

IN THE SUPERIOR COURT OF _____ COUNTY

STATE OF GEORGIA

STATE OF GEORGIA,	:	
	:	
vs.	:	Case No. _____
	:	Warrant No.: _____
	:	_____
	:	
_____ ,	:	
	:	
Defendant.	:	

Checklist for Accountability Court Legal Eligibility

Qualifying Criteria

1. Is the Defendant charged with a Yes No
 felony count of drug possession or a felony property crime related to the
 Defendant’s drug use or on probation for one of those offenses? (If the Defendant
 is on probation for one of these offenses and is charged with a new criminal
 offense, the new criminal offense must also meet the eligibility criteria).

[Eligible offenses are possession of cocaine, methamphetamine, and/or more than one ounce of marijuana or attempt or conspiracy to purchase any of the drugs listed above (OCGA §16-13-43); forgery (OCGA §16-9-1,2); financial transaction card fraud or theft (OCGA §16-13-31,33); non-residential burglary (except at the discretion of the court) OCGA §16-7-1, felony theft (OCGA §16-8-2 et seq); criminal damage to property (OCGA §16-7-22), entering auto (OCGA §16-8-18); and felony shoplifting (OCGA §16-8-14)]

*****if the answer is no, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**

1. If the Defendant is on probation for one of the offenses Yes No
 listed above, does he or she have 30 months or more remaining on probation?

*****if the answer is no, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**

Disqualifying Criteria

- A. Does the Defendant have a prior or current Yes No
 sexual offense conviction in Georgia or another state for conduct which in the
 discretion of the Court or DA would qualify as a sexual offense in Georgia?

*****if the answer is yes, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**

- B. Does the Defendant have a prior/current conviction for a serious violent felony in Georgia or another state for conduct, which in the discretion of the Court or DA would qualify as a sexual offense in Georgia? Yes No

*****if the answer is yes, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**

(Serious violent crime is defined in OCGA §17-10-6.1 as: (1) Murder or felony murder, as defined in OCGA 16-5-1; (2) Armed robbery, as defined in OCGA §16-8-41; (3) Kidnapping, as defined in OCGA §16-5-40; (4) Rape, as defined in §16-6-1; (5) Aggravated child molestation, as defined in subsection (c) of §16-6-4, unless subject to the provisions of paragraph(2) of subsection (d) of §16-6-4; (6) Aggravated sodomy, as defined in §16-6-22.2).

- C. Is the Defendant on probation, and owe more than \$1,000.00 in restitution? Yes No

NOTE: this question only applies to defendants wishing to enter drug court through a probation revocation case.

*****if the answer yes, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**

- D. Has the Defendant previously been terminated from any Accountability Court Program? Yes No

*****if the answer is yes, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**

- E. Does the Defendant have a prior conviction or pending charge for an offense which resulted in serious injury to a victim? Yes No

*****if the answer is yes, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**

- F. Is the Defendant a resident of the Towaliga Judicial Circuit Accountability Court jurisdiction (Butts, Lamar, Monroe)? Yes No

*****if the answer is no, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**

- G. Does the Defendant agree to maintain his/her principal residence within said jurisdiction for the duration of his/her Accountability Court contractual obligations? Yes No

*****if the answer is no, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**

- H. Does the defendant have a prior conviction or pending charge for possession of a firearm by a convicted felon in this State or a conviction or pending charge in another state for conduct, which in the discretion of the Court or DA would qualify as that offense in Georgia? Yes No

*****if the answer is yes, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**

- I. Does the Defendant have a prior or pending drug trafficking conviction? Yes No
*****if the answer is yes, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**
- J. Does the Defendant have a pending, unresolved felony case in any Georgia judicial circuit other than the Towaliga Judicial Circuit or in any other state? Yes No
*****if the answer is yes, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**
- K. Is the Defendant on parole? Yes No
*****if the answer is yes, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**
- L. Does the Defendant have a prior conviction for any of the following offenses: Manslaughter, Arson, Aggravated Assault with a firearm, Aggravated Battery with a firearm, DUI manslaughter, Vehicular homicide, Aggravated Stalking, or any felony requiring the imposition of a mandatory state prison sentence? Yes No
*****if the answer is yes, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**
- M. Has the defendant previously been (or due to pending charges will be) designated for mandatory sentencing for repeat offenders pursuant to the provisions of O.C.G.A. §17-10-7? Yes No
*****if the answer is yes, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**
- N. Has the defendant been previously adjudged incompetent or insane or have a severe psychological disorder? Yes No
*****if the answer is yes, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**
- O. Does the defendant have a medical condition that requires immediate medical attention or a communicable disease (e.g. T.B. or HIV)? Yes No
*****if the answer is yes, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**
- P. Does the Court, in its sole discretion, and based upon a totality of the circumstances, believe that Defendant would not be suitable for the Accountability Court Program? Yes No
*****if the answer is yes, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**

FOR PROBATION OFFICE USE ONLY (ONLY APPLICABLE TO PROBATIONERS):

Does the Probation Office consent to this Defendant participation in the Towaliga Judicial Circuit Accountability Court Program? Yes No
*****if the answer is no, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**

Signature of granting probation officer Date

FOR DEFENSE COUNSEL USE ONLY (Complete Both A and B):

A. Does Defense Counsel consent to this Defendant participating in the Towaliga Judicial Circuit Accountability Court Program? Yes No
*****if the answer is no, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**

Signature of granting defense counsel Date

B. Does the Defendant consent to voluntarily entering the Towaliga Judicial Circuit Accountability Court Program? Yes No
*****if the answer is no, do not complete the rest of this checklist, the Defendant is not eligible for the Accountability Court Program!!!**

I, the undersigned defendant, understand that participation in the Towaliga Judicial Circuit Accountability Court Program is entirely voluntary and that I do not have to enter the program if I do not want to.

Signature of Defendant Date

****** NOTE *** If the defendant is not incarcerated, please provide the defendant's contact information:**

Address, City, Zip Code

Phone Number

FOR DA'S OFFICE USE ONLY:

Does the District Attorney's Office consent Yes No
to this Defendant participating in the Towaliga Judicial Circuit Accountability Court
Program?

*****if the answer is no, do not complete the rest of this checklist, the Defendant is not eligible for the
Accountability Court Program!!!**

Signature of granting (A)DA

Date

FOR COURT USE ONLY:

Does the Court based upon a totality of the circumstances believe Yes No
that the defendant would be a proper candidate for the Accountability Court Program.

Honorable William A. Fears

Date