

DRUG COURT APPLICATION

INSTRUCTIONS:

- 1.) TEAR OFF “CLIENT COPY” PAGES AND GIVE TO APPLICANT.
- 2.) SUBMIT “COURT COPY” PAGES TO THE DISTRICT ATTORNEY’S OFFICE.

DRUG COURT APPLICATION

The Drug Court Program (“Program”) was established in October of 1997 as the second such Program in Pennsylvania. The Program was initially funded by the U.S. Department of Justice and meets the ten key components of the Drug Court Programs Office in Washington, D.C. The Program is now completely funded by Chester County through its Commissioners. The Program is an innovative approach to disposing of drug offenses in a way which offers intensive help to fight your addiction, encourages you to change your life style and offers you the opportunity to earn a dismissal of the charges against you pursuant to Pennsylvania statute, 35 P.S. §780-118. The program will be at least twelve months long and may last as long as two years. The length of the program depends on how well you succeed in dealing with your addiction and becoming a productive, crime-free citizen.

Dealing with addiction presents many challenges, as the addictive lifestyle is often one of denial, failure to take responsibility for oneself, and a belief that the consequences of one’s actions are unimportant. As a treatment court, the Drug Court Program aggressively confronts the addictive lifestyle with the requirement that participants honestly acknowledge their addiction, take responsibility for their lives and understand the consequences of their actions. For this reason, the Drug Court Program uses the cooperative team approach and court review sessions of a treatment court, rather than traditional adversarial proceedings of criminal court. The goal is to have a program and environment that is both supportive and confrontational, that encourages the participant’s movement away from their addictive lifestyle but swiftly imposes consequences when the participant returns to addictive behaviors.

ENTRY INTO THE DRUG COURT PROGRAM IS COMPLETELY VOLUNTARY. As a treatment court, as opposed to a litigation court, the Drug Court Program operates in a unique manner which impacts on some of your legal rights, which are described in detail later in this application and colloquy. As a participant in the Program, the Drug Court Treatment Team, consisting of the drug court probation officers, treatment provider representatives, representatives from the bail agency, the Chester County Department of Drug and Alcohol and Chester Counter Department of Mental Health, the Judge, defense counsel and representatives of the District Attorneys Office, will periodically meet to discuss your progress and to develop an individualized strategy to assist you in dealing with your addiction. In addition to these team meetings, at which you are not present, you will appear at Court review sessions where you and your probation officer will report to the Drug Court Judge regarding your participation in the Program. At these sessions, the Judge will address your progress in the Program. Court review sessions are not recorded in any way so as to promote a frank exchange between you and the Judge.

The minimum requirements to apply for this program are:

- 1. You must be charged with a drug offense.**
- 2. You must have a drug addiction problem.**
- 3. You must not be currently on probation or parole.**
- 4. You may not have a record for any crime of violence.**
- 5. You must be legally residing in the United States.**
- 6. You must agree to waive your right to a Preliminary Hearing.**

The Chester County District Attorney’s Office will determine eligibility for the Program. If you are charged with a drug offense which requires the imposition of a mandatory minimum sentence upon conviction or are a drug dealer, your application will be denied unless you convince the District Attorney’s Office that you should be admitted to the Program.

First Offense Driving Under the Influence with a Drug Offense

If, in addition to a drug offense, you are also charged with a first offense Driving Under the Influence, you may be eligible for a combined ARD – Drug Court Program. To apply for this combined program you must complete both this Drug Court application (for the drug charge) and the ARD application (for the DUI charge) and comply with all terms and conditions of both individual programs.

Once you have completed this application, it will be determined whether you are accepted into the Program. You will be required to immediately undergo a drug and alcohol evaluation and to attend all treatment sessions required by your treatment provider even before you are formally admitted into the Program. If you are accepted into the Program you will be reporting to the Drug Court on a regular basis, which may be as often as once a week. You will be under the supervision of, and regularly report to, a Probation Officer, which will initially occur twice per week. You must voluntarily comply with all of the general conditions of supervision implemented by the Chester County Department of Probation and Parole, including treatment, random drug testing and individualized drug testing and you must maintain employment or other productive daily activity, such as school or community service. There may be other programs or conditions imposed at the discretion of the Court in order to accomplish the objectives of the Program.

The Drug Court Program proceeds in four phases. As you complete each phase your treatment and reporting requirements may be reduced. To move to each new “phase” you must be in compliance with the requirements of Drug Court and not have used drugs for a period of ninety (90) days. If you use drugs or alcohol during the Program, you will be required to begin your current phase again, unless you are in phase 4, in which case you will repeat from the beginning of phase 3. Once you have completed all four phases you will be able to graduate, as explained in the following pages.

To participate in the Program you must waive some legal rights as explained in the following pages. If you are not accepted into the Drug Court Program or are removed from the Program for failure to successfully meet its conditions, most of the rights you have waived will be restored. Three rights that will not automatically be restored are the right to a preliminary hearing, speedy trial rights and the right to contest the laboratory analysis of the drugs or alcohol in your case if that evidence has not been preserved. **A remand for a preliminary hearing will be granted only for good cause.**

This program will be very demanding, but it can make a major change in your life, can prevent you from having a criminal record and can keep you from serving a prison sentence upon conviction. If you wish to apply for the Program, talk to your private attorney, Public Defender or ask for the assistance of a Court appointed attorney to assist you in completing this application, explanation and colloquy. You may also ask questions of any Drug Court team member.

Upon completion of this application you must immediately contact the Chester County Bail Agency at (610) 344-6886, inform them of your application and receive further information from them. Failure to do so will result in a delay in processing your application or may prevent your admission into the Program.

**EXPLANATION OF THE GENERAL RULES AND WAIVER OF RIGHTS
FOR THE DRUG COURT PROGRAM**

1. **You agree to refrain from the use of any controlled substance or alcohol while a participant in the Drug Court Program.**
You agree to refrain from the use of any medication whether prescribed by your doctor or purchased over the counter without prior approval of your Probation Officer and the Court.
2. You agree to sign any and all releases necessary to further the treatment aims of the Drug Court Program. You further agree to sign releases, which will allow the Drug Court to review diagnostic, treatment and medical information.
3. You are to comply with all Municipal, State and Federal laws, ordinances, and court orders and conduct yourself as a good citizen. You must notify your Probation Officer within 72 hours if you are arrested or questioned or stopped by any law enforcement officers.
4. You must report as directed and follow any other instructions of your Probation Officer. Initially you must report twice per week, in person, and then on a schedule to be determined by your Probation Officer. You must make all court appearances as ordered by the Court or as required by treatment providers.
5. You are required to obtain permission from your Probation Officer before leaving the Commonwealth of Pennsylvania. You are required to obtain permission from your Probation Officer before changing your address or employment. If you lose your job, you must notify your Probation Officer within 72 hours. If not gainfully employed, you must actively seek employment. The Court may also order attendance for employment counseling, a GED, further education as part of the Program and/or any treatment program or other condition deemed necessary by the Court.
6. You shall not own, possess, use, sell or have under your control illegal drugs, narcotics, firearms, ammunition, imitation (look-alike) firearms or any deadly weapon. You will not consume alcoholic beverages. You agree to avoid all alcohol containing products, including alcohol in foods, hygiene products or over the counter medications containing alcohol, no communion wine, no topical gels or medication containing alcohol on skin or mucous membranes (eg. Vanilla extract, mouthwash containing alcohol, nyquil, cough syrups, hand sanitizer). You understand that use of any of these products cannot be used as a defense to a positive urine alcohol test and will be considered a violation of this agreement. NO ALCOHOL of any kind. (Please refer to the Urine Abstinence Testing Contract for further detail).
You will not consume poppy seeds or any food products containing poppy seed.
You will request that prescription medication be non-narcotic.
You will submit to witnessed urinalysis, chemical or other type of testing to ensure compliance with these conditions.
If the results of a urinalysis test are disputed, you have the option of confirming the test. Your Probation Officer will send the same specimen to an independent laboratory for a fee of \$50.00, payable at the time the request is made.

If the test is confirmed positive, you may face additional sanctions by the Court. If the test result is negative, you may choose to have the fee reimbursed or applied to your fines and costs.

If you attempt to submit a fake urine sample per 18 Pa. C.S. § 7509 you will be prosecuted for misdemeanor of the third degree.

7. You must support your dependents, if any, and assume all your legal obligations for them. You shall associate only with law-abiding persons and refrain from frequenting unlawful or disreputable places.
8. You will not knowingly supply false information to Adult Probation or the Court.
9. You must refrain from behavior which threatens or presents a danger to yourself or others.
10. You agree to participate in the Chester County Drug Court Program for a period of time specified by the Court. This time period will be a minimum of 12 months and the Program must be completed in less than two years. You agree to engage in any education, treatment, or rehabilitation program ordered by the Court. You agree to abide by any additional terms or conditions as indicated by the Court and agree to complete all treatment programs to the satisfaction of the Court.
11. You understand that your charges will not be dismissed if you are removed from the Program. In that event, your case will be relisted for trial.
12. Costs, fees and/or restitution will be paid AS DIRECTED BY THE COURT. PLEASE BE ADVISED THAT IN ORDER TO GET PROPER CREDIT FOR YOUR PAYMENT, YOUR NAME AND TERM NUMBER SHOULD APPEAR ON *YOUR CHECK* OR MONEY ORDER.
13. With the exception of the combined ARD-Drug Court Program, most Drug Court participants will be required to pay a supervision fee in the amount of \$480.00. Participants must keep current on all treatment fees and other costs required by this Program.
14. You agree that if you test positive for illegal drugs or alcohol, fail to appear in court as directed, fail to timely attend all treatment sessions, fail to abide by any term of this contract or any condition imposed by the Court or set forth in this application, explanation and colloquy, or are arrested on new criminal charges, the Court can impose sanctions within the Drug Court Program rather than terminate your involvement. These sanctions include, but are not limited to the following:
 - a. Modify the treatment program to include more intensive counseling or a residential program;
 - b. Order medical detoxification;
 - c. Completion of community service;
 - d. Incarceration; Electronic Home Monitoring or House Arrest; or electronic monitoring indicating alcohol consumption;
 - e. Extend the amount of time spent in the program;
 - f. Issue a warrant for your arrest;
 - 1) If the warrant for your arrest remains outstanding for a period of sixty days, you will be removed from the Program without further notice.
 - g. Terminate you from the program.
 - 1) You will be terminated from the Program if you are arrested on new charges filed after your entry into the Program and those charges are held for trial in the Court of Common Pleas.

15. You understand that at any time that a sanction is to be imposed you may voluntarily withdraw from the Program and avoid imposition of the sanction. However, if you do so, you will not be permitted to reapply or again participate in the Drug Court Program. **YOU AGREE THAT VOLUNTARY WITHDRAWAL FROM THE PROGRAM IS YOUR SOLE REMEDY FOR ANY SANCTION AND THAT YOU WILL NOT CHALLENGE THE LEGALITY OF A SANCTION IN ANY OTHER MANNER. THE ONLY EXCEPTION TO THIS CONDITION IS THE DRUG TESTING CHALLENGE PROCESS SET FORTH IN THE COLLOQUY.**

16. You understand that upon the recommendation of the Drug Court Treatment Team, you may be removed from the Drug Court Program. Should this be the recommendation, you will be given notice of the recommendation and of a recorded court review session. At the review session it will be determined by the Drug Court Judge whether to follow the removal recommendation. You may have counsel with you to assist you in responding to the treatment team recommendation, but, consistent with the treatment court philosophy, you must communicate directly with the Drug Court Judge.

17. You understand that should you be removed from the Drug Court Program you may not file a legal challenge to that removal until your charges are finally resolved in this Court.

18. You understand that upon successful completion of the Drug Court Program and compliance with the conditions of the contract set forth herein to the satisfaction of the Court, the Court will dismiss the charge(s) in this action and expunge your record. This means that public records of your arrest will be destroyed, except that the District Attorney's Office will maintain a record of your participation in this Program in order to determine future eligibility for this or other court programs.

19. **For the combined ARD – Drug Court Program; you understand that to earn dismissal of the charges and expungement of your record you must successfully complete both the ARD and Drug Court programs. Removal from either program will result in your automatic removal from the remaining program.** You understand that the maximum sentence allowed by statute for a first offense DUI is 6 months and normally the ARD program calls for 6 months of supervision. You are not being sentenced, but are agreeing to pre-trial supervision on the DUI charge for a period of up to 2 years. If you are removed from ARD at any time during the period of supervision, your case will be re-listed for trial and will proceed as if you had never been enrolled in Drug Court/ARD.

20. Special conditions (if any): _____

GRADUATION REQUIREMENTS

The following factors are necessary for the successful completion of the Drug Court Program:

1. **DRUG AND ALCOHOL TESTS** - For at least the last three months of the Drug Court Program, the participant will submit only negative test results.
2. **TREATMENT**- The participant will have successfully completed all treatment goals, and have established an approved Relapse Prevention Plan.
3. **EMPLOYMENT**- The participant will have been employed or involved in a productive daily activity for at least the last three months of the Drug Court Program.
4. **HOUSING** - For the last three months of the Drug Court Program, the participant will have resided at an approved residence that is not likely to promote relapse.
5. **FINANCIAL OBLIGATION** -The participant will have paid in full all costs, supervision fees, restitution, and treatment costs associated with the Drug Court Program.
6. **NEW ARRESTS** -There can be no new arrests while participating in the Drug Court Program.
7. **SPECIAL CONDITIONS** -The participant will have to comply with any and all special conditions required by the Drug Court Program including the completion of a phase 3 project approved by the Court.

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 - c. Completion of community service;
 - d. Incarceration; Electronic Home Monitoring or House Arrest; or electronic monitoring indicating alcohol consumption;
 - e. Extend the amount of time spent in the program;
 - f. Issue a warrant for your arrest;
 - 1) If the warrant for your arrest remains outstanding for a period of sixty days, you will be removed from the Program without further notice.
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reapply or again participate in the Drug Court Program. **YOU AGREE THAT VOLUNTARY WITHDRAWAL FROM THE PROGRAM IS YOUR SOLE REMEDY FOR ANY SANCTION AND THAT YOU WILL NOT CHALLENGE THE LEGALITY OF A SANCTION IN ANY OTHER MANNER. THE ONLY EXCEPTION TO THIS CONDITION IS THE DRUG TESTING CHALLENGE PROCESS SET FORTH IN THE COLLOQUY.**

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18. You understand that upon successful completion of the Drug Court Program and compliance with the conditions of the contract set forth herein to the satisfaction of the Court, the Court will dismiss the charge(s) in this action and expunge your record. This means that public records of your arrest will be destroyed, except that the District Attorney's Office will maintain a record of your participation in this Program in order to determine future eligibility for this or other court programs.
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20. Special conditions (if any): _____

GRADUATION REQUIREMENTS

The following factors are necessary for the successful completion of the Drug Court Program:

1. **DRUG AND ALCOHOL TESTS** - For at least the last three months of the Drug Court Program, the participant will submit only negative test results.
2. **TREATMENT**- The participant will have successfully completed all treatment goals, and have established an approved Relapse Prevention Plan.
3. **EMPLOYMENT**- The participant will have been employed or involved in a productive daily activity for at least the last three months of the Drug Court Program.
4. **HOUSING** - For the last three months of the Drug Court Program, the participant will have resided at an approved residence that is not likely to promote relapse.
5. **FINANCIAL OBLIGATION** -The participant will have paid in full all costs, supervision fees, restitution, and treatment costs associated with the Drug Court Program.
6. **NEW ARRESTS** -There can be no new arrests while participating in the Drug Court Program.
7. **SPECIAL CONDITIONS** -The participant will have to comply with any and all special conditions required by the Drug Court Program including the completion of a phase 3 project approved by the Court.

CHESTER COUNTY DRUG COURT APPLICATION

Please read each question carefully before answering. Failure to complete all required Drug Court Program forms accurately will delay the processing of your application. False or misleading information will be treated as a false statement subjecting you to further prosecution and exclusion from the Program.

BACKGROUND INFORMATION

1. Full Name _____
(First) (Middle) (Last)

Maiden Name _____

2. Date of Birth _____

3. Place of Birth _____
(City) (County) (State)

4. Sex: Male _____ Female _____ Race _____

5. Social Security Number _____

6. Operator's License Number _____

7. Phone: (home) _____ (work) _____

8. Home Address _____

9. Occupation or Employer _____

10. Work Address _____

11. Are you a citizen of the United States, if not, what type of visa do you hold?

12. What is the name of your Health Insurance Company?

Insurance Policy Number? _____

13. Are you represented by counsel? _____. If yes,

Counsel's Name _____

Address _____

Phone _____

14. Have you ever pled guilty, or been convicted or adjudicated as a delinquent of any crime, including any crime involving violence? If yes, when and where did it occur, what were the charges, and how were they resolved?

As used in this section, the term "crime of violence" includes but is not limited to murder or homicide, aggravated assault, rape, involuntary deviate sexual intercourse, arson, kidnapping, burglary of a structure adapted for overnight accommodation in which at the time of the offense any person is present, robbery, robbery of a motor vehicle, any weapons related offense, aggravated indecent assault, indecent assault and sexual assault or criminal attempt, criminal conspiracy or criminal solicitation to commit any of the offenses listed above, or an equivalent crime under the laws of this Commonwealth in effect at the time of the commission of that offense or an equivalent crime in another jurisdiction.

15. As a result of any criminal charges have you ever been placed on §117 Probation without Verdict (35 P.S. §780-117) or §118 Disposition in lieu of trial or criminal punishment (35 P.S. §780-118)? If yes, when and where did it occur? Have you received a similar disposition to any criminal charge in any other jurisdiction?

16. Are you presently on probation or parole? _____

If yes, where _____
(State/County)

17. Are you **presently** on bail or do you have any **other** outstanding criminal charges? _____

If yes, where _____
(State/County)

DRUG COURT PROGRAM COLLOQUY
MUST BE COMPLETED BY ALL DRUG COURT CANDIDATES

Respond by answering “Yes” you understand and agree or “No” you do not, then initial each response. If you do not agree to all the terms and conditions set forth in this application and colloquy you will not be admitted to the Program.

- 1. I UNDERSTAND THAT PARTICIPATION IN THE DRUG COURT PROGRAM IS COMPLETELY VOLUNTARY AND THAT I MAY WITHDRAW FROM THE PROGRAM AT ANY TIME WITHOUT THE IMPOSITION OF A SANCTION.**
-

2. I understand that acceptance into and satisfactory completion of the Drug Court Program offers me an opportunity to earn a dismissal of those pending charges and expungement of my record relating to those charges.
-

3. I agree in order to participate in the Drug Court Program to do the following:

- (1) Apply for the Drug Court Program at the preliminary hearing or as soon thereafter as I am aware of my eligibility for the Program;
 - (2) Waive the preliminary hearing;
 - (3) Waive formal arraignment unless you are removed from the Program;
 - (4) Waive the filing of a criminal information unless you are removed from the Program; and
 - (5) Waive right to file pretrial motions under Pa.R.Crim.Pro. 572, 573, 578, and 579, unless you are removed from the Program.
-

4. I understand that the primary purpose of this Program is treatment and that any statements made by me while participating in this Program shall not be used against me in any subsequent related adversarial proceeding. These include statements made to the Drug Court Team during the pre-screening phase, statements made in open court during Chester County Drug Court proceedings, and/or statements made to any treatment provider during the treatment phase of the Program. However, spontaneous statements made by me in open court, which refer to unrelated criminal activity and which are not related to participation in the Program may be admissible in other criminal proceedings. The admissibility of the statements will be determined in an evidentiary hearing. I understand that none of my court reviews held before the Judge will be recorded in any manner and that there will be no record of Drug Court proceedings other than my initial entry into the Program or a proceeding to remove me from the Program.
-

5. I understand that I have the right to be represented by counsel while participating in the Drug Court Program. However, since Drug Court is a voluntary treatment court, as previously described, my right to counsel is limited to the following:
- (1) Counsel may advise me regarding the contents of this application, explanation and colloquy and whether to apply for the Drug Court Program and I agree to waive the rights as set forth in colloquy statement number three (3) above. **IF I AM UNREPRESENTED, I MAY REQUEST THE COURT TO PROVIDE COUNSEL SOLELY TO AID ME IN THESE DECISIONS.**
 - (2) Counsel may appear on my behalf at the Drug Court team meeting.
 - (3) Counsel may be present with me at any Court review session, including any review session at which it is recommended that I be removed from the Drug Court program. However, consistent with the treatment court philosophy of the Drug Court Program, no motions or legal argument may be presented at these Court review sessions. Counsel may assist me in communicating with the Judge, but may not speak in place of my report to and questioning by the Judge at the Court review.
 - (4) Counsel may advise me as to whether to voluntarily withdraw from the Drug Court Program and assist me in that process.
-

6. I understand that drug and alcohol test results obtained through the Drug Court Program will be used only to assist the court and treatment providers in evaluating my progress, and may be used by the Drug Court to determine whether I am progressing satisfactorily, whether the treatment plan needs modification, whether to impose sanctions within the Program, and whether I should be terminated or graduated from Drug Court. I understand that under no circumstances will such test results be used as evidence of a new crime, or in another manner not consistent with the treatment and rehabilitation goals of the Chester County Drug Court. I further understand that any adulterated test results will be considered as a positive test for alcohol or drugs and I will be subject to a sanction for that adulteration.
-

7. I understand that currently the Drug Court Program may test blood, urine, perspiration, saliva and/or breath for drugs and alcohol. These tests can include, but are not limited to, urine test strips, sweat patches, various breathalyzers (including portable breath tests) and various electronic monitoring devices. Tests and monitoring are conducted randomly and/or at the sole discretion of the Program. No particular test or monitoring device may be requested by any participant. I agree that these tests and monitors are presumed valid and, with the exception of the challenge procedure contained in this colloquy, agree that I will not appeal, or in any other way legally contest any test or monitor results. Should I disagree with any such result, with the exclusive exception of the challenge procedure, set forth below, I agree that my only remedy is to withdraw from the Drug Court Program. **I UNDERSTAND AND AGREE THAT IF I OTHERWISE LEGALLY CONTEST OR APPEAL ANY TEST OR MONITOR RESULT, THAT ACTION WILL CONSTITUTE GROUNDS FOR IMMEDIATE REMOVAL FROM THE PROGRAM.**
-

8. I understand that I may challenge the results of any drug or alcohol test performed by a Probation Officer by immediately requesting that the sample be tested by a laboratory designated by the Department of Adult Probation and Parole and paying a testing fee in the amount of fifty dollars (\$50.00). I understand that should the laboratory result confirm the test result I will be subject to an additional sanction by the Court for my lack of honesty in failing to acknowledge the drug or alcohol use detected by the test. I understand that should the laboratory retest show the initial test result to be in error no sanction will be imposed and my testing fee will be applied against my fines or costs. **I UNDERSTAND AND AGREE THAT ONLY LABORATORY TESTS AUTHORIZED BY THE COURT OR ADULT PROBATION WILL BE CONSIDERED IN THE PROGRAM.**

9. I consent to the search of my person or residence upon reasonable suspicion that I have or am violating any term or condition of the Drug Court Program. I understand that if I have any questions concerning this waiver, I will discuss this with my private attorney, Public Defender, a Court appointed attorney if I request one or the Court if I am not represented by an attorney before being admitted to the Program.

10. I understand that if I am removed from the Program and sentenced, I am not entitled to any sentence credits except actual time spent in custody in jail. I understand that if I have any questions concerning sentencing, I will discuss this with my private attorney, Public Defender, a Court appointed attorney if I request one or the Court if I am not represented by an attorney before being admitted to the Program.

11. I understand that the conditions of the Drug Court Program may include the imposition of an obligation to pay the costs of treatment programs or other programs and if I am removed from Drug Court or I withdraw, costs of treatment, other programs or tuition at Delaware County Community College paid through Drug Court will be added as costs of my case and I will be required to repay those amounts. Failure to pay, when required, for these programs may subject me to sanctions imposed by the Court.

12. I understand that the length of the Drug Court program shall not be less than one year nor more than two years. I agree that, if necessary to successfully complete the program, I will participate in the program up to the two year period regardless of the statutory maximum sentence that may apply to my underlying offense.

13. I understand that should I fail to complete the Drug Court Program satisfactorily, I will be removed from the Program and will be prosecuted as provided by law.

14. I understand that I have a constitutional right to a speedy trial, and that pursuant to Pennsylvania Rule of Criminal Procedure 600, the Commonwealth must bring my case to trial within 365 days from the date of the filing of the criminal complaint charging me if I am not in jail (within 180 days if I am in jail) and that if my case is not brought to trial within 365 days (or 180 days if applicable) from the filing of the criminal complaint, I can ask the Court to dismiss all charges against me.

15. I understand that, if accepted into the Drug Court Program, I must waive my right to a speedy trial under any applicable federal or state constitutional provisions, statutes or rules of court from the date I sign this application for admission into the Program until I either satisfactorily complete the Program or until the last scheduled day of the criminal trial week of the criminal court trial list to which my case(s) is assigned next following the date I am removed from the Program.

16. I understand that, if I am not accepted into the Drug Court Program, I must waive the appropriate statute of limitations and my right to a speedy trial under any applicable federal or state constitutional provisions, statutes or rules of court from the date I sign this application for admission into the Program until the last scheduled day of the criminal trial week of the criminal court trial list to which my case(s) is assigned next following the date of my rejection.

17. I agree to waive the appropriate statute of limitations and my right to a speedy trial under any applicable federal or state constitutional provisions, statutes or rules of court, as described in statements 14, 15, and 16 above.

18. I understand that while my Drug Court application is being processed, my case may be listed for trial by being placed on a criminal trial list, and if that happens, my Drug Court application will act as an automatic continuance request of my trial so that the Drug Court application process can be completed.

19. I agree that my Drug Court application will act as a continuance request if my case is listed for trial, so that the Drug Court process can be completed.

20. I understand that Pennsylvania Rule of Criminal Procedure 572 permits me, or my attorney, to serve a written request for a Bill of Particulars upon the District Attorney of Chester County within seven (7) days of my arraignment date. The request must set forth the specific particulars sought by me and the reasons why the particulars are requested.

21. I understand that Pennsylvania Rule of Criminal Procedure 573 permits me, or my attorney, to file a formal Motion for Pretrial Discovery and Inspection within fourteen (14) days from my arraignment date.

22. I understand that Pennsylvania Rule of Criminal Procedure 579 permits me, or my attorney, to file an Omnibus Pretrial Motion for Relief which must be filed and served within thirty (30) days after my arraignment date, unless the opportunity therefore did not exist for me, or my attorney, or the District Attorney, was not aware of the grounds for the motion or unless the time for filing has been extended by the Court for cause shown.

23. I understand that Pennsylvania Rule of Criminal Procedure 578 sets forth the types of relief requested in such an omnibus pretrial motion to include, but is not limited to, the following: (1) Continuance; (2) Severance; (3) Suppression of evidence; (4) Psychiatric examination; (5) Quash the information; (6) Change the venue; (7) Disqualify a judge; (8) Appointment of investigator; (9) Pretrial conference.

24. I understand that if I am refused admission to the Program or removed from the Program that I will continue to have the rights listed in statements 20, 21, 22 and 23 above.

25. I understand that if I am removed from the Program I do not have an automatic right to a preliminary hearing and will have to apply to the Court to have a preliminary hearing. I understand that the Court may reject my request for a preliminary hearing unless I can show good cause for the remand.

26. I understand that if I have any questions concerning the Drug Court Program or the Drug Court application or colloquy, I will discuss these matters with my private attorney, Public Defender, a Court appointed attorney if I request one, or member of the Drug Court team or the Court if I am not represented by an attorney. If I am unable to afford an attorney, I understand that the Court will appoint an attorney for me.

27. I understand that to ensure that my rights are protected, it is recommended that I obtain an attorney to represent me. If I am without sufficient resources to employ an attorney, I can make an application to the Chester County Public Defender or simply ask the Court to appoint counsel to assist me in understanding the application process, the requirements of the Drug Court Program and the required waiver of my rights to enter the Program.

28. I understand that my failure to complete all the required Drug Court forms truthfully, completely and accurately will result in my Drug Court application being denied, or my removal from the Drug Court Program.

29. I understand that I have a continuing obligation to report any contacts with the criminal justice system or the police that occur after the filing of my Drug Court application, and my failure to do so will result in my Drug Court application being denied, or my removal from the Drug Court Program.

30. I understand that, upon recommendation of the Drug Court Treatment Team, I may be removed from the Drug Court Program. Should this be the recommendation, I will be given notice of the recommendation and of a recorded court review session. At the review session it will be determined by the Drug Court Judge whether to follow the removal recommendation. I may have counsel with me to assist me in responding to the treatment team recommendation, but, consistent with the treatment court philosophy, I must communicate directly with the Drug Court Judge.

31. I understand that should I be removed from the Drug Court Program I may not file a legal challenge to that removal or the removal procedure until my charges are finally resolved in this Court.

32. I understand that, in addition to any Program requirements set forth in the Drug Court application or colloquy, I must successfully complete any treatment program and any other term or condition imposed by the Drug Court Judge. **I UNDERSTAND AND AGREE THAT I MAY NOT FILE A LEGAL CHALLENGE OR APPEAL ANY CONDITION OR SANCTION IMPOSED BY THE COURT IN THE PROGRAM, OTHER THAN THROUGH THE CHALLENGE PROCESS FOR TESTING OR MONITORING SET FORTH HEREIN. I UNDERSTAND THAT MY ONLY REMEDY TO AVOID THE IMPOSITION OF A CONDITION OR SANCTION IS TO WITHDRAW FROM THE PROGRAM.**

33. I understand that if I withdraw or am removed from the Program that my pre-Program bail amount and conditions will be reimposed if previously reduced and further understand that additional bail conditions may be imposed, including but not limited to random drug or alcohol testing, treatment, electronic monitoring, and increased monetary bail.

34. **For Combined ARD – Drug Court Program:** I understand that I must successfully complete both the ARD and Drug Court Programs and that failure to successfully complete either program will result in my removal from both programs.

VERIFICATION OF DRUG COURT APPLICATION AND COLLOQUY

I hereby swear (or affirm) that I have read the foregoing application, rules, explanation and waiver of rights and colloquy relating to the Drug Court Program in its entirety and I understand the full meaning of each and agree to be bound by all of the terms and conditions of the Drug Court Program set forth therein. I have received a copy of the first six (6) pages of this document.

I hereby swear (or affirm) that each and every answer to the above questions is true and accurate.

I hereby swear (or affirm) that I fully understand that if any of the information provided above is false or misleading, my application for admission to the Drug Court Program will be denied or I will be removed from the Program and my case will be prosecuted as provided by law.

I hereby swear (or affirm) that I fully understand that providing false or misleading information may also result in my being charged and prosecuted for additional crimes, including but not limited to, perjury, false swearing, and/or unsworn falsification to authorities.

DATE

SIGNATURE OF DEFENDANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20_____.

_____.

As attorney for the above defendant or counsel advising the defendant on the application and application process, I have advised the defendant of his / her rights with respect to the charges against him / her. I have also advised the defendant of the contents and meaning of the application and colloquy and any explanation of the Drug Court Program and waiver of rights. I verify that it is my belief that the defendant understands the rights which he / she is waiving. I also verify that it is my belief that the defendant understands the contents and meaning of this application for admission into the Drug Court Program and the requirements of the Drug Court Program.

DATE

SIGNATURE OF DEFENSE ATTORNEY

CHESTER COUNTY DRUG COURT PROGRAM
CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, _____ do hereby consent to and authorize:

(NAME OF PERSON/FACILITY/ORGANIZATION)

(ADDRESS/CITY/STATE /TELEPHONE)

to release the following information pertaining to MYSELF; the information to be disclosed is:

- Diagnosis, treatment recommendations, and basis
- Presence in treatment (including admission date, sessions scheduled/kept, and discharge date)
- Progress toward treatment goals/objectives
- Whether the client has relapsed into drug/alcohol use and frequency of such relapse
- Discharge status, prognosis, and aftercare recommendations
- Other (specify) _____

and the information is to be forwarded to:

- Bail
- Adult Probation/Parole
- District Attorney
- Defense Attorney
- Drug Court Judge
- Police Liaisons
- Other (specify) _____
- NHS Chester County
- Gaudenzia West Chester Outpatient Program
- Riverside Care

This information is needed to enable judges, attorneys, probation/parole officers, other court officials or members of the drug court team to support treatment goals or make legal decisions on my behalf.

I understand that the above information has been disclosed from records whose confidentiality is protected by federal confidentiality of substance abuse patient record statute, section 543 of the Public Health Services Act 42, U.S.C. 290dd-2, and its implementing regulation, 42 C.F.R. part 2; the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations; and, the Pennsylvania Drug and Alcohol Abuse Control Act, 71 P.S. ss 1690.1010 et seq.

Federal regulations (42 CFR Part 2) prohibit any further disclosure unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. State regulations (Chapter 255.5 of the State Plan for the Prevention, Treatment, and Control of Drug and Alcohol Abuse) restrict the type of client information that can be released; with or without the client's consent.

I understand that I may revoke this consent at any time by notifying my therapist verbally or in writing except to the extent that action has been taken in reliance on my consent.

I understand that generally the above named treatment agency may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

I have been offered a copy of this document and I have: Accepted Refused

Expiration Date _____

SIGNATURE OF CLIENT

DATE

SIGNATURE OF WITNESS

DATE

CHESTER COUNTY DRUG COURT PROGRAM
CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, _____ do hereby consent to and authorize:

The Mental Health System and Contracted Providers
(NAME OF PERSON/FACILITY/ORGANIZATION)

(ADDRESS/CITY/STATE /TELEPHONE)

to release the following information pertaining to MYSELF; the information to be disclosed is:

- Diagnosis, treatment recommendations, and basis
- Presence in treatment (including admission date, sessions scheduled/kept, and discharge date)
- Progress toward treatment goals/objectives
- Service History
- Discharge status, prognosis, and aftercare recommendations
- Other (specify) _____

and the information is to be forwarded to:

- | | |
|---|--|
| <input type="checkbox"/> Bail | <input type="checkbox"/> NHS Chester County |
| <input type="checkbox"/> Adult Probation/Parole | <input type="checkbox"/> Gaudenzia West Chester Outpatient Program |
| <input type="checkbox"/> District Attorney | <input type="checkbox"/> Riverside Care |
| <input type="checkbox"/> Defense Attorney | <input type="checkbox"/> Center for Addictive Diseases |
| <input type="checkbox"/> Drug Court Judge | |
| <input type="checkbox"/> Police Liaisons | |
| <input type="checkbox"/> Other (specify) _____ | |

This information is needed to enable judges, attorneys, probation/parole officers, other court officials or members of the drug court team to support treatment goals or make legal decisions on my behalf.

I understand that the above information has been disclosed from records whose confidentiality is protected by federal confidentiality of substance abuse patient record statute, section 543 of the Public Health Services Act 42, U.S.C. 290dd-2, and its implementing regulation, 42 C.F.R. part 2; the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations; and, the Pennsylvania Drug and Alcohol Abuse Control Act, 71 P.S. ss 1690.1010 et seq.

Federal regulations (42 CFR Part 2) prohibit any further disclosure unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. State regulations (Chapter 255.5 of the State Plan for the Prevention, Treatment, and Control of Drug and Alcohol Abuse) restrict the type of client information that can be released; with or without the client's consent.

I understand that I may revoke this consent at any time by notifying my therapist verbally or in writing except to the extent that action has been taken in reliance on my consent.

I understand that generally the above named treatment agency may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

I have been offered a copy of this document and I have: ___Accepted___Refused

Expiration Date _____

SIGNATURE OF CLIENT

DATE

SIGNATURE OF WITNESS

DATE

Chester County Drug Court Program Stipulation

(To be read to the trier of fact):

The Commonwealth and the defendant stipulate that the item(s) recovered in
OTN# _____, item(s)# _____,
with a net weight of _____, contains_____.
(Type of controlled substance)

We further stipulate that the attached Pennsylvania State Police Lab Report may be admitted at the preliminary hearing or trial, as evidence of the nature of the controlled substance and that the report accurately identifies the substance in question. The Commonwealth shall not be required to preserve the drugs in question.

(Not to be read to the trier of fact):

As an entrant into the Drug Court program, the defendant agrees that in the event of an eventual preliminary hearing or trial, he/she will not raise the issue of the destruction of the drugs. He/she further waives his/her right to a speedy trial and preliminary hearing. The waiver shall be in effect from the date you sign the application into the Drug Court program, until the last scheduled day of the criminal trial week next following the date of your rejection or removal from the program.

_____ Defendant _____ Date
_____ Defense Attorney _____ Date
_____ District Attorney _____ Date

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS

: CHESTER COUNTY, PENNSYLVANIA

VS.

: CRIMINAL

_____ : NO. _____
DEFENDANT

OTN

NOTICE TO APPEAR FOR DRUG COURT

You are hereby directed to appear on _____
At 8:30 a.m., in Courtroom #4, Chester County Justice Center, West Chester, Pennsylvania.

If you are admitted into the Drug Court Program, you will begin the program at that time.

If you are not admitted into the Drug Court Program you will be offered the chance to proceed to formal arraignment OR request a Preliminary Hearing.

Failure to appear at this time and place will cause your application for Drug Court to be denied.

I hereby verify that I have received a copy of this notice to appear.

Defendant Date

Defendant's address and telephone number

DRUG COURT BENCH WARRANT HEARING WAIVER

I am aware that, during the course of my participation in the Drug Court program, if I fail to appear for Court when required, or violate the conditions of my bail by failing to follow the requirements of Drug Court, there is the potential that a bench warrant for my arrest may be issued by the Court.

I am aware that effective August 1, 2006, pursuant to Rule 150 of the Pennsylvania Rules of Criminal Procedure, persons taken into custody on the authority of a Bench Warrant issued by a Court may, in certain circumstances, be entitled to a hearing within seventy-two (72) hours before a Judge of the Court of Common Pleas. The purpose of this hearing is to dismiss the bench warrant and to address bail.

I am aware that the effect of this rule upon me as Drug Court participant is that, if I become subject to a Bench Warrant issued by the Drug Court Judge, I could appear before a Judge unfamiliar with my circumstances and history. As such, there is great potential that actions could be taken inconsistent with my Drug Court treatment plan.

Wishing to assure that, should I become subject to a bench warrant, I will appear before the Drug Court Judge, I hereby knowingly and voluntarily waive my rights pursuant to Rule 150 of the Pennsylvania Rules of Criminal Procedure and request that I be brought before the Drug Court Judge as soon as possible, consistent with the business and scheduling of Drug Court. If the Drug Court Judge is unavailable for a period of in excess of five calendar days after execution of the bench warrant, I understand that I will be taken before another Judge after the five day period to address the bench warrant.

Drug Court Participant

Counsel

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: CHESTER

WAIVER OF COUNSEL

Mag. Dist. No.:
DJ Name: Hon.
Address:
Telephone:

COMMONWEALTH OF
PENNSYLVANIA

DEFENDANT: VS.
NAME AND ADDRESS

Docket No.:
Date Filed:



I, _____, have been informed that I have the right to have a lawyer represent me, and if I cannot afford one, one will be afforded to me without cost.

I, _____, understand the nature of the charges against me and the elements of each of those charges.

I, _____, am aware of the permissible range of sentences and/or fines for the offenses charged.

I, _____, understand that if I waive the right to counsel I will still be bound by all normal rules of procedure and that counsel will be familiar with these rules.

I, _____, understand that if there are possible defenses to these charges, counsel will be aware of them and if such defenses are not raised at trial, the right to raise the defenses may be lost permanently.

I, _____, understand that, in addition to defenses, I have many rights that, if not timely asserted, may be lost permanently; and that if errors occur and are not timely objected to, or otherwise timely raised by me, correction of these errors may be permanently unavailable to me.

I knowingly, voluntarily, and intelligently waive these rights and choose to act as my own lawyer at this hearing/trial.

(Defendant)

(Date)

I HAVE DETERMINED THAT THE DEFENDANT HAS MADE A KNOWING, VOLUNTARY, AND INTELLIGENT WAIVER OF HIS RIGHT TO COUNSEL.

Date

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: CHESTER

Mag. Dist. No.:
DJ Name: Hon.
Address:
Telephone:

WAIVER OF
PRELIMINARY HEARING
COMMONWEALTH OF
PENNSYLVANIA

DEFENDANT: VS.
NAME and ADDRESS

Docket No.:
Date Filed:



I, the undersigned, certify that I waive my right to a preliminary hearing. I understand that I have a right to this hearing, at which time I have the right to:

1. be represented by counsel,
2. cross-examine witnesses,
3. inspect physical evidence offered against me,
4. call witnesses on my own behalf, offer evidence on my own behalf, and testify,
5. make written notes of the proceedings or have my own counsel do so, and make a stenographic, mechanical, or electronic record of the proceedings.

I understand that if a prima facie case of guilt is not established against me at this hearing, the charges against me would be dismissed.

- I have had a preliminary arraignment during which I was advised of my right to have a preliminary hearing and of my right to counsel.
- I have received a summons wherein I was advised of my right to have a preliminary hearing and of my right to counsel.

I knowingly, voluntarily, and intelligently make this waiver of my preliminary hearing.

Signed this _____ day of _____,

(Defendant)

(Attorney)

Attorney for Defendant (if any)

I HAVE DETERMINED THAT THE DEFENDANT HAS MADE A KNOWING, VOLUNTARY, AND INTELLIGENT WAIVER OF HIS RIGHT TO A PRELIMINARY HEARING.

_____ Date _____

My commission expires first Monday of January,

SEAL