

**IN THE COURT OF COMMON PLEAS OF MERCER COUNTY, OHIO
CRIMINAL DIVISION**

THE STATE OF OHIO	:	Case No.
Plaintiff	:	[CM 29]
vs.	:	JUDGMENT ENTRY -
	:	ACKNOWLEDGMENT OF
	:	REQUIREMENTS OF DRUG
	:	COURT AND ACCEPTANCE
	:	INTO DRUG COURT PROGRAM
Defendant	:	

I wish to be placed in the Drug Court Program and I am willing to participate in the Drug Court and comply with all the program terms and expectations set forth in the participant handbook that has been reviewed with me. I understand that the participation agreement outlines the process and requirements of the Drug Court Program.

1. I understand that by entering into the Drug Court I will be waiving some of my rights, (A) such as the Right to Due Process, (B) Right to an Attorney, (C) Right To Remain Silent and Right Against Self-Incrimination, (D) Right To Freely Associate, (E) and Right Against Unlawful Search and Seizure. I also understand that I have the ability to rescind these rights' waivers at any time and the consequence for rescinding the waivers may include unsuccessful termination from the Drug Court Program.
2. I understand that I will be given a Court Services Plan and a Treatment Plan and I will have to comply with those plans. I further understand that the Court Services Plan and Treatment Plan will be amended as I progress through the Drug Court phases. The minimum length of the program is 18 months and will have 4 phases, the first phase will last approximately 2 weeks, and the remaining phases can last up to 6 months for each phase. I will be responsible for paying court costs, restitution and supervision fees. I may also have to complete community service.
3. I am expected to and willing to immediately attend all individual and group counseling sessions, educational sessions, and activities or assessments as required by my counselor.
4. I will also sign all necessary releases of information. I understand I will be placed in appropriate treatment programs as soon as possible and am required to attend. I understand that I will keep confidential all the participants and information heard in the review hearings or group sessions. I will cooperate with

all treatment services outlined in my treatment plan and in any later or amended treatment plans from my treatment provider including any additional assessments. I further understand that I may also have to attend community support meetings.

5. I understand that I am being placed on reporting Community Control Supervision in order to monitor compliance. I will be expected to report to my Drug Court Officer, provide urine samples, and pay court costs, supervision fees, and restitution. The first phase will last approximately two weeks, and the remaining phases can last up to six months for each phase. I understand that my probation officer will discuss my case and overall performance with the treatment team in bi-weekly meetings and in ongoing communication with my treatment provider. I understand that I have a right to request the attendance of defense counsel at treatment team meetings concerning my progress, at my own expense.
 - A. I understand that progress through the phases of Drug Court are based on how well I am doing with my treatment plan and complying with the requirements of the Drug Court Program. There are no pre-set timelines for completing each phase.
 - B. I understand that repeated non-compliance with the requirements of my Court Services Plan or Treatment Plan may result in my dismissal from the Drug Court and could result in further community control sanctions. Sanctions may be graduated and may include jail time before a hearing is required. Furthermore, I understand that by complying with my treatment plan and the Drug Court, I will be rewarded for my compliance.
 - C. I agree to attend all Status Review hearings as a part of the important judicial interaction between the Judge and myself. I understand at a minimum I will attend two review hearings monthly during the initial phase.
 - D. I am expected to remain free from alcohol and all other illegal mood altering substances up to and including designer drugs unless otherwise prescribed by a physician. Documentation of prescribed medications shall be provided to the Drug Court Probation Officer and the treatment facility and/or my counselor. I understand that if I continue to use that sanctions may be given, treatment plans may be amended to include a more appropriate level of care and a return to the initial phase.
 - E. I understand that if I am late for a test or miss a test, it will be considered a positive test for drugs/alcohol and that I will be sanctioned. If I refuse to submit a urine sample, it will be reported as a refusal to test. I understand I must provide a urine sample which is negative for all drugs or I will be immediately sanctioned. Urine samples will also be analyzed for temperature, specific gravity, Creatinine and other chemical markers to ensure a valid urine specimen. I understand that if I fail to produce a urine specimen or if the

sample provided is not of sufficient quantity, it will be considered as a positive test for drugs/alcohol and I will be sanctioned. I have been informed that drinking excessive amounts of fluids can result in a diluted urine sample and I understand that my urine sample will be tested to ensure the urine sample is not diluted. I will be allowed to provide only one (1) urine sample for analysis. I understand that if I produce a dilute urine sample it will be considered as a positive test for drugs/alcohol and I will be sanctioned. I understand that substituting, submitting the sample of another, or adulterating my specimen for the purposes of changing the drug testing results will be considered as a positive test for drugs/alcohol and will result in immediate sanctioning and may be grounds for revocation from the Drug Court. My entire test results will be reviewed at the Status Review Hearings. Furthermore, I understand that the Judge will be notified immediately of any violations of the above.

- F. I understand that any noncompliance on my part will be governed by immediate and graduated sanctions and up to sixty (60) days jail time will be given before a hearing is imposed.
6. I understand that in order to successfully complete and graduate from the Drug Court I must complete all the phases, remain abstinent for twelve months, have complied with Community Control, pay all costs, supervision fees, and restitution if ordered.
 7. I understand that I may be terminated from the Drug Court Program for continued noncompliance with treatment, treatment resistance, new serious criminal conviction, a serious Drug Court violation or continued series of violations, a serious Community Control Violation or series of violations. I further understand the consequences of termination from Drug Court could be loss of future eligibility for the Drug Court Program; further legal action including Notice/Motion to Revoke Community Control and depending on the circumstances, I may be subject to prison, jail, or other penalties.
 8. I understand that it is my responsibility to inform all treating physicians of my recovery from drugs/alcohol before I am given an addictive medication and that I am subject to drug testing. If a doctor believes that it is necessary to prescribe the medication such as narcotic pain medication or any other medication that will yield a positive urine screen, the physician must submit a letter to the Drug Court Probation Officer stating that he/she is aware of my status as a recovering addict/alcoholic and the need for this medication outweighs the risks. I must have a letter prior to taking any medication that will cause a positive screen. If I test positive and do not have a letter from my doctor, I will be sanctioned immediately. I further understand there may be over the counter medications that I may not take as well.

In cases of emergency room care, I understand that all emergency room orders and discharge information will be made available to the Drug Court Probation

Officer no more than seven days upon release from the hospital and all prescription will have to be cleared by a primary care physician to continue taking the medications without sanctions. A pattern of visits to the emergency room for ailments that require opiate treatment may be brought back before the court at the discretion of the Drug Court Team. Furthermore, I understand that I must bring all of my prescriptions in the original bottle to my probation appointment as directed.

9. I understand that all status review hearings will be recorded.

I have read this Acknowledgement and understand this agreement, and I freely and voluntarily relinquish the rights discussed and agree to abide by all rules and conditions of the Drug Court Program. After consultation with my attorney, I hereby sign the Agreement to participate in the Drug Court.

Participant

Date

Attorney for Participant

Date

Prosecutor

Date

Having reviewed the Drug Court Admissions Assessment and eligibility requirements the court hereby accepts this case and the defendant into the Drug Court Program.

IT IS SO ORDERED.

Jeffrey R. Ingraham, Judge

Date

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing Judgment Entry - Decision was issued by regular U.S. mail to _____ (Prosecuting Attorney) and _____ (Defense Counsel), personally on this ____ day of _____, 20__.
