

IN THE DISTRICT AND CIRCUIT COURTS  
OF  
ETOWAH COUNTY, ALABAMA

State of Alabama )  
Plaintiff, )  
VS. ) Case No. \_\_\_\_\_  
\_\_\_\_\_)  
Defendant )

**MOTION TO ENROLL IN DRUG COURT**

Comes now the defendant and hereby requests that the District Attorney allow the Defendant to become a participant in the Etowah County Drug Court Program.

The defendant states that the offense giving rise to this request was in fact committed by the defendant on or about \_\_\_\_\_ While at or near \_\_\_\_\_ in Etowah County, Alabama.

The defendant states that this request is made with knowledge that the defendant's rights concerning search and seizure, and self-incrimination, must be waived to the extent necessary to consider this request, to rehabilitate the defendant and to protect the people of the State of Alabama from the defendant's criminal behavior. The defendant states that he is aware of and fully understands said constitutional rights and is voluntarily waiving those rights in exchange for the opportunity for rehabilitation.

## **PARTICIPANT CONTRACT**

1. My name is \_\_\_\_\_. My date of birth is \_\_\_\_\_.
2. I have entered a guilty plea to the offenses charged against me and that there will be no trial. I understand that my sentencing will be postponed while I complete the Etowah County Drug Court Program.
3. I have been truthful and forthcoming concerning my criminal history and I am eligible for the program. I know I might be terminated from the program and sentenced if I become ineligible.
4. If I fail to complete the program, I might not get another chance and I could be sentenced to a term in the penitentiary or the Etowah County Detention Center.
5. I will report to Etowah County Community Corrections on a weekly basis or more often if directed to by Etowah County Community Corrections and I will complete any necessary reports.
6. I will be on time for all appointments. I will attend ALL court sessions and treatment sessions. I will submit to random drug testing. I will remain, sober, and law-abiding.
7. I will abide by the program rules and regulations. Consequences for failure could include time in jail, increased treatment sessions, increased testing, community service or termination from the program and imposition of sentence.
8. I will cooperate in an assessment or evaluation for planning an individualized treatment program. I will complete the program even if it is modified.
9. I will consent to searches of myself, my vehicle or my living quarters.
10. I will pay any required fees including a \$75.00 per month supervision fee, the initial \$150.00 drug court enrollment fee and the IOP treatment fees. I will pay \$40.00 for any disputed drug test which is sent to a lab for confirmation.
11. I am responsible for what goes into my body. I will not consume any alcohol. Before taking medicine of any kind, I will read the label or check with a pharmacist to make sure it is non-narcotic, non-addictive and non-alcoholic. I will not take anything they may change drug test results.
12. I will not possess drugs or alcohol or related paraphernalia. I will not associate with people who use or possess drugs, nor will be present while drugs or alcohol are being used.
13. I will not possess any weapons; I will tell Etowah County Community Corrections if a member of my household possesses a weapon.
14. I will inform any law enforcement officer who I come into contact with that I am in Drug Court.
15. I will not work as a confidential informant for any law enforcement agency without express permissions from the Drug Court Judge.
16. I do not belong to a gang. I will not join a gang.

17. I waive the right to have my attorney present when I discuss my case with Etowah County Community Corrections, treatment providers, or during court ordered review sessions.
18. I understand that my treatment plan may include residential treatment, job training, and education or self-improvement courses such as anger management, parenting or relationship counseling.
19. I will be productive. I will work or attend school so that my time is fully occupied.
20. I won't change my address or telephone number without permission.
21. I will sign the Consent for Disclosure of Confidential Information.
22. When I complete the program, I will withdraw my guilty plea and the Judge will dismiss my case.

Done this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Defendant

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Attorney for Defendant

Comes now the State of Alabama and hereby indicates to the Court that the Defendant meets the requirements established by the Etowah County Community Corrections Drug Court Program and is therefore admitted to the program.

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Assistant District Attorney

**ORDER**

This case coming before the Court on the Defendant's Motion to enter the Etowah County Drug Court, and the State of Alabama indicating that the Defendant is eligible pursuant to the guidelines established by the Etowah County Drug Court, and having no objection to the Defendant's Motion,

**IT IS HEREBY ORDERED** that the Defendant understands his constitutional rights, the terms and conditions of the Drug Court, and his plea of guilty is hereby accepted. The Defendant is hereby directed to the Etowah County Community Corrections office for treatment as directed. This case is set for review on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at 8:30 a.m.

Done this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Judge