Superior Court of Cobb County
Drug Treatment Court

APPLICATION INSTRUCTIONS

1) Thoroughly read, and review with the defendant, the requirements of the Judicial Council of Georgia's "Standard for Accountability Courts § 2.3" concerning defense counsel (attached).

2) Complete and sign all documents included in this packet, a complete list of which is found in the attached application checklist. If the case has been indicted or accused, you must include the Indictment/Accusation number on each applicable document. If the case has not been indicted or accused, you must include the warrant number. Do not include any other identifying numbers, such as the police complaint number.

3) File the "PETITION TO PARTICIPATE IN DRUG TREATMENT COURT" form with the Clerk of Superior Court, if the case has been indicted or accused. If there is no indictment or accusation, the petition may remain with this packet.

4) Return all remaining documents to the District Attorney's Director of Accountability Courts for further review.

5) Upon notification of defendant's acceptance into the program, arrange to schedule defendant's plea submission.

    a. Those defendants eligible to participate on a pre-adjudication basis (who have no prior felony convictions) will plead guilty but sentence will be withheld. Upon successful graduation the plea will be withdrawn and a Nolle Prosequi order entered.
    b. Those defendants with prior felony convictions will plead guilty and be sentenced, with participation in this program made a special condition.

After thoroughly reading these instructions, if you have any questions please call the District Attorney's Director of Accountability Courts at 770-528-3080. The enclosed documents may be amended or supplemented at any time in the discretion of the Drug Treatment Court team, therefore a new packet must be obtained by visiting **www.cobbda.com** for each defendant. ***Copies should not be kept for future use.***

Standard for Accountability Courts §2.3

The defense counsel shall: review the arrest warrant, affidavits, charging document, and other relevant information, and review all program documents (i.e., waivers, written agreements); advise the defendant as to the nature and purpose of the drug court, the rules governing participation, the merits of the program, the consequences of failing to abide by the rules, and how participation or non-participation will affect his/her interests; provide a list of and explain all of the rights that the defendant will temporarily or permanently relinquish*; advise the participants on alternative options, including all legal and treatment alternatives outside of the drug court program; discuss with the defendant the long-term benefits of sobriety; explain that the prosecution has agreed that admission to drug use in open court will not lead to additional charges, and therefore encourage truthfulness with the judge and treatment staff; and inform the participant that they will be expected to take an active role in court sessions, including speaking directly to the judge as opposed to doing so through an attorney.

*Each right that will be temporarily or permanently relinquished as a condition of participation in drug court shall be distinguished and explained separately to ensure the defendant fully understands the rights being waived.

Superior Court of Cobb County
Drug Treatment Court

APPLICATION CHECKLIST

The listed documents may be amended or supplemented at any time in the discretion of DTCP staff, therefore a new packet must be obtained from the DTCP office or from **www.cobbda.com** for each defendant. *Copies should not be kept for future use.*

- ❑ Petition for Drug Treatment Court Order
- ❑ Drug Treatment Court Contract
- ❑ Program Participant Information
- ❑ Fraternization Rules
- ❑ Memorandum of Understanding Concerning Attorney-Client Relationship in Drug Treatment Court
- ❑ Memorandum of Understanding Concerning Work Release and GPS Monitoring
- ❑ Criminal History Consent Form
- ❑ Consent for Disclosure of Confidential Information
- ❑ Waiver of Right to Assert Specified Grounds as a Basis for Motion of Recusal
- ❑ Waiver of Rights
- ❑ Waiver of Fourth Amendment Rights
- ❑ Drug Screen Policy
- ❑ Discharge Policy
- ❑ Waiver of Right to Withdraw Guilty Plea *(sample only, original will be completed at plea; applicable to pre-adjudication candidates only)*
- ❑ Sentencing Addendum *(sample only, original will be completed at plea; applicable to defendants subject to suspended sentences only)*

IN THE SUPERIOR COURT OF COBB COUNTY
DRUG TREATMENT COURT
STATE OF GEORGIA

THE STATE OF GEORGIA	§	CASE NO.
V.	§	_____
_____	§	

PETITION TO PARTICIPATE IN DRUG TREATMENT COURT

Comes now, _____, Defendant charged in the above styled case and shows the court the following:

The Defendant is charged with the offense of _____ _____, and is not currently charged with, nor ever been adjudicated guilty of, any felony involving violence.

The Defendant has been advised of the requirements of the Cobb County Superior Court's Drug Treatment Court Program and is able and willing to meet all criteria necessary to enter said program.

The Defendant has been advised of his/her Constitutional Rights by the undersigned attorney, and understands the requirement to waive certain of these rights in order to enter the program. The Defendant further understands that, should he/she not be accepted in the Drug Treatment Court Program for any reason, the case will be returned to the normal criminal justice system.

Wherefore, Defendant prays that the Court enter an Order thereby allowing entrance to said Drug Treatment Court Program.

_____
Attorney for Defendant

_____
Print name

Address:

_____

_____

_____

Telephone No. (__) _____

Fax No. (__) _____

Email _____

IN THE SUPERIOR COURT OF COBB COUNTY
DRUG TREATMENT COURT
STATE OF GEORGIA

THE STATE OF GEORGIA	§	CASE NO.
V.	§	_____
_____	§	

DRUG TREATMENT COURT CONTRACT

I, _____, understand that the validity of this contract is conditioned upon my eligibility for the Drug Treatment Court Program. If at any time after the execution of this agreement, and in any phase of the Drug Treatment Court Program, it is discovered that I am ineligible to participate in the program, I may be immediately terminated from the program and a sentence may be imposed. In consideration of the agreement by the State to allow participation in this program in lieu of traditional prosecution of my charged offense(s), and the agreement of the Court to allow disposition of my case through the Drug Treatment Court Program, I hereby agree to the following (please initial each):

1. _____I will complete each and every aspect of the Drug Treatment Court program, which I understand involves a minimum time commitment of eighteen months, and which may be extended indefinitely due to sanctions or other factors. I understand that this commitment includes a minimum of twelve months of rehabilitative treatment and six months of supervision and aftercare.

2. _____I will attend court sessions and treatment sessions, submit to random drug testing, and remain clean and sober and law-abiding during the entire course of this program. I agree to abide by the rules and regulations imposed by the Drug Treatment Court team and/or explained in the program handbook.

3. _____I will be financially responsible for the costs associated with participation in Drug Treatment Court as defined in my individual Participant Fee Contract, and will submit any financial disclosures required by the Drug Treatment Court team.

4. _____I will be responsible for my own transportation and will appear on time for all Drug Treatment Court sessions, counseling sessions and meetings as required. I understand that lack of transportation is not an acceptable excuse to miss or be late for any Drug Treatment Court related activity.

5. _____I will cooperate in an assessment/evaluation for planning an individualized drug treatment program adequate to my needs. I understand that my treatment plan may be modified by the treatment providers or the Drug Treatment Court team as circumstances arise, and I agree to comply with the requirements of any such modifications.

6. _____I will comply with my individually-prescribed course of treatment, which may include residential treatment, education, and/or self-improvement courses such as anger

management, parenting or relationship counseling.

7. _____I will attend all scheduled treatment sessions and appointments required by the staff. If it is necessary to miss any sessions, I will get approval by my treatment counselor in advance, and I will thereafter bring my counselor documentation from my employer or doctor for verification. I understand that if I fail to get approval in advance and bring verification to my next scheduled session, the absence will be considered unexcused and a sanction may be imposed.

8. _____I will not possess, use, or ingest any drug, alcohol, or any substance which is 'designed to alter perception or mood, unless lawfully prescribed and approved by Drug Treatment Court staff, regardless of whether it is legal to possess or use such substance. I will not associate with people who use or possess such substances, nor will I knowingly be present while drugs, alcohol, or other such substances are being used by others.

9. _____I will submit to testing for the presence of drugs, alcohol, and perception or mood altering substances in my system on a random basis according to procedures established by the Drug Treatment Court team and/or treatment provider. I understand that I will be given a location and time to report for my drug test. I understand that it is my responsibility to report to the assigned location at the time given.

10. _____I will submit to a drug or alcohol test at any time, by any police officer, treatment provider, Drug Treatment Court staff member, or at the request of the Court or any agency designated by the Court.

11. _____I will not substitute, alter or try in any way to change my body fluids for purposes of testing.

12. _____I understand that I will be held responsible for ingesting any substance which may affect drug test results. Before taking medication of any kind, I will take appropriate steps to enisure that it is non-addictive and contains no alcohol. I will pre-register any and all medications, prescribed or over-the-counter, with Drug Treatment Court staff.

13. _____I will inform all treating physicians that I am a recovering addict, and that I may not take narcotic or addictive medications or drugs. If a treating physician wishes to treat me with narcotic or addictive medications or drugs, I will disclose this to my treatment provider and get specific permission from the Drug Treatment Court team to take such medication.

14. _____I will not possess or use any drug or alcohol paraphernalia, advertising, device, or media designed to facilitate, promote, encourage, or glamorize the use of drugs, alcohol, or perception or mood altering substances.

15. _____I will attend the court ordered number of community-based self help meetings (such as, but not limited to, Alcoholics Anonymous, Narcotics Anonymous, or an approved alternative) each week and will submit proof of attendance as required.

16. _____I will find and maintain a community-based self help sponsor during all phases of Drug Treatment Court, and will ask my sponsor to regularly contact the treatment

providers. I understand that failure on the part of my sponsor to make such contact may result in increased treatment requirements or sanctions for me.

17. _____I will not possess any weapons while I am in Drug Treatment Court. I will dispose of any and all weapons in my possession, and disclose the presence of any weapons possessed by anyone else in my household.

18. _____I will inform any law enforcement officer with whom I come in contact that I am in Drug Treatment Court, and will immediately report to the Drug Treatment Court Administrator or Coordinator if I am arrested or issued a citation for any criminal offense by any law enforcement agency.

19. _____I will not work as a confidential informant with any law enforcement agency while I am in Drug Treatment Court.

20. _____I will truthfully reveal any past or present affiliation with any criminal street gang to the Drug Court Coordinator during my assessment. I understand that I may not participate in Drug Treatment Court if 1 am currently an affiliated gang member.

21. _____I will maintain full time employment or full time school participation at all times while in the program. If I am not gainfully employed or in school full-time, I will comply with daily reporting and/or community service work requirements as ordered by the Court.

22. _____I will maintain a stable residence within Cobb County at all times during my participation in this program. I will keep the Drug Treatment Court team advised of my current address, telephone number, and employment or school status, and will immediately report any change in status.

23. _____I will not leave the State of Georgia at any time, or stay overnight at a location other than my approved residence, during the course of the program without the prior permission of the Drug Treatment Court staff.

24. _____I will not purchase or possess any alcoholic beverages or enter a place of business in which it is reasonably apparent that the primary business includes the service and sale of alcohol, even if I am of legal age to purchase alcohol.

25. _____ If I am ordered, for any reason, to a curfew or GPS location monitoring service or alcohol detection device, I will be financially responsible for all costs related.

26. _____I agree that if, in the reasonable opinion of a member of the Drug Treatment Court team or a treatment provider, I exhibit behaviors indicating a risk of harm to myself or others, the proper authorities and my next of kin may be notified of such behavior. I hereby waive any right of confidentiality I may have in such information under such circumstances. 27. I understand that any right I may have to request that my criminal history record be restricted (what is commonly known as "expungement") will be governed solely by O.C.G.A. § 35-3-37, and that any request for such restriction must be filed in a separate proceeding. Nothing in this agreement shall guarantee any restriction on my criminal record, or limit my right to seek such restriction as allowed by law.

27. _____ I understand that this agreement is subject to future revisions, additions, and/or amendments, and that should my consent to such revision, addition, or amendment be required during my participation in this program, I will have the right to seek the advice of counsel.

DEFENDANT'S NAME: _____ CASE NO. _____

I have read the above contract, or had it read to me, and I acknowledge that I understand all of its terms and conditions. **I understand that failure to comply with any of the conditions herein may result in a sanction up to and including termination from the program.** I have been given the opportunity to ask any questions which I may have. I hereby voluntarily enter into this agreement with the Cobb County Superior Court Drug Treatment Court Program.

_____ _____
Defendant's Signature Date

_____ _____
Attorney for Defendant Date

_____ _____
Assistant District Attorney Date

_____ _____
Drug Treatment Court Judge Date

Superior Court of Cobb County
Drug Treatment Court

PROGRAM PARTICIPANT INFORMATION

Personal Information

Case Number _____ Date _____

Name _____ D.O.B. _____

Address _____
Street Apt# City State ZIP

County of Residence _____

Social Security # _____-_____-_____ Telephone (____)_____

Marital Status _____

Children (number and ages) _____

Attorney of Record _____

Telephone (____)_____

Address _____

Attorney's email _____

Employment

Employer _____

Address _____
Street Apt# City State ZIP

Telephone (____)_____ Immediate Supervisor _____

Emergency Contact Information

Contact in case of Emergency _____
Name Relationship

Telephone (Home) (____)_____ (Other) (____)_____

Superior Court of Cobb County
Drug Treatment Court

PROGRAM PARTICIPANT INFORMATION

References

Defendant Name _____ Case Number _____

Provide the requested information for at least 2 people who Drug Treatment Court staff may contact to verify the information contained in this application or to seek additional information. If Defendant will live with another person during participation in this program, that person must be included here.

Reference #1 _____
Name Relationship

Address _____
Street Apt# City State ZIP

Telephone (____)_____ If defendant lives with this person check here ❑

Reference #2 _____
Name Relationship

Address _____
Street Apt# City State ZIP

Telephone (____)_____ If defendant lives with this person check here ❑

Reference #3 _____
Name Relationship

Address _____
Street Apt# City State ZIP

Telephone (____)_____ If defendant lives with this person check here ❑

I hereby give permission for Drug Treatment Court staff members to contact the above individuals. I waive any right of confidentiality which may exist and I consent to these individuals discussing my living arrangements, mental health status, substance abuse, criminal charges, and any other information which may aid in assessing my eligibility for this program.

_____ _____
Defendant's Signature Date

Superior Court of Cobb County
Drug Treatment Court

FRATERNIZATION RULES

The following rules apply to participants in any of the Cobb County Accountability Court programs (Drug Treatment Court, Intermediate Drug Treatment Court, Mental Health Court, and Veterans Accountability and Treatment Court). "Participant," as used below, shall apply to any participant in any of said programs.

I, _____, having requested to participate in the Cobb County Drug Treatment Court Program ("DTCP"), understand and agree to the following:

1. Any sexual involvement with any participant, current or former member of Accountability Court staff or drug lab is prohibited under any circumstances. In addition to physical contact, this includes any communication of a sexual nature by phone, internet, social media, or otherwise. Participants shall not exchange or display sexually explicit photographs amongst themselves or with current or former members of any Accountability Court staff or the drug lab.

2. Romantic relationships with another participant, or current or former member of any Accountability Court staff is prohibited. Contact between participants and current or former staff of a romantic nature, or that is intended to encourage a romantic or "dating" relationship, is not allowed. This includes physical contact as well as any communication by phone, internet, social media, or otherwise.

3. Social contact between participants of a non-romantic, non-sexual nature may, in some cases, be a beneficial part of the recovery process, and is therefore not prohibited. However, any social contact between participants outside of a treatment or court setting must be disclosed to treatment staff at the earliest opportunity. Relationships of any sort that are shown to be harmful to a participant's recovery process may not be compatible with the participant's treatment plan, and will be addressed by the treatment staff and, if necessary, the court.

4. Participants must avoid persons and places of disreputable or harmful character. This includes, but is not limited to, avoiding romantic relationships with convicted felons.
5. Participants may not be employed by the same employer or work together, whether paid or unpaid, without prior approval of the court.

6. Participants may not provide transportation for one another, give or loan each other money or items of value, or perform services for one another without prior approval of the court.

I have read this document or had it read to me and have been given the opportunity to ask any questions I may have. I hereby agree to abide by the above rules as a condition of my participation in the Drug Treatment Court Program. I understand that any violation of these rules may result in a sanction up to and including termination from the program.

_____ _____

Participant's Signature Date

_____

Print name

Superior Court of Cobb County
Drug Treatment Court

MEMORANDUM OF UNDERSTANDING CONCERNING ATTORNEY-CLIENT RELATIONSHIP IN DRUG TREATMENT COURT

I, _____, having requested to participate in the Cobb County Drug Treatment Court Program, understand that decisions concerning the administration of this program are made by a multi-disciplinary team which may include program administrators, treatment providers, probation officers, and attorneys representing both prosecution and defense, under the direction of the Drug Treatment Court judge. While attorneys, including prosecutors, take part in this process, the program does not operate under the traditional adversarial model of other court proceedings. Because of this, I understand and agree to the following:

1. Prior to my acceptance into the Drug Treatment Court Program, I have the right to be represented by an attorney, either one chosen and retained by me or one appointed by the Cobb County Circuit Defender's Office. This attorney can advise me, among other things, as to whether the Drug Treatment Court Program is an appropriate and beneficial alternative to the traditional criminal litigation process in my particular case.

2. After my acceptance into the Drug Treatment Court Program, the administrator of the Cobb County Circuit Defender's Office, or his designee, will act as the defense representative on the Drug Treatment Court Team. I will no longer have the right to have my previous attorney advise me regarding the decisions made by this team, including the imposition of sanctions where appropriate.

3. During my participation in this Program, the defense representative will act not as my attorney in the traditional sense, but as a member of the Drug Treatment Court team. As such, he or she will join in discussions and decisions regarding my participation in the program including, but not limited to, my advancement or non-advancement through the phases of the program and the imposition of sanctions for violations of the program's rules or contract.

4. The duties of the defense representative as a member of the Drug Treatment Court team may not be in my best interest if I have violated any provision of the Drug Treatment Court Program's rules or contract.

5. I will not have the right to have an attorney represent me individually at court appearances during my participation in the Drug Treatment Court Program or before the Drug Treatment Court team, even if the Court is considering whether to impose a sanction. Drug Treatment Court proceedings are not "critical stages of litigation" and therefore I do not have a right to be represented by an attorney during these proceedings.

I understand that my case may be discussed, and sanctions (including incarceration) may be imposed, without my attorney or the prosecutor present.

6. Should the Drug Treatment Court team decide to recommend that the Court terminate my participation in the program due to a violation or violations of the program's rules or contract, I will be entitled to be represented by an attorney, either one chosen and retained by me or one appointed by the Cobb County Circuit Defender's Office. This attorney may then represent me individually in termination proceedings and in any subsequent litigation involving the disposition of my case outside the Drug Treatment Court Program.

I have read this document or had it read to me and have been given the opportunity to ask any questions I may have. I have been given the opportunity to discuss this document with my attorney and have sought his or her advice as to whether Drug Treatment Court would be beneficial for me, and I wish to be considered for participation in this program.

This the _____ day of _____, 20___.

_____ _____

Defendant Print Name

_____

Attorney for Defendant

Superior Court of Cobb County
Drug Treatment Court

MEMORANDUM OF UNDERSTANDING CONCERNING WORK RELEASE AND GPS MONITORING

I, _____, having requested to participate in the Cobb County Drug Treatment Court Program, understand and agree to the following:

The Drug Treatment Court Program works closely with the Cobb County Sheriff's Office to provide appropriate levels of supervision for its participants. Participants may be required, as an additional condition of Drug Treatment Court, to serve a period of time in the Sheriff's Work Release Program, or may be required to submit to continuous GPS location monitoring, or both. If I am ordered to Work Release, I understand that I will be incarcerated at night and during other times required by Sheriff's Office policy, and that I will be released during certain daytime hours to work and complete Drug Treatment Court requirements. Work Release, and/or GPS monitoring, may be required as a condition of my entry into the Drug Treatment Court Program or at any later time during my participation in the program.

Whether to order Work Release, or GPS monitoring, or both, is in the discretion of the Drug Treatment Court judge in consultation with the Drug Treatment Court team. I understand that such decision may not be appealed or contested. I understand that, if I am ordered into Work Release, failure on my part to comply with the requirements and policies of Work Release will result in a sanction which may include termination from Drug Treatment Court and imposition of a sentence.

I have read this document or had it read to me and have been given the opportunity to ask any questions I may have. I have been given the opportunity to discuss this document with my attorney and have sought his or her advice as to whether Drug Treatment Court would be beneficial for me, and I wish to be considered for participation in this program.

_____ _____

Participant's Signature Date

_____

Print name

Superior Court of Cobb County
Drug Treatment Court

CRIMINAL HISTORY CONSENT FORM

I hereby authorize the Cobb County Drug Treatment Court and/or Cobb County Sheriff's Office to receive any criminal history record information pertaining to me which may be in the files of any criminal justice agency of any state, or any local criminal justice agency in the state of Georgia. This authorization shall be effective at any time during my participation in the Drug Treatment Court program as well as at intervals of one, two, and five years after my completion of the program. I further give consent to the Drug Treatment Court team to view my juvenile criminal history for the purpose of assessment only. I understand that these records cannot be used against me as an adult.

_____
Full name printed

_____
Address

_____ _____ _____
City State Zip Code

_____ _____ _____ _____
Sex Race DOB Social Security Number

_____ _____
Drivers' License Number State

_____
Participant's Signature

Superior Court of Cobb County
Drug Treatment Court

CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

I, _____, hereby consent to communication, within or outside my presence, regarding my medical, psychological, or substance abuse history among any of the following individuals: any physician, psychiatrist, or psychologist designated by the Drug Treatment Court treatment providers, the Drug Treatment Court judge, any prosecutor designated by the District Attorney, any attorney designated by me or by the Cobb County Circuit Defender's Office, any member of the Drug Treatment Court team, and any evaluator or counselor designated by the Drug Treatment Court treatment providers. I understand and agree that the purpose and need for this disclosure is to assist the Court in evaluating and determining my eligibility to participate in the Drug Treatment Court program as well as my prognosis, compliance and progress in accordance with Drug Treatment Court criteria. I hereby agree to hold such individuals harmless and relieve and release such individuals from any and all liability regarding any such communication.

This consent extends only to that communication which is necessary for and pertinent to hearings and/or reports concerning my specific Drug Treatment Court case. I understand that Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse client records, binds any disclosure made. Recipients of this information may not re- disclose it except in connection with my Drug Treatment Court treatment and then only with my written consent, except as permitted by federal law and rules, including but not limited to bona fide medical emergencies, valid court orders, and when there is a suspicion of a danger to others (including suspicion of child abuse or neglect).

Any information obtained through this release is for the exclusive use of the individuals described above. All documents generated by this release shall be kept separate and apart from my court file.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Drug Treatment Court, and/or a formal discontinuation of court proceedings regarding my case.

_____ _____

Participant's Signature Date

_____

Print name

IN THE SUPERIOR COURT OF COBB COUNTY
DRUG TREATMENT COURT
STATE OF GEORGIA

THE STATE OF GEORGIA	§	CASE NO.
V.	§	_____
_____	§	

WAIVER OF RIGHT TO ASSERT SPECIFIED GROUNDS AS A BASIS FOR MOTION OF RECUSAL

The defendant, and his or her counsel, hereby acknowledge that as consideration for acceptance and/or continued participation in the Cobb County Drug Treatment Court Program:

1. That the above-styled case will be assigned to the Drug Treatment Court division of Superior Court, and a designated elected, senior, or assisting Superior Court judge will sit as the Drug Treatment Court judge;
2. That the Drug Treatment Court judge will preside over any termination hearings, should consideration of termination arise prior to graduation; and
3. That should defendant fail to successfully complete the Drug Treatment Court Program and be terminated from said program, disposition of the case may be decided by the designated Drug Treatment Court judge or may be referred to the previously-assigned judge.

Understanding that the assignment of this case may be to the designated Drug Treatment Court judge throughout all proceedings until ultimate disposition of the case, irrespective of defendant's success or failure in completing the Drug Treatment Court Program, the defendant hereby waives his or her right to assert, as a basis for a motion to recuse the Drug Treatment Court judge, any of the following:

1. The personal involvement of the Drug Treatment Court judges with the defendant during his or her participation in the Drug Treatment Court Program;
2. The Drug Treatment Court judges' knowledge, both personal and otherwise, of defendant's compliance or non-compliance with the requirements of the Drug Treatment Court Program; or
3. The Drug Treatment Court judge's decision to terminate the defendant from the Drug Treatment Court Program on the basis of his or her failure to comply with such requirements.

Defendant hereby freely, voluntarily and knowingly waives the right to assert the foregoing as grounds for a motion to recuse and acknowledges that he or she does so having consulted with counsel.

This the _____ day of _____, 20___.

_____ Defendant

_____ Attorney for Defendant

IN THE SUPERIOR COURT OF COBB COUNTY
DRUG TREATMENT COURT
STATE OF GEORGIA

THE STATE OF GEORGIA	§	CASE NO.
V.	§	_____
_____	§	

WAIVER OF RIGHTS

I, _____, understand that I am guaranteed by the United States and Georgia Constitutions the following rights:

1. A speedy trial;
2. A trial by jury;
3. The right to confront the witnesses against me;
4. The right not to incriminate myself or give any information which could be used against me;
5. The right to call witnesses and present evidence on my own behalf, and to use the power and process of the court to compel the attendance of such witnesses and evidence;
6. The right to have an attorney represent me at all stages of criminal process;

and that as a condition of acceptance into, and participation in, the Drug Treatment Court Program, I expressly waive (that is, give up) those rights.

I also understand that if I am not accepted in the program, my waiver of the rights listed above will also be withdrawn and I may petition the court for a speedy trial. Any statements given by me as part of the Drug Treatment Court assessment process will not be used against me.

This the _____ day of _____, 20___.

_____ _____
Defendant Attorney for Defendant

IN THE SUPERIOR COURT OF COBB COUNTY
DRUG TREATMENT COURT
STATE OF GEORGIA

THE STATE OF GEORGIA	§	CASE NO.
V.	§	_____
_____	§	

WAIVER OF FOURTH AMENDMENT RIGHTS

I, _____, having requested to participate in the Cobb County Drug Treatment Court Program, and in consideration of the agreement by the State to allow such participation in lieu of traditional prosecution of my charged offense(s), hereby state the following:

I understand that I have rights that protect me from unreasonable search and seizure.

I understand that these rights are guaranteed by the Fourth Amendment to the United States Constitution, as well as the Constitution of the State of Georgia.

I also understand that I can voluntarily give up these rights as part of an agreement to provide an alternative to traditional prosecution or incarceration.

As a condition of my participation in the Drug Treatment Court Program, I agree to allow the search of my person, property, place of residence, vehicle or personal effects at any time with or without a warrant, and with or without reasonable cause, when required by a probation officer, treatment staff, Drug Treatment Court staff, and/or any law enforcement officer at any time during my participation in this program. I hereby give permission for such individuals to remove, forcibly if necessary, any locks or other hindrances which may prevent access to such places and property for the purpose of any such search. I consent to the use of any evidence seized during such a search in any prosecution that may arise from said search.

This the _____ day of _____, 20___.

_____ _____
Defendant Attorney for Defendant

Superior Court of Cobb County
Drug Treatment Court

DRUG SCREEN POLICY

I understand that if I test positive for drugs or alcohol at the time of my assessment, it will not be held against me because this screen is used to help determine eligibility for the Drug Treatment Court Program. However, I understand and agree that if I use drugs and/or alcohol at any time after the assessment, even prior to my acceptance or orientation into the program, I will receive a sanction which may include jail or termination from the program. I agree to read and abide by the drug screening procedures explained in the Drug Treatment Court Handbook.

I understand that if my urine drug screen indicates a positive result based on any testing method approved by the court, at any time while in the program, I will receive a sanction. I understand that the Court will not conduct any evidentiary hearing to allow me to contest such a result and that I will not be allowed to submit any separate results from any other laboratory or testing process. I understand that I will be given the opportunity to request a confirmatory test at my own expense; however I also understand that *should such testing confirm the positive result my sanction will be increased.*

I understand that if I test positive on any alcohol and/or drug test, and the result is obtained while I am present at any court or treatment facility, then I will not be allowed to operate a motor vehicle. I will immediately surrender my automobile keys to staff and call someone for a ride home.

I understand that if I miss, or arrive more than 30 minutes late for, any scheduled drug screen, the test will be presumed to be positive. I understand that any sample which does not contain a sufficient volume of liquid for testing, or which is dilute (that is, which contains a concentration of creatinine less than 20 mg/dl), will be deemed inadequate for testing, and the test will be presumed to be positive. I further understand that, for any such presumed positive test, I will receive a sanction which may include incarceration or termination from the program.

_____ _____

Participant's Signature Date

_____

Print name

Superior Court of Cobb County
Drug Treatment Court

DISCHARGE POLICY

I understand that, once I have been accepted into this program, I will remain a participant in this program and be subject to all rules and requirements until I am discharged by the entry of a written order of the Drug Treatment Court judge, my completion of certain phase requirements or participation in exit interviews or graduation ceremonies notwithstanding. I understand that a discharge order will only be entered in the event of: 1) successful completion and graduation from the program, 2) termination from the program by order of the Court, or 3) withdrawal by permission of the Drug Treatment Court judge. I understand that I will not at any time have the option to unilaterally withdraw from the program, even if I am facing a sanction.

I further understand that my graduation from this program will be contingent upon the results of a final urine drug screen which will be administered on the day of my scheduled graduation. I understand that a positive result on this test may lead to a sanction, including termination, or to my return to active treatment.

_____ _____

Participant's Signature Date

_____

Print name