

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL DISTRICT

OF HINDS COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI

VS.

CAUSE NUMBER _____

HINDS COUNTY DRUG COURT PROBATION PROGRAM

Defendant's Contract of Participation

I, _____, am the defendant in the above named cause, and I have requested to participate in the Hinds County Drug Court Probation Program, subject to the following conditions:

- _____ 1. I agree to a screening assessment required by the Court to participate in the Hinds County Drug Court Probation Program and to cooperate with any assigned treatment provider.
- _____ 2. I understand that I am entering this program as a result of the following (check all that apply):
___ Guilty Plea
___ Condition of Probation
___ Violation of Probation
- _____ 3. I understand that there will be a participation fee: \$1,000 for first offenders and \$2,000 for second offenders. Participation fee will be paid at a minimum rate of \$50 per month until paid in full.
- _____ 4. I understand that in order to complete the Hinds County Drug Court Probation Program, I must participate in the Program for a period of two (2) years, and I must engage in any education, treatment, self-help (including AA, NA, or other equivalent programs) or rehabilitation programs ordered by the Court. I must complete any ordered/specified treatment program to the satisfaction of the Court.
- _____ 5. I understand that I will have to have a **minimum** of 180 consecutive days of urinalysis testing from all controlled substances (including marijuana) and to breath-test free of alcohol for this same period in order to successfully complete the Hinds County Drug Court Probation Program. **I further understand that**
clean

this 180 days must immediately proceed my completion of the Hinds County Drug Court Probation Program.

- _____ 6. I authorize Hinds County Drug Court Probation Program personnel and any treatment provider to release diagnostic and treatment information, including urinalysis test results, to the Court. I understand that such information may be considered by the Court in determining my progress in the Hinds County Drug Court Probation Program, the appropriate method of treatment, whether to impose sanctions and whether to permit me to continue in or complete the Hinds County Drug Court Probation Program.
- _____ 7. I understand that any statements made by me while participating in the program shall not be used against me in any subsequent related adversarial proceeding. These would include any statements made during the prescreening phase, statements made in open court during Drug Court proceedings, and/or statements made to any treatment provider during the treatment phase of the program. I understand that such statements, while confidential (unless disclosure is required by law), cannot be construed to allow me to commit perjury at a later date.
- _____ 8. I understand that all reports to the Hinds County Drug Court Probation Program relating to treatment shall be confidential and that such reports will be available for review by the Court, Hinds County Drug Court Probation Program, and by designated treatment provider's personnel only.
- _____ 9. I understand that urinalysis and breath test results obtained through the Hinds County Drug Court Probation Program will be used only to assist the Court and treatment providers in evaluating my progress or my continuation in the program, and that under no circumstances shall urinalysis results be used as evidence of a new crime or be used in any other manner not consistent with the goals of the Hinds County Drug Court Probation Program. I understand that such urinalysis results, while confidential, cannot be construed to allow me to commit perjury at a later date.
- _____ 10. I understand that submitting urine other than my own as a test sample **shall** be grounds for **immediate termination** from the Hinds County Drug Court Probation Program.
- _____ 11. I understand that a missed urinalysis test or submitting an insufficient or adulterated urine sample will be the equivalent of a positive test.
- _____ 12. I agree that if I have problems, setbacks, difficulties or fail in the treatment program (including but not limited to positive urinalysis tests, failure to appear in Court, failure to abide by the terms of my probation, failure to participate in the treatment program, failure to pay fees, excessive absences and/or behavior that is disruptive to program activities), the court can impose sanctions such as :

- _____ (a) Modify my treatment program to include more intensive counseling, more frequent urinalysis, more frequent court appearances and/or a residential program.
- _____ (b) Enter me into detoxification;
- _____ (c) Re-incarcerate me for custodial detoxification;
- _____ (d) Extend the amount of time I must spend in the program from two (2) years (minimum) up to five (5) years (maximum).
- _____ (e) Terminate me from the program and adjudicate me guilty or initiate probation revocation proceedings which may result in my incarceration.
- _____ 13. I understand that I must make all court appearances where the Court has ordered me to be present, or the treatment provider has notified me to be present, as well as report as directed, cooperate with and follow the instructions of the Court, the probation officer, and/or any treatment provider.
- _____ 14. I understand that if I am arrested for a new crime while I am participating in the Hinds County Drug Court Probation Program and a Judge makes a determination that probable cause exists to support that charge, that I will be **immediately terminated** from the program.
- _____ 15. I understand that a failure to appear in court when directed to do so will result in a bench warrant being issued for my arrest.
- _____ 16. I understand that the Court may require me to seek and maintain employment, employment counseling, a GED and/or further education as a part of my treatment program.
- _____ 17. I agree to waive recording and/or a verbatim record of Drug Court status hearings. I understand that this waiver does not apply to formal revocation proceedings and/or guilty pleas.
- _____ 18. I understand that I must keep the Court and the treatment provider informed of my current address, telephone number(s) and employment at all times, and to report any changes of address, telephone number(s) or employment within seventy-two (72) hours of the change.
- _____ 19. I understand that I must submit to urine tests when ordered by the Court, and/or the treatment provider.
- _____ 20. I understand that I must not use or possess any narcotic, alcohol, controlled

substance or drug, including marijuana, without a medical prescription. Furthermore, I must avoid associating with people who possess, use, or sell any narcotic, alcohol, controlled substance or drug, and I must avoid areas where such violations occur.

- _____ 21. I understand that wherever the term “Hinds County Drug Court Probation Program Team” is used, this includes the Drug Court Judge, the Program Director, the Mississippi Department of Corrections Probation Officer/Case Manager, a representative of the Hinds County District Attorney’s Office, a representative of the Public Defender’s Office, and a representative of the Treatment Community.

- _____ 22. Successful completion of the Drug Court program, including the payment of any fines and fees assessed, will result in an expungement, including the dismissal of the charge, prosecution, and record of criminal conviction, if applicable. Any implied consent violation may not be expunged (example DUI-3rd).

- _____ 23. I understand that participation is contingent upon my consent to the discussion in open court of information that would otherwise be confidential, relating to my case and compliance.

I declare that the statements written above have been read by or to me, that I understand each of the above statements, that I have reviewed the above statements with my attorney, that I hereby knowingly and voluntarily enter into the above enumerated waivers, stipulations and agreements with the Hinds County District Attorney’s Office for participation in the Hinds County Drug Court Probation Program. I have personally initialed each blank next to the aforementioned statements that are applicable in this case. It is my voluntary choice to enter the Hinds County Drug Court Probation Program.

Executed this the _____ day of _____, _____.

Defendant

Attorney for the Defendant

Drug Court Director

ATTORNEY'S STATEMENT

I am the attorney of record for the Defendant. I have explained each of the Defendant's rights to the Defendant and answered all of the questions by the Defendant regarding his/her entry into the Drug Court Probation program. We have discussed the facts of the case, the elements of the offense, the possible legal and factual defenses available, the consequences of entering into the Drug Court Probation program including failure or successful completion of the program, and that the Defendant has voluntarily agreed/requested to enter into the program.

Dated: _____

Attorney for the Defendant

Contact Number

E-mail address

Agreed to by:

Dated: _____

Assistant District Attorney

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL DISTRICT OF
HINDS COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI
VS.

CAUSE NUMBER _____

**DEFENDANT’S REQUEST TO ENTER DRUG COURT
PROBATION PROGRAM**

TO: DISTRICT ATTORNEY HINDS COUNTY, MISSISSIPPI

FROM: DEFENDANT _____, RACE _____

A/K/A _____, GENDER _____

SOCIAL SECURITY NO. _____, DOB _____

ADDRESS _____

PHONE # _____

CHARGES _____

I, _____, hereby request that the District Attorney consent to my enrollment in and completion of a drug abuse treatment program (otherwise referred to as “the Drug Court”). I state that the alleged offense, from which this arrest arises, occurred on or about _____ in Hinds County, Mississippi.

I understand this request is made with knowledge that my rights concerning self-incrimination and search and seizure must be waived to the extent necessary to consider this request and to rehabilitate myself. My attorney has explained these rights to me, and I understand my rights. After consultation with my attorney, I freely and voluntarily, of my own free will, hereby state and affirm that no threats, promises or inducements of any kind have been made to force me to waive my rights. My constitutional rights concerning self-incrimination and search and seizure, to the extent

necessary to consider this request and rehabilitate myself, are hereby voluntarily waived in exchange for the opportunity for rehabilitation should this request be granted.

If I am approved for the Drug Court Probation Program, I agree to provide information needed to conduct an assessment of my needs to complete the recommended treatment program, adhere to a drug and/or alcohol testing program, pay any fees as directed by the Court, and complete all phases of the program.

I understand that should I be approved for the Drug Court, the Court may at any time discharge me from the Drug Court for any reason of noncompliance; including but not limited to, my failure to abide by the Agreement of Participation, the terms and conditions of probation, complete the recommended treatment program, pay participation fee and court costs, complete community service work or education program as ordered, comply with the orders and instructions of the Court or the Drug Court Team, or abide by all federal laws and the laws of the State of Mississippi.

I voluntarily and knowingly choose to plead guilty and enter the Drug Court Program. I understand that if I do not follow and obey the terms and conditions of the Program and probation, sanctions, including incarceration, may be imposed against me during the course of the Drug Court Program. If I am discharged from the program, I further understand that I may be incarcerated based upon my previously entered plea of guilty.

Defendant

Date

Attorney for Defendant

Date

APPROVAL OF DEFENDANT'S REQUEST

The Defendant has been approved by the District Attorney's Office to participate in the Hinds County Drug Court Probation Program. The Defendant meets all eligibility requirements for participation based on the offense charged and the NCIC and local criminal history background checks. To complete this request, the defendant must be, or have already been screened by the Hinds County Circuit Drug Court Program Director to determine the defendant's appropriateness for participation in the program.

Assistant District Attorney

REVISED 01/11/08

Date