

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

STATE OF GEORGIA,)
)
v.) CASE NO. _____
_____,) CHARGE(S): _____
)
Defendant.)

PRE-SENTENCING / PROBATION CONSENT ORDER

You are voluntarily entering the Drug Court Program. Read the terms of this ORDER carefully, initial each term of the ORDER, and sign and date the ORDER.

I, _____, understand that I have been permitted to participate in the Accountability Court Program, and that I must fully comply with the counseling recommendations and other court orders set forth. I also understand that if I fail to comply with said treatment and/or court orders, such violations may subject me to sanctions and/or termination from the Accountability Court Program.

SECTION A: (Waiver of Rights)

_____ I have consulted with an attorney (either retained or appointed) and understand that I must sign an accusation stating the facts consented and waive any right to a grand jury presentment. I agree that these signatures represent a plea of guilty to my charge(s). I waive my present and future right to file a motion to recuse the Judge in my case(s).

SECTION B: (Drug Court)

1. _____ I will pay a non-refundable \$100 assessment fee for a mental health and needs assessment to be completed within one week of release in order to determine my acceptance into the program. Once accepted, the \$100.00 fee will be applied to the accountability court fee.
2. _____ I will pay an Accountability Court fee in the amount of \$1,800 in installments of \$25 per week, until balance is paid in full. Accumulated payments of the fee are mandatory in order to advance through each phase of the Accountability Court program but treatment will never be denied due to non-payment.
3. _____ I will not violate the law. However, if I do violate the law, I will report it to Accountability Court staff immediately, and understand that such violations may subject me to termination from the Accountability Court program.
4. _____ I will be gainfully employed or seeking stable employment while in the program unless the Judge approves otherwise.
5. _____ If applicable, I shall comply with all required mental health/substance abuse treatment and therapy prescribed through my attending physicians, including but not limited to, compliance with prescribed prescription medicines. I will regularly attend and cooperate in all therapy, treatment and counseling, including any programs, treatment or therapy recommended by professionals.

6. ___ I am to utilize the Participant's Handbook in reference to all approved drugs. I will not use illegal or unapproved drugs in any form.
7. ___ I will immediately inform the Accountability Court counselor, staff, and the state probation office of any change of address, telephone number, and employment status.
8. ___ I will not leave the Towaliga Judicial Circuit or the State of Georgia for any reason without first obtaining permission from the Accountability Court administrative staff in collaboration with the state probation office, if applicable.
9. ___ I hereby waive my 4th Amendment Rights under the U.S. Constitution and consent to searches of my person, dwelling, vehicle, and effects at any time by any probation supervisor or law enforcement officer; further, I specifically consent to the use of article(s) seized in said search as evidence proceeding, any new criminal offense(s), and all other purposes allowed by law.
10. ___ I will attend the court ordered number of community support group meetings per week and submit proof of attendance as required. I understand that forgery of Alcoholics Anonymous, Narcotics Anonymous or other community support group sign-in sheets or turning in a support group sign-in sheet with meetings that I did not attend is grounds for immediate expulsion from the program and the imposition of my suspended sentence.
11. ___ I will be subject to random tests for drugs and alcohol at the request of the probation officer and/or as directed by the Court.
12. ___ I will be responsible for my own transportation and will appear for all Accountability Court hearings, counseling sessions, and meetings as required, and comply with any sanctions imposed by the Court or by treatment staff.
13. ___ Should I fail to appear for any Accountability Court hearings, counseling sessions, or meetings as required, a bench warrant may be issued for my arrest. I understand that if I fail to appear for any sessions required for the Accountability Court program for fourteen (14) days or more I will be considered for terminated from the Accountability Court program and a warrant will be issued for my arrest.
14. ___ I understand that the Accountability Court program will last a minimum of Twenty-Four (24) months, or longer if all requirements of the program have not been met. I understand that a minimum of 6 months continuous clean time is required for me to be eligible to graduate from the program or contingent upon the judge's discretion. I further understand that even if I complete all the Accountability Court requirements, I will be required to remain in the program until the next graduation ceremony is held.
15. ___ I will not possess a firearm or knife exceeding six inches (6") in blade length while in the Accountability Court program. I understand that I am to bring NO weapons of ANY kind to the Accountability Court hearings or office.
16. ___ I will support any legal dependents that I may have to the best of my ability.
17. ___ I will avoid people or places of disreputable or harmful character. This includes people currently on probation or parole, people with felony convictions, and drug users and drug dealers.

18. ___ I will stay away from establishments where the primary business is the selling of alcohol.
19. ___ I understand that the Court will impose sanctions for program violations that include, but are not limited to curfews, additional community support group meetings, community service, in court detention, repeat of a program treatment level, issuance of bench warrants, jail time, and expulsion from the program requiring me to serve my sentence.
20. ___ I am required to satisfy the general and special conditions of probation imposed by my original sentence during my participation in the Accountability Court Program. I further understand that many of those same general and special conditions are included in this Order, and bind me accordingly.
21. ___ I will follow all other program rules of which I am informed.
22. ___ I understand that any money paid to the Accountability Court Program is non-refundable and the program only accepts money orders.
23. ___ I understand that I will provide a copy of my graduation diploma or GED. If I have not completed either, I will enroll, complete and obtain my GED before entering Transition Phase unless the Judge approves otherwise.
24. ___ I agree to obey any special orders per the attached petition or that might be
Listed here: _____
25. ___ By signing below, I consent and agree that the Towaliga Accountability Court staff and the presiding Superior Court Judge may obtain information, documents and records from any drug or alcohol treatment providers and any mental health treatment providers, (including psychiatrists, psychologists, psychotherapists, counselors and clinical nurse practitioners) regarding any court ordered evaluations, assessments, treatment and counseling so that these court officials can monitor attendance, participation, and compliance with these programs which are court mandated as an integral part of the probation order in this case. The documents and information covered by this release and consent to obtain information include dates of treatment, drug information, alcohol information, mental health information, individual service plans, history and physicals (initials) _____, discharge summaries, diagnosis, psychiatric/ psychologist evaluation reports, lab reports, medications and reports regarding compliance. This consent for information shall remain in force until completion of this probation order or further order of the court. The consent is given pursuant to applicable Federal and State laws and regulations, including but not limited to 42USC 290 dd(2) et.seq.; 42 and HIPAA (Health Insurance Portability and Accountability Act) and regulations.
26. ___ If I fail to comply with these conditions, it will be considered a violation of bond and may result in my bond being revoked.

SECTION C: (Probation)

- 27. _____ Participant understands that he/she will receive no consideration on any pending charges for his/her participation in the Accountability Court Program.
- 28. _____ Participant understands that the State may still prosecute the pending case and recommend any sentence up to, and including, incarceration.
- 29. _____ Participant understands that he/she will receive no consideration on current probationary status.
- 30. _____ Participant understands that he/she will be required to pay any court costs, surcharges and/or restitution, as applicable, during the course of participating in the Accountability Court Program.

Participant's Signature Date

Superior Court Judge Date
Towaliga Judicial Circuit

Attorney Signature Date

Probation Officer Signature Date

PLEASE PRINT THE FOLLOWING:

Participant's Name

City/State/Zip Code

Home Street Address/Mailing Address

Telephone Number (include area code)