

# DRUG COURT DEFENSE PACKET MATERIALS

- 1) **Drug Court Opt-in Instructions for Defense Attorneys**
- 2) **Drug Court Fees Sheet**
- 3) **Statement of Defendant on Plea of Guilty (Drug Court)  
w/ Appendix**
- 4) **Drug Court Informed Consent and Authorization for  
Release of Information**
- 5) **Substitution of Attorney**
- 6) **Waiver of Speedy Sentencing**
- 7) **Drug Court Contract**
- 8) **Order for Participation**
- 9) **Defense Verification of Address**

# DRUG COURT OPT- IN INSTRUCTIONS

## **Step 1 – DEFENSE SCREENING**

Interview your client to see if he/she is interested in Drug Court and if he/she might qualify. They must live in Clark County and admit they have a current addiction to drugs and/or alcohol.

DEFENSE COUNSEL MUST VERIFY THE DEFENDANT'S ADDRESS AS FOLLOWS:

1. Confirm by calling and speaking with a person at that residence
2. Verify that Defendant is allowed to live there
3. Verify that it is a clean and sober residence (no drugs or alcohol)
4. Verify that there are no felons living at the residence
5. Verify that there are no firearms at the residence

The Court can set the case over if Counsel has not verified the residence as outlined above.

## **Step 2 – GETTING REFERRED TO DRUG COURT**

- ✓ Email the Deputy Prosecuting Attorney handling your case. Let them know that you would like to have your client screened for Drug Court. They will let our Drug Court Prosecutor know to put your client on the referral list.

## **Step 3 – DRUG COURT TEAM SCREENING**

Every Thursday around 10:15 a.m., the Drug Court Team reviews potential Drug Court participants. This screening includes input from the Department of Corrections and law enforcement. This screening is to insure public safety for the community. Once a defendant has been screened by the Drug Court Team, the Prosecutor's office will notify defense and let them know if the defendant is eligible.

**ALL DRUG COURT SCREENING IS DONE BY THE DRUG COURT TEAM OFF DOCKET ON THURSDAYS AROUND 10:15 A.M. DEFENDANTS AND DEFENSE ATTORNEYS ARE NOT REQUIRED TO APPEAR IN COURT; HOWEVER, DEFENSE IS WELCOME TO ATTEND SCREENING TO GIVE INPUT ON BEHALF OF THEIR CLIENT.**

**ONCE A DEFENDANT HAS BEEN APPROVED FOR DRUG COURT, THE PROSECUTOR WILL CITE THE CASE ONTO THE FRIDAY, 1:00 P.M. DRUG COURT DOCKET. DEFENSE WILL BE NOTIFIED OF THIS DATE/TIME.**

## **Step 4 - OPTING DEFENDANT INTO DRUG COURT**

Drug Court opt-in packets are available on the Therapeutic Specialty Courts' website: <https://www.clark.wa.gov/superior-court/therapeutic-specialty-courts> , under "**Opt-In Forms for Attorneys**"- "**Drug Court Opt-in Packet**". It contains all the necessary paperwork to enter a client into Drug Court.

Defense attorneys **must be present** in Drug Court with their defendant, along with the completed opt-in documents. DEFENDANT MUST PLEAD TO ALL CHARGED CRIMES.

**The Drug Court Docket is held:  
FRIDAYS at 1:00 P.M. - JUDGE COLLIER, DEPARTMENT 10**

**(PROSECUTOR WILL CITE CASE ON THE DOCKET)**

**The documents needed for a defendant to opt-in are as follows:**

- Statement of Defendant on Plea of Guilty. The prosecutor's recommendation will be set forth on "Appendix to Statement of Defendant on Plea of Guilty," which is attached to the plea of guilty. ***ATTACH YOUR OFFENDER SCORING AND CRIMINAL HISTORY.***
- Waiver of Speedy Sentencing
- Drug Court Contract
- Drug Court Informed Consent and Authorization for Release of Information
- Substitution
- Order for participation

Once your defendant has opted into Drug Court, one of the Drug Court defense attorneys will be appointed to the case (assuming they are indigent). The Drug Court defense attorney will work with the defendant until they have completed and/or have been terminated from Drug Court.

**QUESTIONS? Contact the Drug Court office at 564-397-2304**

## **DRUG COURT FEE**

Drug Court Fee is \$100.00.

You will need to have a Drug Court Contract for each case that your client comes into Drug Court on. There is one fee, no matter how many separate cases your client has.

If your client is coming into Drug Court on separate cases, (different cause numbers) the Drug Court Fee should be included only on the Contract that has the OLDEST cause number. Cross off the fee in all the other Drug Court Contracts so that your client is not charged more than once.

If your client is terminated from the program they will still be required to pay any of the unpaid balance of the \$100.00 fee. This is in addition to regular J&S fees.

## Questions?

Contact the Drug Court office at 564-397-2304.

**Superior Court of Washington  
for**

State of Washington,

Plaintiff

v.

\_\_\_\_\_.

Defendant

No.

**Statement of Defendant on Plea of  
Guilty to Non-Sex Offense  
(Felony)  
(STTDFG)**

1. My true name is: \_\_\_\_\_.
2. My age is: \_\_\_\_\_.
3. The last level of education I completed was: \_\_\_\_\_.
4. **I Have Been Informed and Fully Understand That:**
  - (a) I have the right to representation by a lawyer and if I cannot afford to pay for a lawyer, one will be provided at no expense to me.
  - (b) I am charged with: \_\_\_\_\_  
\_\_\_\_\_  
The elements are: \_\_\_\_\_  
\_\_\_\_\_.
5. **I Understand I Have the Following Important Rights, and I Give Them Up by Pleading Guilty:**
  - (a) The right to a speedy and public trial by an impartial jury in the county where the crime was allegedly committed;
  - (b) The right to remain silent before and during trial, and the right to refuse to testify against myself;
  - (c) The right at trial to hear and question the witnesses who testify against me;
  - (d) The right at trial to testify and to have witnesses testify for me. These witnesses can be made to appear at no expense to me;

- (e) The right to be presumed innocent unless the State proves the charge beyond a reasonable doubt or I enter a plea of guilty;
- (f) The right to appeal a finding of guilt after a trial.

6. **In Considering the Consequences of My Guilty Plea, I Understand That:**

- (a) My right to appeal is limited.
- (b) Each crime with which I am charged carries a maximum sentence, a fine, and a **Standard Sentence Range** as follows:

COUNT NO.	OFFENDER SCORE	STANDARD RANGE ACTUAL CONFINEMENT (not including enhancements)	PLUS Enhancements*	COMMUNITY CUSTODY	MAXIMUM TERM AND FINE
1					
2					
3					

\*The sentencing enhancement codes are: (RPh) Robbery of a pharmacy, (CSG) Criminal street gang involving minor, (AE) Endangerment while attempting to elude. The following enhancements will run consecutively to all other parts of my entire sentence, including other enhancements and other counts: (F) Firearm, (D) Other deadly weapon, (V) VUCSA in protected zone, (JP) Juvenile present, (VH) Veh. Hom., see RCW 9.94A.533(7), (P16) Passenger(s) under age 16.

- (c) The standard sentence range is based on the crime charged and my criminal history. Criminal history includes prior convictions and juvenile adjudications or convictions, whether in this state, in federal court, or elsewhere.
- (d) The prosecuting attorney's statement of my criminal history is attached to this agreement. Unless I have attached a different statement, I agree that the prosecuting attorney's statement is correct and complete. If I have attached my own statement, I assert that it is correct and complete. If I am convicted of any additional crimes between now and the time I am sentenced, I am obligated to tell the sentencing judge about those convictions.
- (e) If I committed the above crime(s) while under age 18 and am sentenced to more than 20 years of confinement:
  - (i) As long as my conviction is not for aggravated first degree murder or certain sex crimes, and I have not been convicted of any crime committed after I turned 18 or committed a disqualifying serious infraction as defined by DOC in the 12 months before the petition is filed, I may petition the Indeterminate Sentence Review Board (Board) for early release after I have served 20 years.
  - (ii) If I am released early because my petition was granted or by other action of the Board, I will be subject to community custody under the supervision of the DOC for a period of time determined by the Board, up to the length of the court-imposed term of incarceration. I will be required to comply with any conditions imposed by the Board.
  - (iii) If I violate the conditions of community custody, the Board may return me to confinement for up to the remainder of the court-imposed term of incarceration.

- (f) If I committed aggravated murder in the first degree and I was under the age of 18 at the time of the offense.
- (i) If I was under the age of 16 at the time of the offense, the judge will impose a maximum term of life and impose a minimum term of total confinement of 25 years for that crime.
  - (ii) If I was at least 16 but less than 18 years old at the time of the offense, the judge will impose a maximum term of life and will impose a minimum term of total confinement that is at least 25 years and may be as long as life without the possibility of parole or early release for that crime.
  - (iii) During the minimum term, I will not be eligible for earned early release time, home detention, partial confinement, work release, or any form of early release.
  - (iv) After the minimum term, if I am released by the Board, I will be subject to community custody under the supervision of the DOC for a period of time determined by the board, and must comply with conditions imposed.
  - (v) If I violate the conditions of community custody, the Board may return me to confinement.
- (g) If I am convicted of any new crimes before sentencing, or if any additional criminal history is discovered, both the standard sentence range and the prosecuting attorney's recommendation may increase. Even so, my plea of guilty to this charge is binding on me. I cannot change my mind if additional criminal history is discovered even though the standard sentencing range and the prosecuting attorney's recommendation increase or a mandatory sentence of life imprisonment without the possibility of parole is required by law.
- (h) In addition to sentencing me to confinement, the judge will order me to pay \$500.00 as a victim's compensation fund assessment and any mandatory fines or penalties that apply to my case. If this crime resulted in injury to any person or damage to or loss of property, the judge will order me to make restitution, unless extraordinary circumstances exist which make restitution inappropriate. The amount of restitution may be up to double my gain or double the victim's loss. The judge may also order that I pay a fine, court costs, attorney fees, and the costs of incarceration.
- (i) For crimes committed prior to July 1, 2000: In addition to sentencing me to confinement, the judge may order me to serve up to one year of community custody if the total period of confinement ordered is not more than 12 months. If the total period of confinement is more than 12 months, and if this crime is a drug offense, assault in the second degree, assault of a child in the second degree, or any crime against a person in which a specific finding was made that I or an accomplice was armed with a deadly weapon, the judge will order me to serve at least one year of community custody. If this crime is a vehicular homicide, vehicular assault, or a serious violent offense, the judge will order me to serve at least two years of community custody. The actual period of community custody may be longer than my earned early release period. During the period of community custody, I will be under the supervision of the Department of Corrections, and I will have restrictions and requirements placed upon me.

For crimes committed on or after July 1, 2000: In addition to sentencing me to confinement, under certain circumstances the judge may order me to serve up to one year of

community custody if the total period of confinement ordered is not more than 12 months, but only if the crime I have been convicted of falls into one of the offense types listed in the following chart. For the offense of failure to register as a sex offender, regardless of the length of confinement, the judge will sentence me for up to 12 months of community custody. If the total period of confinement ordered is more than 12 months, and if the crime I have been convicted of falls into one of the offense types listed in the following chart, the court will sentence me to community custody for the term established for that offense type unless the judge finds substantial and compelling reasons not to do so. If the period of earned release awarded per RCW 9.94A.729 is longer, that will be the term of my community custody. If the crime I have been convicted of falls into more than one category of offense types listed in the following chart, then the community custody term will be based on the offense type that dictates the longest term of community custody.

<b>OFFENSE TYPE</b>	<b>COMMUNITY CUSTODY TERM</b>
Serious Violent Offenses	36 months
Violent Offenses	18 months
Crimes Against Persons as defined by RCW 9.94A.411(2)	12 months
Offenses under Chapter 69.50 or 69.52 RCW (not sentenced under RCW 9.94A.660)	12 months
Offenses involving the unlawful possession of a firearm where the offender is a criminal street gang member or associate	12 months

Certain sentencing alternatives may also include community custody.

During the period of community custody I will be under the supervision of the Department of Corrections. For crimes occurring on or after June 28, 2016, the supervision of the Department of Corrections cannot exceed the times specified in this paragraph. I may have restrictions and requirements placed upon me, including additional conditions of community custody that may be imposed by the Department of Corrections. My failure to comply with these conditions will render me ineligible for general assistance, RCW 74.04.005(6)(h), and may result in the Department of Corrections transferring me to a more restrictive confinement status or other sanctions.

If I violate the conditions of my community custody, the Department of Corrections may sanction me up to 60 days' confinement per violation and/or revoke my earned early release, or the Department of Corrections may impose additional conditions or other stipulated penalties. The court also has the authority to impose sanctions for any violation.

(j) The prosecuting attorney will make the following recommendation to the judge: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The prosecutor will recommend as stated in the plea agreement, which is incorporated by reference.

(k) The judge does not have to follow anyone's recommendation as to sentence. The judge must impose a sentence within the standard range unless the judge finds substantial and compelling reasons not to do so. I understand the following regarding exceptional sentences:

- (i) The judge may impose an exceptional sentence below the standard range if the judge finds mitigating circumstances supporting an exceptional sentence.
- (ii) The judge may impose an exceptional sentence above the standard range if I am being sentenced for more than one crime and I have an offender score of more than nine.
- (iii) The judge may also impose an exceptional sentence above the standard range if the State and I stipulate that justice is best served by imposition of an exceptional sentence and the judge agrees that an exceptional sentence is consistent with and in furtherance of the interests of justice and the purposes of the Sentencing Reform Act.
- (iv) The judge may also impose an exceptional sentence above the standard range if the State has given notice that it will seek an exceptional sentence, the notice states aggravating circumstances upon which the requested sentence will be based, and facts supporting an exceptional sentence are proven beyond a reasonable doubt to a unanimous jury, to a judge if I waive a jury, or by stipulated facts.

If the court imposes a standard range sentence, then no one may appeal the sentence. If the court imposes an exceptional sentence after a hearing, either the State or I can appeal the sentence.

- (l) If I am not a citizen of the United States, a plea of guilty to an offense punishable as a crime under state law is grounds for deportation, exclusion from admission to the United States, or denial of naturalization pursuant to the laws of the United States.
- (m) I may not possess, own, or have under my control any firearm, and under federal law any firearm or ammunition, unless my right to do so is restored by the court in which I am convicted or the superior court in Washington State where I live, and by a federal court if required. I must immediately surrender any concealed pistol license.
- (n) I will be ineligible to vote until that right is restored in a manner provided by law. If I am registered to vote, my voter registration will be cancelled. Wash. Const. art. VI, § 3, RCW 29A.04.079; RCW 29A.08.520.
- (o) Government assistance may be suspended during any period of confinement.
- (p) I will be required to have a biological sample collected for purposes of DNA identification analysis. I will be required to pay a \$100.00 DNA collection fee.

**Notification Relating to Specific Crimes: *If any of the following paragraphs DO NOT APPLY, counsel and the defendant shall strike them out. The defendant and the judge shall initial all paragraphs that DO APPLY.***

- \_\_\_\_\_ (q) This offense is a most serious offense or “strike” as defined by RCW 9.94A.030, and if I have at least two prior convictions for most serious offenses, whether in this state, in federal court, or elsewhere, the crime for which I am charged carries a mandatory sentence of life imprisonment without the possibility of parole.
- \_\_\_\_\_ (r) The judge may sentence me as a first-time offender instead of giving a sentence within the standard range if I qualify under RCW 9.94A.030. This sentence could include as much as 90 days' confinement and up to one year of community custody plus all of the conditions described in paragraph 6(h). Additionally, the judge could require me to undergo

treatment, to devote time to a specific occupation, and to pursue a prescribed course of study or occupational training.

- \_\_\_\_\_ (s) The judge may sentence me under the Parenting Sentencing Alternative if I qualify under RCW 9.94A.655. If I am eligible, the judge may order DOC to complete either a risk assessment report or a chemical dependency screening report, or both. If the judge decides to impose the Parenting Sentencing Alternative, the sentence will consist of 12 months of community custody and I will be required to comply with the conditions imposed by the court and by DOC. At any time during community custody, the court may schedule a hearing to evaluate my progress in treatment or to determine if I have violated the conditions of the sentence. The court may modify the conditions of community custody or impose sanctions. If the court finds I violated the conditions or requirements of the sentence or I failed to make satisfactory progress in treatment, the court may order me to serve a term of total confinement within the standard range for my offense.
  
- \_\_\_\_\_ (t) If this crime involves kidnapping involving a minor, including unlawful imprisonment involving a minor who is not my child, or if this crime is promoting prostitution in the first or second degree and I have at least one prior conviction for promoting prostitution in the first or second degree, or if this crime is (human) trafficking in the first degree under RCW 9A.40.100(1)(a)(i)(A)(III) or (IV) or (1)(a)(i)(B) (relating to sexually explicit acts or commercial sex acts), I will be required to register where I reside, study, or work. The specific registration requirements are set forth in the “Offender Registration” Attachment.
  
- \_\_\_\_\_ (u) If this is a crime of domestic violence, I may be ordered to pay a domestic violence assessment of up to \$115.00. If I, or the victim of the offense, have a minor child, the court may order me to participate in a domestic violence perpetrator program approved under RCW 26.50.150. If I am convicted under RCW 26.50.110 for a violation of a domestic violence protection order issued under chapter 26.50 RCW, the court shall impose a mandatory fine of \$15.00.
  
- \_\_\_\_\_ (v) If this crime involves prostitution, or a drug offense associated with hypodermic needles, I will be required to undergo testing for the human immunodeficiency (HIV/AIDS) virus.
  
- \_\_\_\_\_ (w) The judge may sentence me under the drug offender sentencing alternative (DOSA) if I qualify under RCW 9.94A.660. If I qualify and the judge is considering a residential chemical dependency treatment-based alternative, the judge may order that I be examined by DOC before deciding to impose a DOSA sentence. If the judge decides to impose a DOSA sentence, it could be either a prison-based alternative or a residential chemical dependency treatment-based alternative.

If the judge imposes the **prison-based alternative**, the sentence will consist of a period of total confinement in a state facility for one-half of the midpoint of the standard range, or 12 months, whichever is greater. During confinement, I will be required to undergo a comprehensive substance abuse assessment and to participate in treatment. The judge will also impose a term of community custody of one-half of the midpoint of the standard range.

If the judge imposes the **residential chemical dependency treatment-based alternative**, the sentence will consist of a term of community custody equal to one-half of the midpoint of the standard sentence range or two years, whichever is greater, and I will have to enter and remain in a certified residential chemical dependency treatment program for a period of *three to six months*, as set by the court.

As part of this sentencing alternative, the court is required to schedule a progress hearing during the period of residential chemical dependency treatment and a treatment termination hearing scheduled three months before the expiration of the term of community custody. At either hearing, based upon reports by my treatment provider and the Department of Corrections on my compliance with treatment and monitoring requirements and recommendations regarding termination from treatment, the judge may modify the conditions of my community custody or order me to serve a term of total confinement equal to one-half of the midpoint of the standard sentence range, followed by a term of community custody under RCW 9.94A.701.

During the term of community custody for either sentencing alternative, the judge could prohibit me from using alcohol or controlled substances, require me to submit to urinalysis or other testing to monitor that status, require me to devote time to a specific employment or training, stay out of certain areas, pay \$30.00 per month to offset the cost of monitoring and require other conditions, such as affirmative conditions, and the conditions described in paragraph 6(h). The judge, on his or her own initiative, may order me to appear in court at any time during the period of community custody to evaluate my progress in treatment or to determine if I have violated the conditions of the sentence. If the court finds that I have violated the conditions of the sentence or that I have failed to make satisfactory progress in treatment, the court may modify the terms of my community custody or order me to serve a term of total confinement within the standard range.

- \_\_\_\_\_ (x) If I am subject to community custody and the judge finds that I have a chemical dependency that has contributed to the offense, the judge may order me to participate in rehabilitative programs or otherwise to perform affirmative conduct reasonably related to the circumstances of the crime for which I am pleading guilty. Rehabilitative programs may include an order to obtain an evaluation for alcohol or controlled substance chemical dependency treatment. The court may also prohibit me from possessing or consuming alcohol or controlled substances without a valid prescription.
- \_\_\_\_\_ (y) If this crime involves the manufacture, delivery, or possession with the intent to deliver methamphetamine, including its salts, isomers, and salts of isomers, or amphetamine, including its salts, isomers, and salts of isomers, and if a fine is imposed, \$3,000 of the fine may not be suspended. RCW 69.50.401(2)(b).
- \_\_\_\_\_ (z) If this crime involves a violation of the state drug laws, my eligibility for state and federal food stamps, welfare, and education benefits may be affected. 20 U.S.C. § 1091(r); 21 U.S.C. § 862a.
- \_\_\_\_\_ (aa) I understand that RCW 46.20.285(4) requires that my driver's license be revoked if the judge finds I used a motor vehicle in the commission of this felony.
- \_\_\_\_\_ (bb) I understand that RCW 46.20.265 requires that my driver's license be revoked if (a) the current offense is a violation under chapters 69.41 [legend drug], 69.50 [Violation of the Uniform Controlled Substances Act], or 69.52 [imitation drugs] RCW, and I was under the age of 21 at the time of the offense or (b) the current offense is a violation under RCW 9.41.040 (unlawful possession of firearm) and I was under the age of 18 at the time of the offense, or (c) the current offense is a violation under chapter 66.44 RCW [alcohol] and I was under the age of 18 at the time of the offense, and if (a), (b), or (c) applies, the court finds that I previously committed an offense while armed with a firearm, an unlawful possession of a firearm offense, or an offense in violation of chapter 66.44,

69.41, 69.50, or 69.52 RCW.

- \_\_\_\_\_ (cc) If this crime involves the offense of vehicular homicide while under the influence of intoxicating liquor, or any drug, as defined by RCW 46.61.520, an impaired driving enhancement of an additional two years shall be added to the standard sentence range for vehicular homicide for each prior offense as defined in RCW 46.61.5055(14). All impaired driving enhancements are mandatory, shall be served in total confinement, and shall run consecutively to all other sentencing provisions, including other impaired driving enhancements, for all offenses sentenced under Chapter 9.94A RCW.
  
- \_\_\_\_\_ (dd) If I am pleading guilty to felony driving under the influence of intoxicating liquor, or any drugs, or felony actual physical control of a motor vehicle while under the influence of intoxicating liquor, or any drug, in addition to the provisions of chapter 9.94A RCW, I will be required to undergo alcohol or chemical dependency treatment services during incarceration. I will be required to pay the costs of treatment unless the court finds that I am indigent. My driving privileges will be suspended, revoked or denied. Following the period of suspension, revocation, or denial, I must comply with the Department of Licensing ignition interlock device requirements. In addition to any other costs of the ignition interlock device, I will be required to pay an additional fee of \$20 per month.
  
- \_\_\_\_\_ (ee) For the crimes of vehicular homicide committed while under the influence of intoxicating liquor, or any drug as defined by RCW 46.61.520 or for vehicular assault committed while under the influence of intoxicating liquor, or any drug as defined by RCW 46.61.522, or for any felony driving under the influence (RCW 46.61.502(6)), or felony physical control under the influence (RCW 46.61.504(6)), the court shall add 12 months to the standard sentence range for each child passenger under the age of 16 who is an occupant in the defendant's vehicle. These enhancements shall be mandatory, shall be served in total confinement, and shall run consecutively to all other sentencing provisions.
  
- \_\_\_\_\_ (ff) I am pleading guilty to the crime of driving without a required ignition interlock device (RCW 46.20.740), or the crime of circumventing or tampering with a required ignition interlock device (RCW 46.20.750(1)), and the offense occurred on or after September 26, 2015. The sentence for that offense must be served consecutively with any other sentence imposed for violations of either of those statutes and with any sentence imposed under RCW 46.61.502 (DUI), RCW 46.61.504 (physical control under the influence), or RCW 46.61.5055. The sentence for violation of RCW 46.20.750(1) also must be served consecutively with any sentence imposed under RCW 46.61.520(1)(a) or 46.61.522(1)(b) (vehicular homicide/assault while under the influence of alcohol/drugs).
  
- \_\_\_\_\_ (gg) For the crimes of felony driving under the influence of intoxicating liquor, or any drug, for vehicular homicide while under the influence of intoxicating liquor, or any drug, or vehicular assault while under the influence of intoxicating liquor, or any drug, the court may order me to reimburse reasonable emergency response costs up to \$2,500 per incident.
  
- \_\_\_\_\_ (hh) The crime of \_\_\_\_\_ has a mandatory minimum sentence of at least \_\_\_\_\_ years of total confinement. This law does not apply to crimes committed on or after July 24, 2005, by a juvenile who was tried as an adult after decline of juvenile court jurisdiction. The law does not allow any reduction of this sentence. This mandatory minimum sentence is not the same as the mandatory sentence of life

imprisonment without the possibility of parole described in paragraph 6(q).

- \_\_\_\_\_ (ii) I am being sentenced for two or more serious violent offenses arising from separate and distinct criminal conduct and the sentences imposed on counts \_\_\_\_\_ and \_\_\_\_\_ will run consecutively unless the judge finds substantial and compelling reasons to do otherwise.
  
- \_\_\_\_\_ (jj) The offense(s) I am pleading guilty to include(s) a Violation of the Uniform Controlled Substances Act in a protected zone enhancement or manufacture of methamphetamine when a juvenile was present in or upon the premises of manufacture enhancement. I understand these enhancements are mandatory and that they must run consecutively to all other sentencing provisions.
  
- \_\_\_\_\_ (kk) The offense(s) I am pleading guilty to include(s) a deadly weapon, firearm, or sexual motivation enhancement. Deadly weapon, firearm, or sexual motivation enhancements are mandatory, they must be served in total confinement, and they must run consecutively to any other sentence and to any other deadly weapon, firearm, or sexual motivation enhancements.
  
- \_\_\_\_\_ (ll) If I am pleading guilty to (1) unlawful possession of a firearm(s) in the first or second degree and (2) felony theft of a firearm or possession of a stolen firearm, I am required to serve the sentences for these crimes consecutively to one another. If I am pleading guilty to unlawful possession of more than one firearm, I must serve each of the sentences for unlawful possession consecutively to each other.
  
- \_\_\_\_\_ (mm) If I am pleading guilty to a felony firearm offense as defined in RCW 9.41.010, I may be required to register as a felony firearm offender under RCW 9.41.330. I will be required to register as a felony firearm offender if I committed the felony firearm offense in conjunction with an offense committed against a person under age 18, or a serious violent offense or offense involving sexual motivation as defined in RCW 9.94A.030. The specific registration requirements are in the “Felony Firearm Offender Registration” Attachment.
  
- \_\_\_\_\_ (nn) If I am pleading guilty to the crime of unlawful practices in obtaining assistance as defined in RCW 74.08.331, no assistance payment shall be made for at least six months if this is my first conviction and for at least 12 months if this is my second or subsequent conviction. This suspension of benefits will apply even if I am not incarcerated. RCW 74.08.290.
  
- \_\_\_\_\_ (oo) The judge may authorize work ethic camp. To qualify for work ethic authorization my term of total confinement must be more than 12 months and less than 36 months, I cannot currently be either pending prosecution or serving a sentence for violation of the Uniform Controlled Substances Act, and I cannot have a current or prior conviction for a sex or violent offense.

7. I plead guilty to:

count \_\_\_\_\_

count \_\_\_\_\_

count \_\_\_\_\_

\_\_\_\_\_

in the \_\_\_\_\_ Information. I have received a copy of that Information.

- 8. I make this plea freely and voluntarily.
- 9. No one has threatened harm of any kind to me or to any other person to cause me to make this plea.
- 10. No person has made promises of any kind to cause me to enter this plea except as set forth in this statement.
- 11. The judge has asked me to state what I did in my own words that makes me guilty of this crime, including enhancements and domestic violence relationships if they apply. This is my statement:

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Instead of making a statement, I agree that the court may review the police reports and/or a statement of probable cause supplied by the prosecution to establish a factual basis for the plea.

- 12. My lawyer has explained to me, and we have fully discussed, all of the above paragraphs and the "Offender Registration" Attachment and the "Felony Firearms Registration" Attachment, if applicable. I understand them all. I have been given a copy of this "Statement of Defendant on Plea of Guilty." I have no further questions to ask the judge.

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Defendant

I have read and discussed this statement with the defendant. I believe that the defendant is competent and fully understands the statement.

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Prosecuting Attorney

---

Defendant's Lawyer

---

Print Name

---

WSBA No.

---

Print Name

---

WSBA No.

The defendant signed the foregoing statement in open court in the presence of the defendant's lawyer and the undersigned judge. The defendant asserted that [check appropriate box]:

- (a) The defendant had previously read the entire statement above and that the defendant understood it in full;
- (b) The defendant's lawyer had previously read to him or her the entire statement above and that the defendant understood it in full; or

- (c) An interpreter had previously read to the defendant the entire statement above and that the defendant understood it in full. The Interpreter's Declaration is included below.

**Interpreter's Declaration:** I am a certified or registered interpreter, or have been found otherwise qualified by the court to interpret in the \_\_\_\_\_ language, which the defendant understands. I have interpreted this document for the defendant from English into that language. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at (city) \_\_\_\_\_, (state) \_\_\_\_\_, on (date) \_\_\_\_\_.

\_\_\_\_\_  
Interpreter

\_\_\_\_\_  
Print Name

I find the defendant's plea of guilty to be knowingly, intelligently and voluntarily made. Defendant understands the charges and the consequences of the plea. There is a factual basis for the plea. The defendant is guilty as charged.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Judge**

**APPENDIX TO  
STATEMENT OF DEFENDANT  
ON PLEA OF GUILTY (DRUG COURT)**

The Prosecuting Attorney will make the following recommendation to the Judge:

**1. Successful completion of Drug Court** - If the defendant pleads guilty to the crimes listed in the Statement of Defendant on Plea of Guilty, and if the defendant executes a waiver of speedy sentencing, and if the defendant executes a Drug Court Contract, a copy of which has been filed with this document and is incorporated herein by this reference, the State will recommend that the defendant enter into the Clark County Superior Court Drug Court Program. The State will agree to recommend credit for time served and no additional jail time, even if this recommendation necessitates recommending an exceptional sentence below the standard range.

**2. Dismissal** - In addition, if defendant enters Drug Court their case will be dismissed if:

- (1) They have been convicted of a class C felony;
- (2) They have three points or less criminal history;
- (3) They have paid all restitution owed, if any and;
- (4) If there is a victim involved, the victim consents to the dismissal.

Then upon successful completion of Drug Court, defendant may withdraw his/her plea of guilty and the case will be dismissed by the State.

**3. Termination from Drug Court** - If the defendant does not successfully complete the Clark County Superior Court Drug Court Program, the State will be free to recommend a sentence within the standard range and other conditions authorized by law, including, but not limited to the following: (1) victim's assistance fee; (2) drug fund contribution; (3) lab fee; (4) fine; (5) all fees and costs associated with the Drug Court Program; (6) restitution (if applicable); and (7) recoupment for attorney fees.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Deputy Prosecuting Attorney

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON  
IN AND FOR THE COUNTY OF CLARK**

STATE OF WASHINGTON

Plaintiff,

vs.

\_\_\_\_\_  
Defendant

NO. \_\_\_\_\_

**DRUG COURT / RESIDENTIAL DOSA  
INFORMED CONSENT AND  
AUTHORIZATION FOR  
RELEASE OF INFORMATION**

I, \_\_\_\_\_, authorize the Clark County Superior Drug Court Team and the following members of the team:

Drug Court case managers	Drug Court Prosecuting Attorney and their assistant
DOC (DC) Probation officers	Drug Court Defense Attorneys
Drug Court Judge	Assigned law enforcement officer
Drug Court Coordinator	Drug Court Recovery Support Specialist
Drug Court Admin Assistant	Reach Too Mentors

To communicate with and disclose to one another the following information:

My name and other personal identifying information  
My DOC/criminal status and history  
My status as a patient in AOD/ MH treatment  
Initial and subsequent evaluations of my service needs  
Summaries of AOD/MH assessment, history, case plans, progress and compliance  
Attendance in AOD/MH treatment and drug test results  
Other: \_\_\_\_\_

The purpose of the disclosures authorized in this consent is to enable the Clark County Drug Court and its Team to evaluate my program compliance and need for services. I am aware that the above information is protected by federal and state regulations.

**I understand that regulations, including 42 CFR Part 2, RCW 71.05.390 and WAC 275-56-240, prohibit disclosure of these records without my consent or as otherwise permitted by those regulations.**

I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follow:

One month following discharge from the Clark County Drug Court Program.

DATED: \_\_\_\_\_  
\_\_\_\_\_ Defendant

\_\_\_\_\_ \_\_\_\_\_  
Defense Attorney WSB# \_\_\_\_\_ Defendant's date of birth \_\_\_\_\_

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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON  
IN AND FOR THE COUNTY OF CLARK

STATE OF WASHINGTON

Plaintiff,

vs.

NO. \_\_\_\_\_

\_\_\_\_\_ ,

Defendant

**ORDER SUBSTITUTING  
ATTORNEY**

**I. ORDER**

**IT IS HEREBY ORDERED** that \_\_\_\_\_ is substituted for \_\_\_\_\_, as attorney for the above-named defendant upon entering the Adult Drug Court / Residential Drug Offender Sentencing Alternative Drug Court.

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

\_\_\_\_\_  
SUPERIOR COURT JUDGE

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON  
IN AND FOR THE COUNTY OF CLARK**

STATE OF WASHINGTON

Plaintiff,

vs.

\_\_\_\_\_  
Defendant

NO. \_\_\_\_\_

**DRUG COURT WAIVER OF SPEEDY  
SENTENCING (RCW 9.9A.110)**

Defendant has been advised that under laws of the State of Washington, he/she has the right to be sentenced within 40 days, following conviction (pleading guilty), in the above-entitled matter. Defendant, after conferring with counsel, hereby waives his/her right to speedy sentencing.

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

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Attorney for the Defendant,  
W.S.B.# \_\_\_\_\_

**CERTIFICATE**

The Court finds that the waiver of speedy sentencing to be knowing, voluntary, and intelligently made.

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

\_\_\_\_\_  
SUPERIOR COURT JUDGE

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**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON  
IN AND FOR THE COUNTY OF CLARK**

STATE OF WASHINGTON  <div style="text-align: right; margin-right: 20px;">Plaintiff</div>	vs	NO. _____  <b>DRUG COURT CONTRACT</b>
_____, <div style="text-align: right; margin-right: 20px;">Defendant</div>		

I, \_\_\_\_\_ (defendant) hereby ask to participate in the Clark County Adult Drug Court (DC). In consideration of being accepted into DC, I agree to be bound by the following agreement, stipulations, and waiver of rights. I have made this decision to participate in DC freely, voluntarily, and knowingly. No one has threatened me or promised me anything other than what is set out in this document and the records and materials in my superior court file.

**Additional Conditions: I also agree to the additional conditions of:**  
\_\_\_\_\_  
\_\_\_\_\_

**COURT OBLIGATIONS:**

*(initial below)*  
\_\_\_\_\_ **ADULT DRUG COURT PROGRAM:** I understand that the Adult Drug Court is a minimum of 12 months in length but may be longer. I agree to participate in the program until I successfully graduate the program or until I am terminated or voluntarily opt out.  
**A. NOTICE** – I understand that if at any time I have charges pending or I am under investigation for criminal activity in any jurisdiction this can be a basis for termination.  
**B. NOTICE**—I understand that if I am in the program for 24 months or longer, the Drug Court team will meet to consider my progress and whether to keep me in the program.

1  
2 **OBEY LAWS / REPORT POLICE CONTACT:** I will obey all laws and report any contact  
3 with law enforcement personnel to the Drug Court assigned attorney, Drug Court Office, DOC  
4 officer (if applicable) and/or my treatment case manager within 24 hours.

5 **HEARINGS:** I will appear at all scheduled court hearings or as otherwise ordered by the  
6 Judge and/or Drug Court team. I understand that if I miss a court appearance a warrant may  
7 be issued for my arrest. The failure to appear or report in person may result in additional  
8 criminal charges including but not limited to charge(s) of Bail Jump, Escape, violations of  
9 supervision and/or sanctions. I understand that if I have any major violations to this contract  
10 including but not limited to issues with drug test, new criminal allegations, discharged from  
11 inpatient or detox services against staff advice, that I am to report to the very first drug court  
12 docket. I also understand that I am to be on time for court and stay through the entire court  
13 proceeding unless I have permission to leave.

14 **RELEASES OF INFORMATION:** I will sign all Releases of Information as deemed  
15 necessary by Drug Court; I also waive confidentiality of my diagnostic and treatment  
16 information, drug testing results, medical, mental health, educational and other counseling /  
17 evaluations records as well as my probation / legal / criminal history records and authorize all  
18 agencies to discuss my case with the Drug Court team to communicate with and disclose to  
19 one another any information they deem necessary to facilitate my participation in the DC  
20 program. I understand that the failure to sign a release of information may result in my  
21 termination from DC and if at any time I choose to revoke or withdraw a release, this too may  
22 be a basis for termination from DC.

23 **COURT ORDERS:** I agree to abide by all court orders including but not limited to Return to  
24 Court / Sanction Orders, Orders to enter and complete treatment, and/or No Contact Orders /  
25 Restraining Orders in place.

**RESPONSES:** I understand the Adult Drug Court will use a system of rewards to  
acknowledge compliance with program goals and rules and responses (sometimes called  
"sanctions") for noncompliance with this contract or the court's orders. Responses may  
include, but are not limited to:

Writing assignments, calendar / schedules	Hold the Door & Greet people w/ a message
Increased court appearances, delay phase	Increased services (UAs, support groups)
Referrals to other community programs	Denial of curfew / trip permits
Community service hours	Work crew
Jail	Change in Residence / Sober living

26 **DRUG COURT FEE:** I agree to pay a \$100 non-refundable Drug Court Program Fee.

27 **JUDGMENT & SENTENCE COSTS / RESTITUTION:** I understand that the court may  
28 order me to pay court costs, fines, victim/assessment fee, lab fee, drug fund contribution and  
29 restitution (if applicable). These fees will be placed on my Judgment and Sentence Order at  
30 time of sentencing prior to the successful completion or discharge from Drug Court. A  
31 restitution order may be entered prior to a judgment and sentence being finalized. I also

1  
2 understand that if I am eligible for a felony dismissal that all restitution needs to be paid prior  
to graduation.

3  
4 **TERMINATION:** I understand absconding (warrant) from the program, unsuccessful  
discharges from treatment programs, new criminal allegations and/or chronic non-compliance  
5 are all causes for potential termination. I also understand that I have a right to have a hearing  
if the Drug Court team recommends termination to the judge.

6  
7 **TREATMENT:**

8 (initial below)

9 **TREATMENT / SERVICES:** I will enter into and successfully complete all behavioral  
10 health treatment evaluations, intakes, group and individual therapy sessions and complete  
treatment plan objectives. I will also attend any/all educational programs, and other services  
11 deemed necessary by the Court. I will abide by all rules/regulations set by each service  
agency and all conditions and requirements ordered by the Court. I understand that if I am  
12 sick, I need to either show up and be sent home by the treatment professional or have medical  
documentation excusing me from services (see medical contact section). I further understand  
13 that if I am discharged from any treatment agency unsuccessfully, I will report that  
information to my attorney, treatment case manager and/or drug court office within 24 hours  
and report to the next drug court docket to explain the circumstances.

14 **RANDOM DRUG / ALCOHOL TESTS:** I agree to submit to randomized and witnessed  
15 urine, breath or other drug tests whenever requested to do so by the treatment program staff,  
the judicial officer, or any Drug Court team member. I understand that any attempt on my  
16 part to alter any type of substance testing, either through the use of a device, consumption of a  
masking agent, dilution or any other means may result in violations/sanctions from the court. I  
17 further understand that I must provide a sample when my color is called on the Lifeline  
Connections drug testing color line (Mon – Friday 10:30am – 6:45pm; weekend and holidays  
18 11am – 3:45pm); and that the sample must be sufficient to test. A confirmed positive test of  
alcohol, marijuana or other illicit and non-prescribed medications is considered a violation and  
19 may result in a court response and will likely “restart” my documented *court clean time* on the  
color line which is a measure to when I can progress through the phase system.

20  
21 **CONFIDENTIALITY / OPEN COURT:** I understand that other Drug Court participants  
and members of the community may be in the courtroom during the time my case is reviewed.  
22 I also understand the DC team will talk about my case in a pre-hearing conference. I  
understand that I may hear confidential information during DC sessions about other  
23 individuals and that this information is not to be discussed with non-DC members.

24 **MEDICAL CONTACT:**

25 (initial below)

**PRESCRIPTION MEDICATIONS:** I will request, whenever possible, that any medication  
prescribed by a licensed medical provider be non-narcotic/non-addictive and taken as  
prescribed. I understand that I need to take current prescriptions and only those prescribed to  
me. I will seek approval from the drug court team / treatment case manager for any over-the-

1  
2 counter or prescribed medication prior to using such medication. Use of prescription drugs,  
3 other than pre-approved psychotropic and antibiotics, may impact my *court clean time* and  
4 movement through my Drug Court phases. All appointments with a prescriber (nurse, dentist,  
5 doctor, mental health, medication-assisted treatment) contact **must be** accompanied by the  
6 medical form filled out by the health care provider along with discharge summary paperwork.

7 I understand that I may be asked to have medication counts done at random intervals. I agree  
8 to be cautious of medications and to NOT use alcohol-based products; ephedrine-based  
9 products and some herbal/energy drinks and/or foods which may produce a false positive or  
10 positive test result. I will talk to treatment case manager and/or pharmacy prior to ingesting  
11 medications. The **Prescriber Forms** can be downloaded from website  
12 (<https://www.clark.wa.gov/superior-court/therapeutic-specialty-courts>).

13  
14  
15 **CONDUCT:**

16 (initial below)

17 \_\_\_\_\_ **SUPERVISION CONDITIONS:** I agree to comply with all conditions of my probation if I  
18 am on probation and understand that the DC team collaborates with other agencies  
19 (misdemeanor probation, work crew, WA State DOC, DCYF social workers, other  
20 jurisdictions, etc.) as it relates to releases of information. I understand that the purpose is to  
21 holistically help me achieve all of my goals and comply with conditions from any agency. I  
22 will comply with all other conditions that may be imposed by the Judge including curfew and  
23 home checks, non-associations with convicted felons or any other added services throughout  
24 the program.

25 \_\_\_\_\_ **DEPARTMENT OF CORRECTIONS (DOC) REPORTING:** If I am also currently on  
WA State DOC supervision, I will report in person to DOC within 24 hours following my  
discharge of all residential treatment facilities or after serving a jail violation. I understand that  
the failure to appear or report in person may result in additional violations from DOC.

\_\_\_\_\_ **RESIDENCE / TRAVEL / OVERNIGHTS / CURFEW:** I will reside in Clark County,  
Washington in a residence that is drug and alcohol free and does not contain firearms.  
Without first obtaining permission from the DC Judge, team and/or treatment case manager; **I  
will not:** 1) change residences; 2) spend the night at any address other than the one that has  
been approved by the court; 3) travel outside of Clark County; and 4) abide by my phase-  
specific curfew (9pm, 10pm, 11pm, midnight or otherwise court-approved).

\_\_\_\_\_ **FIREARMS:** I will not possess, use or own any firearms or any other illegal weapons, nor  
will I reside where firearms are present unless I have the Court's prior permission.

\_\_\_\_\_ **SEARCH OF PERSON / CAR / HOME:** Upon request, and without notice and without  
probable cause and/or warrant, I agree to submit to a search of my person, residence, vehicle  
and/or other personal property and surroundings when asked by any law enforcement officer  
partnered with the Drug Court program.

\_\_\_\_\_ **ALCOHOL / DRUGS:** I understand that long-term recovery is the primary focus of this  
program. I agree that I will not possess, buy, sell or consume any alcohol, marijuana, or non-  
prescribed drugs. I will not abuse any over-the-counter medications or mind/mood altering  
substances and synthetics for the purpose of avoiding detection through drug testing. If I am  
prescribed medications, I understand that I must have a conversation with the prescriber and

1  
2 that I should request non-narcotic and non-addictive medications if possible and taking the  
3 medications must be medically necessary. I will provide copies of the medical form and  
4 discharge summary paperwork at the next contact with treatment provider / court. I  
5 understand and agree that any possession, use, buying or selling by me of these substances  
will be considered a violation of the program rules and may be treated as a positive drug test  
violation and restart my *court clean time*; impacting the progression of the phase structure and  
depending on the severity of the allegation, may be cause for termination.

6 **SOCIAL / ASSOCIATIONS / INTIMATE CONTACT and VISITING COURTHOUSE /**  
7 **JAIL FACILITY:** I understand that the DC team strongly discourages new intimate  
8 relationships in early recovery. In addition, I understand that I need to contact the DC office  
9 and inform the team why I might be at one of the courthouses and/or jail on a non-drug court  
docket and if visiting someone, I must provide name and date of birth. I also understand that if  
I have active no contact orders/restraining orders and/or other DOC restrictions, I must obey  
those orders.

10 **HONESTY:** I know it is important to be honest and tell the truth at all times. This is the  
11 cornerstone of long-term recovery and builds a foundation of trust and respect. I understand  
12 that the team will make recommendations to the judge based on my honesty, accountability  
and the steps I take to make the next right decision. Honesty is emphasized and valued in all  
decision-making and I understand that I must be truthful in all my dealings with Drug Court.

13 **BE ON TIME:** I understand that it is important to be on time for all required appointments,  
14 court and other activities and that being late may have consequences. If I am late for  
15 treatment, I know that I might not be allowed to attend my counseling session and I will be  
16 considered non-compliant. I understand that it is best to contact my treatment counselor if  
there is a possibility I may be late.

17 **SELF-SUFFICIENCY:** I understand that one of the goals of the DC program is to assist me  
18 in my long-term recovery. I understand that it is a requirement of the last phase of the program  
19 and graduation to be employed, a student, volunteering (as determined by the court), or  
20 receiving stable and reliable income from a legal source prior to program completion for an  
average of at least 15+ hours each week. I understand that employment where alcohol,  
marijuana and/or drugs is consumed or sold needs to be approved by the DC team prior to  
accepting the position. I also understand that DC obligations take priority over school / work  
obligations.

21 **BEHAVIOR:** I understand that this is a treatment court, but that it is important to present my  
22 best self to the courts. I will dress to make positive impressions and not wear clothing that  
23 glorifies an unhealthy lifestyle or reveal too much. I understand that there are resources to assist  
24 me. I also understand that being on time is important as well as maintaining respectful conduct.  
Any inappropriate and/or aggressive behavior may cause me to be discharged from services  
and result in a violation.

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I have read this contract and have fully discussed it with my attorney. I understand the rights I must give up and the agreements I must make and understand that violation of this contract or any other Drug Court rule may result in sanction(s) and/or termination from the Drug Court Program. I further understand that I must meet all the Drug Court requirements prior to my successful completion from Drug Court. I knowingly give up these rights and agree to abide by the terms of this contract.

\_\_\_\_\_ Date: \_\_\_\_\_  
Defendant

I have read and discussed Drug Court contract with the defendant and believe the defendant is competent and understands the contract terms.

\_\_\_\_\_ Date: \_\_\_\_\_  
Defense Attorney, WSBA # \_\_\_\_\_

Agreed to By:

\_\_\_\_\_ Date: \_\_\_\_\_  
Deputy Prosecuting Attorney, WSBA # \_\_\_\_\_

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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON  
IN AND FOR THE COUNTY OF CLARK

STATE OF WASHINGTON  
vs  
\_\_\_\_\_,  
Defendant

Plaintiff

NO. \_\_\_\_\_

ORDER FOR PARTICIPATION IN  
ADULT DRUG COURT

Defendant \_\_\_\_\_ having agreed to the terms in the Adult Drug Court contract and having met the criteria for entry, now therefore it is:

ORDERED that the Defendant shall abide by the terms and conditions set out in the Adult Drug Court contract.

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

\_\_\_\_\_  
SUPERIOR COURT JUDGE

**DRUG COURT/RESIDENTIAL DOSA  
DEFENSE VERIFICATION OF ADDRESS**

Defense attorneys are required to verify a defendant's address if they are out of custody or if they plan to be released from jail at time of acceptance into Drug Court.

**Note: This does not guarantee release at time of opt-in.**

Please provide the following information to the Court:

Defendant's full name: \_\_\_\_\_

Completed Address:

\_\_\_\_\_

Street	City	Zip code
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Phone: \_\_\_\_\_

Home land line	Cell phone
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Name and date of birth of person(s) defendant will be living with:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Ask and answer the following questions:

- |   |   |   |
|---|---|---|
| 1. Is this residence free from drugs and alcohol?                               | Y | N |
| 2. Are there any felons residing at this residence?<br>If yes, name w/dob _____ | Y | N |
| 3. Is defendant allowed to reside at this residence?                            | Y | N |

The above information was verified by a person other than the defendant via:

Speaking to (name) \_\_\_\_\_ Contact phone: \_\_\_\_\_

**\*\*If the defendant is in custody, he may not be released until the above information is verified by defense.**