times per week for 12 weeks;

Phase 2: Two (2) times per month for 20 weeks; Phase 3: One (1) time per month for 12 weeks (no incidences); and Phase 4: One (1) time per month for 8 weeks (no incidences). Any failed drug tests, missed appointments or group sessions will result in defendant staring over in Phase 1.

3. Must report to Treatment Group as follows: Phase 1: Five (5) IOPs per week for 12 weeks; Phase 2: Three (3) IOPs per week for 20 weeks; Phase 3: One (1) IOP and one (1) family group per week for 12 weeks; and Phase 4: One (1) IOP and one (1) family group per week for 8 weeks. *A family member, significant other, clergy/pastor, close friend <u>must</u> accompany defendant to family groups.*

4. Follow and comply will all directives of the Drug Court Judge, Drug Court Staff and Treatment Providers.

5. Be employed, enrolled in school/college or GED classes or prep classes.

- 6. Must maintain an accurate address and telephone number at all times with the Drug Court Case Manger. Can not change residence or leave the State of Alabama without permission from the Court.
- 7. Complete 100 hours of community service, or more if ordered as a result of sanctions.
- 8. Maintain sobriety for at least six (6) months prior to graduation.
- 9. Must provide a copy of my High School Diploma or obtain a GED if I did not complete high school.
- 10. Pay all court fines and or restitution as ordered on this case by the court, in the amount of

\$_____, if known.

11. Pay Drug Court fines to FJCCCP in the amount of \$100/month plus drug testing fees on time.

12. Enroll in and complete a minimum of 12 months in the Treatment Program as specified in my Case Management Plan. This will require weekly attendance in IOP classes.

13. Must not associate with persons who may be involved in criminal activity in any way.

14. Must not possess any firearms; I understand if I am convicted of gun charges, I may be subject to federal incarceration.

15. Must not be involved with drug use, drug sales or persons who maybe engaged in drug sales or use; and avoid known drug areas.

16. Must obey all local, state and federal laws.

17. Must not receive any new criminal charges while this case is pending in Drug Court.

Defendant's Assertion: My attorney has gone over these guidelines with me and I agree to follow them as a condition of this plea.

Date:

Defendant

Date: _

Defendant's Attorney

NOTE TO DEFENDANT:

Failure to comply with the requirements as outlined here will result in you being sanctioned (which means you will go to jail for a temporary time), additional community service hours, or if continued non-compliance exists, you will be terminated and you will be revoked and sentenced to **jail/prison**.

If you are successful and you graduate, your conviction on this case will be set aside and your case dismissed. Over 80% of Drug Court clients graduate and go on to live normal, successful lives with a clean slate. You can too, if you really try.