

SIXTH JUDICIAL DISTRICT ADULT DRUG COURT

CLIENT LEGAL FORMS

HUMBOLDT COUNTY

CASE NO.

DEPT. NO.

**IN THE SIXTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF HUMBOLDT.**

-000-

IN THE MATTER OF THE PETITION OF:

_____ **PETITION TO HUMBOLDT COUNTY
DRUG COURT AND ORDER**
For Admission to the Drug Court Program,
_____ /

The undersigned, _____, petitions the Court for admission to the Drug Court Program.

In support of this Petition, the Petitioner has executed a document entitled *Drug Court Agreement and Waivers*, attached hereto and incorporated by reference, which lists the terms and conditions to which Petitioner agrees, if accepted by the Court, for participation in the Drug Court Program.

DATED this _____ day of _____, 2015.

PETITIONER

ATTORNEY FOR PETITIONER

SIXTH JUDICIAL DISTRICT DRUG COURT



DRUG COURT AGREEMENT AND WAIVERS

The below named individual agrees to the terms, conditions and waivers listed below for consideration of acceptance into the Humboldt County Drug Court.

NAME: _____

ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

CRIMINAL CHARGES – PROCEEDINGS

I hereby understand and agree that I have entered a guilty plea, or have been sentenced, or am awaiting sentencing to the charge(s) contained in the Information filed in Case No. _____ and that I have been ordered to apply to the Humboldt County Drug Court Program; or I have violated the terms and conditions of my probation in Case No. _____ and therefore ordered to apply to the Humboldt County Drug Court as a condition of probation.

I understand that if the Judge finds me to be a suitable candidate for treatment under NRS 453.3363 or NRS 458.290, a formal judgment will not be entered against me and that I will be placed on probation. If I successfully complete the Drug Court program, the requirements

contained in NRS 453.3363 or NRS 458.290 will be deemed satisfied and the charges against me may be dismissed.

That if I am eligible for Drug Court but not for treatment under NRS 453.3363 or NRS 458.290, a formal judgment will be or has been entered against me, I will be or have been placed on probation, and if I successfully complete Drug Court, I may be honorably discharged from probation if all other terms and conditions of probation have also been satisfied.

That if I have not yet been sentenced, I am admitted to the Drug Court program on a provisional basis, and whether or not I am allowed to continue in the Drug Court program will be determined by the sentencing Judge.

That if I have a criminal history that includes violence, I may not be accepted into the Drug Court program.

That I further understand that if I am admitted to the Drug Court Program on a probation violation, successful completion of the Drug Court Program will be added as a condition of my probation, and the charges will not be dismissed upon completion of the program.

That if I fail to complete the program, for whatever reason, my case will proceed to sentencing on the charge to which I plead guilty, or to disposition on the probation violation to which I admitted to. I understand and agree that the Court has the discretion to terminate me from the program if I fail to participate to the Judge's satisfaction.

That I am subject to random drug and alcohol tests and unannounced searches of my residence, vehicle and person, and that any law enforcement agency or member of the Drug Court team may perform the search or request a test.

That in the event I am accepted into Drug Court and fail the program, I will immediately be sentenced to serve my sentence in prison or jail. I understand that once I successfully complete Drug Court, the Judge or my probation officer may require me to continue on probation until my term expires.

I understand that I will be assigned an attorney for the Drug Court proceedings that may not be the same attorney which was retained or appointed at Justice Court or District Court. I agree to waive any conflict of interest and agree to allow the assigned Drug Court attorney to represent me in the Drug Court proceedings.

I understand and agree that successful completion of the Drug Court Program will require a minimum of eighteen (18) months of participation.

WAIVER OF CONFIDENTIALITY

I waive any confidentiality to any medical treatment or social service records. If I withdraw consent, I understand that I will be terminated from the Drug Court Program.

I understand that, after acceptance into the Drug Court Program, statements made by me to any Drug Court team member regarding the specific offense with which I am charged will not be used against me in any action or proceeding while participating in the Drug Court Program.

I further understand that such statements are not confidential, and may be used against me if I attempt to commit perjury at a later date.

RULES OF PARTICIPATION

I will participate in alcohol and/or other drug treatment as directed by the Court, including 12-step meetings as set forth in my treatment plan, and I agree to be supervised by the Drug Court or other persons designated by the Drug Court. I will provide to my treatment counselor, proof of

attendance of any 12-step program that I am directed to attend. I will obey all rules of the treatment program, Drug Court rules and pay all program fees. I will take drug tests when requested.

I will obey all municipal, county, state and federal laws and be of good conduct. I will report any arrest or citation to the Drug Court Judge at my next court date.

I will attend and fully participate in treatment and in all other programs to which I am referred by the Court to help maintain my sobriety and obtain a law-abiding lifestyle.

I will maintain employment and/or attend an educational program and/or other programs as ordered by the Court.

I will have or obtain a GED, high school diploma or other high school equivalency diploma prior to graduation from the Drug Court Program.

I will keep the Court and treatment provider informed of my current address, persons residing at my address, telephone number, including cell phone numbers, and employment, and report any change within two calendar days, excluding weekends and holidays.

I will obtain permission from the Drug Court before any overnight travel.

I agree that I will not associate with persons who use or possess any controlled substance or illegal drug. I will not use or possess alcohol. I will not use or possess any other drug, including those prescribed to me by a doctor, without the permission of the Drug Court Judge. I will not use or possess K2/Spice (Synthetic Cannabinoids). I will not eat foods containing poppy seeds or take over-the-counter medications prohibited by the Court as these may result in a false positive urine test.

I will submit to random chemical testing to detect the presence of any prohibited substance, including drugs and alcohol. I will be honest with my treatment provider and the Drug Court

regarding any use of alcohol, controlled substance, and/or prescribed or over the counter medication. I understand that the results of any such test shall not be utilized by the District Attorney for any prosecution of criminal charges against me. I further understand and agree, however, that such information may be considered by the Court in determining whether I should remain in the Drug Court Program.

I agree that the Court may generally rely on a presumptive chemical test result. I may request a further confirming test but I will bear the cost of the additional test. I understand I may be terminated from the program based on my failure to be truthful with the Court about my drug use.

I understand that my person, property, vehicle, residence, or any area and/or thing under my care, custody and control, is subject to search and seizure at any time, day or night, without a warrant by any peace officer to determine the presence of alcohol or controlled substance.

I understand that this list of Drug Court rules is not exhaustive, and that the Court may add requirements at any time.

VIOLATIONS AND SANCTIONS

I understand that violations of any Drug Court rules will result in sanctions, which may include termination from the Drug Court Program.

I understand that failure to fully participate, failure to appear, positive drug or alcohol tests and other program failures will result in sanctions being imposed against me which may include being held in custody pending a Drug Court Program termination hearing or summary termination from the Drug Court Program.

I understand that any attempt to falsify a drug test is grounds for immediate termination from the Drug Court Program and reinstatement of the criminal charges against me. I understand that a missed test or a false positive test due to unapproved over the counter or prescription medication will be considered the same as a positive test for drugs and will be subject to the same sanctions as a positive test.

I understand that failure to appear for a court date or any other breach of this agreement will result in an immediate bench warrant for my arrest and may result in additional sanctions.

I understand and agree that the Court has the discretion to terminate me from the Drug Court Program if I am arrested and formally charged with a new crime while I am participating in the Drug Court Program, or if I fail to participate to the Court's satisfaction.

That in the event I am terminated from Drug Court, I may face a Probation Revocation hearing and appear before my sentencing Judge who may also be the Judge who terminated me from Drug Court. I hereby waive any conflict resulting from this arrangement.

I understand that any threat, violence, or misconduct at or against any Drug Court member, including treatment providers, will result in termination from the program.

I understand and agree that I will receive no credit against my sentence for time served as a sanction.

PAYMENT FOR THE DRUG COURT PROGRAM

I understand and agree that I am responsible for the payment of my treatment in the Drug Court Program and for my drug tests. I further understand that the minimum cost for participation in the program is TWO THOUSAND DOLLARS for a minimum of 18 months, excluding costs associated with additional time in the program, additional drug testing, or other expenses as ordered by the Court.

I understand that if I have completed the requirements of the program, but have not completed payment on any amounts owed to the Court, the county or the treatment provider, I will return to the Drug Court on a schedule determined by the Court to ensure that I am paying off the balance owed. I understand I will continue to face additional sanctions while in the program until the balance owed is paid in full.

I understand if I have completed the requirements of the program, but I still owe money to the Court, the county, or the treatment provider, I will not graduate from the Drug Court Program.

I understand that if I am terminated from the Drug Court Program for a violation of any rule, I will still be required to pay any amounts owed to the Court, the county, or the treatment provider.

However, I also understand that under certain circumstances, I will not be denied treatment due to inability to pay. I further understand that if my participation in the Drug Court Program is a condition of my formal probation, I will be required to continue paying probation supervision fees.

I have received the Drug Court Handbook and acknowledge I have read and fully understand said Handbook. I agree to abide by all the terms and conditions stated therein. I have had the opportunity to discuss this Agreement with legal counsel.

DATED this ____ day of _____, 2015.

DEFENDANT

IT SO ORDERED on this _____ day of _____, 2015.

DISTRICT JUDGE