DRUG COURT
DEFENSE PACKET MATERIALS

1) **Drug Court Opt-in Instructions for Defense Attorneys**

2) **Drug Court Fees Sheet**

3) **Statement of Defendant on Plea of Guilty (Drug Court) w/ Appendix**

4) **Waiver of Speedy Sentencing**

5) **Drug Court Contract**

6) **Defense Verification of Address**

7) **Drug Court Informed Consent and Authorization for Release of Information**

8) **Suitability Screen**

updated 2/2015

DRUG COURT
OPT- IN INSTRUCTIONS

Step 1 *– DEFENSE SCREENING*

Interview your client to see if he/she is interested in Drug Court and if he/she might qualify. They must live in Clark County and admit they have a current addiction to drugs and/or alcohol. Additional Drug Court criteria are contained in the Drug Court brochure. A Drug Court brochure is included in this packet.

DEFENSE COUNSEL MUST VERIFY THE DEFENDANT'S ADDRESS AS FOLLOWS:

1. Confirm by calling and speaking with a person at that residence
2. Verify that Defendant is allowed to live there
3. Verify that it is a clean and sober residence (no drugs or alcohol)
4. Verify that there are no felons living at the residence

The Court can set the case over if Counsel has not verified the residence as outlined above.

Step 2 *– GETTING REFERRED TO DRUG COURT*

Email the Drug Court's prosecutor or legal assistant. Let them know that you would like to have your client screened for Drug Court. The current Drug Court Prosecutor/Legal Assistant is:

Bob Shannon
360/397-2261
bob.shannon@clrak.wa.gov

Jennifer Jackson–Legal Assistant
360/397-2261
jennifer.jackson@clark.wa.gov

Step 3 *– DRUG COURT TEAM SCREENING*

Every Friday at 12:45 p.m., the Drug Court Team screens potential Drug Court participants. This screening includes input from the Department of Corrections and law enforcement. This screening is to insure public safety for the community. Once a defendant has been screened by the Drug Court Team, the Drug Court Prosecutor will notify defense and let them know if the defendant is eligible.

ALL DRUG COURT SCREENING IS DONE BY THE DRUG COURT TEAM OFF DOCKET ON FRIDAYS AT 1:00 P.M. DEFENDANTS AND DEFENSE ATTORNEYS ARE NOT REQUIRED TO APPEAR IN COURT; HOWEVER, DEFENSE IS WELCOME TO ATTEND SCREENING TO GIVE INPUT ON BEHALF OF THEIR CLIENT.

ONCE A DEFENDANT HAS BEEN APPROVED FOR DRUG COURT, THE PROSECUTOR WILL CITE THE CASE ONTO THE FRIDAY, DRUG COURT DOCKET. DEFENSE WILL BE NOTIFIED OF THIS DATE/TIME.

Step 4 *- OPTING DEFENDANT INTO DRUG COURT*

Drug Court opt-in packets are in Judge Nichol's Judicial Assistant's (Jennifer) office. It contains all the necessary paperwork to enter a client into Drug Court.

Defense attorneys **must be present** in Drug Court with their defendant, along with the completed opt-in documents. The documents vary a bit for a defendant who opts in based on a plea to a new felony charge versus a defendant who opts in solely on probation violations. DEFENDANT MUST PLEAD TO ALL CHARGED CRIMES.

Defendant opt-in date is: (PROSECUTOR WILL CITE CASE ON THE DOCKET)

- **FRIDAYS 1:00 PM (DRUG COURT), JUDGE NICHOLS—DEPARTMENT 3**

The documents needed for a defendant to opt-in are as follows:

NEW FELONY CHARGES(S):

- Statement of Defendant on Plea of Guilty. The prosecutor's recommendation will be set forth on "Appendix to Statement of Defendant on Plea of Guilty," which is attached to the plea of guilty. ***ATTACH YOUR OFFENDER SCORING AND CRIMINAL HISTORY.***
- Waiver of Speedy Sentencing
- Drug Court Contract
- Drug Court Informed Consent and Authorization for Release of Information

PROBATION VIOLATION(S):

- Drug Court Contract
- Supplemental Order for Drug Court Fees (PV Cases) – needed to set Drug Court Fee for those opting in based on PV's.
- Drug Court Informed Consent and Authorization for Release of Information

Once your defendant has opted into Drug Court, one of the Drug Court defense attorneys will be appointed to the case (assuming they are indigent). The Drug Court defense attorney will work with the defendant until they have completed and/or have been terminated from Drug Court.

QUESTIONS? Contact Drug Court defense attorneys, Mary H. Arden at 360/694-4551; ardenlaw@comcast.net or Barry Brandenburg at 360/695-6335; barrybrandenburg@yahoo.com

DRUG COURT FEE

Drug Court Fee is $600.

You will need to have a Drug Court Contract for each case that your client comes into Drug Court on. There is one fee, no matter how many separate cases your client has.

If your client if coming into Drug Court on separate cases, (different cause numbers) the Drug Court Fee should be included only on the Contract that has the HIGHEST (most recent) cause number. Cross off the fee in all the other Drug Court Contracts so that your client is not charged more than once.

If your client is terminated from the program they will still be required to pay any of the unpaid balance of the $600 fee. This is in addition to regular J&S fees.

Questions? Contact Drug Court defense attorneys, Mary H. Arden at 360.694.4551; ardenlaw@comcast.net or Barry Brandenburg at 360.695.6335; barrybrandenburg@yahoo.com

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK

STATE OF WASHINGTON, Plaintiff, vs. _____. Defendant	NO. _____ **STATEMENT OF DEFENDANT ON PLEA OF GUILTY TO NON-SEX OFFENSE (Felony)** (STTDFG) (Drug Court)

1. My true name is: _____.
2. My age is: _____.
3. The last level of education I completed was _____.
4. **I Have Been Informed and Fully Understand That**:
   (a) I have the right to representation by a lawyer and if I cannot afford to pay for a lawyer, one will be provided at no expense to me.
   (b) I am charged with: _____.
   The elements are: _____
   _____.
5. **I Understand I Have the Following Important Rights, and I Give Them Up by Pleading Guilty**:
   (a) The right to a speedy and public trial by an impartial jury in the county where the crime was allegedly committed;
   (b) The right to remain silent before and during trial, and the right to refuse to testify against myself;
   (c) The right at trial to hear and question the witnesses who testify against me;

(d) The right at trial to testify and to have witnesses testify for me. These witnesses can be made to appear at no expense to me;

(e) The right to be presumed innocent unless the State proves the charge beyond a reasonable doubt or I enter a plea of guilty;

(f) The right to appeal a finding of guilt after a trial.

6. **In Considering the Consequences of My Guilty Plea, I Understand That**:

(a) Each crime with which I am charged carries a maximum sentence, a fine, and a ***Standard Sentence Range*** as follows:

COUNT NO.	OFFENDER SCORE	STANDARD RANGE ACTUAL CONFINEMENT (not including enhancements)	PLUS Enhancements*	COMMUNITY CUSTODY	MAXIMUM TERM AND FINE
1					
2					
3					

*The sentencing enhancement codes are: (RPh) Robbery of a pharmacy, (CSG) Criminal street gang involving minor, (AE) Endangerment while attempting to elude. The following enhancements will run consecutively to all other parts of my entire sentence, including other enhancements and other counts: (F) Firearm, (D) Other deadly weapon, (V) VUCSA in protected zone, (JP) Juvenile present, (VH) Veh. Hom, see RCW 46.61.520, (P16) Passenger(s) under age 16.

(b) The standard sentence range is based on the crime charged and my criminal history. Criminal history includes prior convictions and juvenile adjudications or convictions, whether in this state, in federal court, or elsewhere.

(c) The prosecuting attorney's statement of my criminal history is attached to this agreement. Unless I have attached a different statement, I agree that the prosecuting attorney's statement is correct and complete. If I have attached my own statement, I assert that it is correct and complete. If I am convicted of any additional crimes between now and the time I am sentenced, I am obligated to tell the sentencing judge about those convictions.

(d) If I am convicted of any new crimes before sentencing, or if any additional criminal history is discovered, both the standard sentence range and the prosecuting attorney's recommendation may increase. Even so, my plea of guilty to this charge is binding on me. I cannot change my mind if additional criminal history is discovered even though the standard sentencing range and the prosecuting attorney's recommendation increase or a mandatory sentence of life imprisonment without the possibility of parole is required by law.

(e) In addition to sentencing me to confinement, the judge will order me to pay $500.00 as a victim's compensation fund assessment and any mandatory fines or penalties that apply to my case. If this crime resulted in injury to any person or damage to or loss of property, the judge will order me to make restitution, unless extraordinary circumstances exist which make restitution inappropriate. The amount of restitution may be up to double my gain or

double the victim's loss. The judge may also order that I pay a fine, court costs, attorney fees and the costs of incarceration.

(f) For crimes committed prior to July 1, 2000: In addition to sentencing me to confinement, the judge may order me to serve up to one year of community custody if the total period of confinement ordered is not more than 12 months. If the total period of confinement is more than 12 months, and if this crime is a drug offense, assault in the second degree, assault of a child in the second degree, or any crime against a person in which a specific finding was made that I or an accomplice was armed with a deadly weapon, the judge will order me to serve at least one year of community custody. If this crime is a vehicular homicide, vehicular assault, or a serious violent offense, the judge will order me to serve at least two years of community custody. The actual period of community custody may be longer than my earned early release period. During the period of community custody, I will be under the supervision of the Department of Corrections, and I will have restrictions and requirements placed upon me.

For crimes committed on or after July 1, 2000: In addition to sentencing me to confinement, under certain circumstances the judge may order me to serve up to one year of community custody if the total period of confinement ordered is not more than 12 months, but only if the crime I have been convicted of falls into one of the offense types listed in the following chart. For the offense of failure to register as a sex offender, regardless of the length of confinement, the judge will sentence me for up to 12 months of community custody. If the total period of confinement ordered is more than 12 months, and if the crime I have been convicted of falls into one of the offense types listed in the following chart, the court will sentence me to community custody for the term established for that offense type unless the judge finds substantial and compelling reasons not to do so. If the period of earned release awarded per RCW 9.94A.729 is longer, that will be the term of my community custody. If the crime I have been convicted of falls into more than one category of offense types listed in the following chart, then the community custody term will be based on the offense type that dictates the longest term of community custody.

OFFENSE TYPE	**COMMUNITY CUSTODY TERM**
Serious Violent Offenses	36 months
Violent Offenses	18 months
Crimes Against Persons as defined by RCW 9.94A.411(2)	12 months
Offenses under Chapter 69.50 or 69.52 RCW (not sentenced under RCW 9.94A.660)	12 months
Offenses involving the unlawful possession of a firearm where the offender is a criminal street gang member or associate	12 months

Certain sentencing alternatives may also include community custody.

During the period of community custody I will be under the supervision of the Department of Corrections, and I will have restrictions and requirements placed upon me, including additional conditions of community custody that may be imposed by the Department of Corrections. My failure to comply with these conditions will render me ineligible for

general assistance, RCW 74.04.005(6)(h), and may result in the Department of Corrections transferring me to a more restrictive confinement status or other sanctions.
If I violate the conditions of my community custody, the Department of Corrections may sanction me up to 60 days confinement per violation and/or revoke my earned early release, or the Department of Corrections may impose additional conditions or other stipulated penalties. The court also has the authority to impose sanctions for any violation.

(g) The prosecuting attorney will make the following recommendation to the judge: **<u>See Appendix to Statement on Pleas of Guilty which is attached</u>.**

[ ] The prosecutor will recommend as stated in the plea agreement, which is incorporated by reference.

(h) The judge does not have to follow anyone's recommendation as to sentence. The judge must impose a sentence within the standard range unless the judge finds substantial and compelling reasons not to do so. I understand the following regarding exceptional sentences:

(*i*) The judge may impose an exceptional sentence below the standard range if the judge finds mitigating circumstances supporting an exceptional sentence.

(*ii*) The judge may impose an exceptional sentence above the standard range if I am being sentenced for more than one crime and I have an offender score of more than nine.

(*iii*) The judge may also impose an exceptional sentence above the standard range if the State and I stipulate that justice is best served by imposition of an exceptional sentence and the judge agrees that an exceptional sentence is consistent with and in furtherance of the interests of justice and the purposes of the Sentencing Reform Act.

(*iv*) The judge may also impose an exceptional sentence above the standard range if the State has given notice that it will seek an exceptional sentence, the notice states aggravating circumstances upon which the requested sentence will be based, and facts supporting an exceptional sentence are proven beyond a reasonable doubt to a unanimous jury, to a judge if I waive a jury, or by stipulated facts.

If the court imposes a standard range sentence, then no one may appeal the sentence. If the court imposes an exceptional sentence after a hearing, either the State or I can appeal the sentence.

(i) If I am not a citizen of the United States, a plea of guilty to an offense punishable as a crime under state law is grounds for deportation, exclusion from admission to the United States, or denial of naturalization pursuant to the laws of the United States.

(j) I may not possess, own, or have under my control any firearm, and under federal law any firearm or ammunition, unless my right to do so is restored by the court in which I am convicted or the superior court in Washington State where I live, and by a federal court if required. I must immediately surrender any concealed pistol license.

(k) I will be ineligible to vote until that right is restored in a manner provided by law. If I am registered to vote, my voter registration will be cancelled. Wash. Const. art. VI, § 3,

RCW 29A.04.079, 29A.08.520.

(l) Government assistance may be suspended during any period of confinement.

(m) I will be required to have a biological sample collected for purposes of DNA identification analysis. I will be required to pay a $100.00 DNA collection fee.

Notification Relating to Specific Crimes: ***If any of the following paragraphs DO NOT APPLY, counsel and the defendant shall strike them out. The defendant and the judge shall initial all paragraphs that DO APPLY.***

_____ (n) This offense is a most serious offense or "strike" as defined by RCW 9.94A.030, and if I have at least two prior convictions for most serious offenses, whether in this state, in federal court, or elsewhere, the crime for which I am charged carries a mandatory sentence of life imprisonment without the possibility of parole.

_____ (o) The judge may sentence me as a first-time offender instead of giving a sentence within the standard range if I qualify under RCW 9.94A.030. This sentence could include as much as 90 days' confinement and up to one year of community custody plus all of the conditions described in paragraph (e). Additionally, the judge could require me to undergo treatment, to devote time to a specific occupation, and to pursue a prescribed course of study or occupational training.

_____ (p) The judge may sentence me under the Parenting Sentencing Alternative if I qualify under RCW 9.94A.655. If I am eligible, the judge may order DOC to complete either a risk assessment report or a chemical dependency screening report, or both. If the judge decides to impose the Parenting Sentencing Alternative, the sentence will consist of 12 months of community custody and I will be required to comply with the conditions imposed by the court and by DOC. At any time during community custody, the court may schedule a hearing to evaluate my progress in treatment or to determine if I have violated the conditions of the sentence. The court may modify the conditions of community custody or impose sanctions. If the court finds I violated the conditions or requirements of the sentence or I failed to make satisfactory progress in treatment, the court may order me to serve a term of total confinement within the standard range for my offense.

_____ (q) If this crime involves kidnapping involving a minor, including unlawful imprisonment involving a minor who is not my child, I will be required to register where I reside, study or work. The specific registration requirements are set forth in the "Offender Registration" Attachment.

_____ (r) If this is a crime of domestic violence, I may be ordered to pay a domestic violence assessment of up to $100.00. If I, or the victim of the offense, have a minor child, the court may order me to participate in a domestic violence perpetrator program approved under RCW 26.50.150.

_____ (s) If this crime involves prostitution, or a drug offense associated with hypodermic needles, I will be required to undergo testing for the human immunodeficiency (HIV/AIDS) virus.

_____ (t) The judge may sentence me under the drug offender sentencing alternative (DOSA) if I qualify under RCW 9.94A.660. If I qualify and the judge is considering a residential chemical dependency treatment-based alternative, the judge may order that I be examined by DOC before deciding to impose a DOSA sentence. If the judge decides to impose a

DOSA sentence, it could be either a prison-based alternative or a residential chemical dependency treatment-based alternative.

If the judge imposes the **prison-based alternative**, the sentence will consist of a period of total confinement in a state facility for one-half of the midpoint of the standard range, or 12 months, whichever is greater. During confinement, I will be required to undergo a comprehensive substance abuse assessment and to participate in treatment. The judge will also impose a term of community custody of one-half of the midpoint of the standard range.

If the judge imposes the **residential chemical dependency treatment-based alternative**, the sentence will consist of a term of community custody equal to one-half of the midpoint of the standard sentence range or two years, whichever is greater, and I will have to enter and remain in a certified residential chemical dependency treatment program for a period of ***three to six months***, as set by the court.

As part of this sentencing alternative, the court is required to schedule a progress hearing during the period of residential chemical dependency treatment and a treatment termination hearing scheduled three months before the expiration of the term of community custody. At either hearing, based upon reports by my treatment provider and the department of corrections on my compliance with treatment and monitoring requirements and recommendations regarding termination from treatment, the judge may modify the conditions of my community custody or order me to serve a term of total confinement equal to one-half of the midpoint of the standard sentence range, followed by a term of community custody under RCW 9.94A.701.

During the term of community custody for either sentencing alternative, the judge could prohibit me from using alcohol or controlled substances, require me to submit to urinalysis or other testing to monitor that status, require me to devote time to a specific employment or training, stay out of certain areas, pay $30.00 per month to offset the cost of monitoring and require other conditions, such as affirmative conditions, and the conditions described in paragraph 6(e). The judge, on his or her own initiative, may order me to appear in court at any time during the period of community custody to evaluate my progress in treatment or to determine if I have violated the conditions of the sentence. If the court finds that I have violated the conditions of the sentence or that I have failed to make satisfactory progress in treatment, the court may modify the terms of my community custody or order me to serve a term of total confinement within the standard range.

_____ (u) If I am subject to community custody and the judge finds that I have a chemical dependency that has contributed to the offense, the judge may order me to participate in rehabilitative programs or otherwise to perform affirmative conduct reasonably related to the circumstances of the crime for which I am pleading guilty.

_____ (v) If this crime involves the manufacture, delivery, or possession with the intent to deliver methamphetamine, including its salts, isomers, and salts of isomers, or amphetamine, including its salts, isomers, and salts of isomers, and if a fine is imposed, $3,000 of the fine may not be suspended. RCW 69.50.401(2)(b).

_____ (w) If this crime involves a violation of the state drug laws, my eligibility for state and federal food stamps, welfare, and education benefits may be affected. 20 U.S.C. § 1091(r) and 21 U.S.C. § 862a.

_____ (x) I understand that RCW 46.20.285(4) requires that my driver's license be revoked if the

judge finds I used a motor vehicle in the commission of this felony.

_____ (y) If this crime involves the offense of vehicular homicide while under the influence of intoxicating liquor, or any drug, as defined by RCW 46.61.502, committed on or after January 1, 1999, an additional two years shall be added to the presumptive sentence for vehicular homicide for each prior offense as defined in RCW 46.61.5055(14).

_____ (z) If I am pleading guilty to felony driving under the influence of intoxicating liquor, or any drugs, or felony actual physical control of a motor vehicle while under the influence of intoxicating liquor, or any drug, in addition to the provisions of chapter 9.94A RCW, I will be required to undergo alcohol or chemical dependency treatment services during incarceration. I will be required to pay the costs of treatment unless the court finds that I am indigent. My driving privileges will be suspended, revoked or denied. Following the period of suspension, revocation or denial, I must comply with the Department of Licensing ignition interlock device requirements. In addition to any other costs of the ignition interlock device, I will be required to pay an additional fee of $20 per month.

_____ (aa) For the crimes of vehicular homicide committed while under the influence of intoxicating liquor, or any drug as defined by RCW 46.61.520 or for vehicular assault committed while under the influence of intoxicating liquor, or any drug as defined by RCW 46.61.522, or for any felony driving under the influence (RCW 46.61.502(6)), or felony physical control under the influence (RCW 46.61.504(6)), the court shall add 12 months to the standard sentence range for each child passenger under the age of 16 who is an occupant in the defendant's vehicle. These enhancements shall be mandatory, shall be served in total confinement, and shall run consecutively to all other sentencing provisions.

_____ (bb) For the crimes of felony driving under the influence of intoxicating liquor, or any drug, for vehicular homicide while under the influence of intoxicating liquor, or any drug, or vehicular assault while under the influence of intoxicating liquor, or any drug, the court may order me to reimburse reasonable emergency response costs up to $2,500 per incident.

_____ (cc) The crime of _____ has a mandatory minimum sentence of at least _____ years of total confinement. This law does not apply to crimes committed on or after July 24, 2005, by a juvenile who was tried as an adult after decline of juvenile court jurisdiction. The law does not allow any reduction of this sentence. This mandatory minimum sentence is not the same as the mandatory sentence of life imprisonment without the possibility of parole described in paragraph 6[n].

_____ (dd) I am being sentenced for two or more serious violent offenses arising from separate and distinct criminal conduct and the sentences imposed on counts _____ and _____ will run consecutively unless the judge finds substantial and compelling reasons to do otherwise.

____ (ee) The offense(s) I am pleading guilty to include(s) a Violation of the Uniform Controlled Substances Act in a protected zone enhancement or manufacture of methamphetamine when a juvenile was present in or upon the premises of manufacture enhancement. I understand these enhancements are mandatory and that they must run consecutively to all other sentencing provisions.

_____ (ff) The offense(s) I am pleading guilty to include(s) a deadly weapon, firearm, or sexual motivation enhancement. Deadly weapon, firearm, or sexual motivation enhancements are mandatory, they must be served in total confinement, and they must run consecutively to any other sentence and to any other deadly weapon, firearm, or sexual motivation enhancements.

_____ (gg) If I am pleading guilty to (1) unlawful possession of a firearm(s) in the first or second degree and (2) felony theft of a firearm or possession of a stolen firearm, I am required to serve the sentences for these crimes consecutively to one another. If I am pleading guilty to unlawful possession of more than one firearm, I must serve each of the sentences for unlawful possession consecutively to each other.

_____ (hh) I may be required to register as a felony firearm offender under RCW 9.41.____ The specific registration requirements are in the "Felony Firearm Offender Registration" Attachment.

_____ (ii) If I am pleading guilty to the crime of unlawful practices in obtaining assistance as defined in RCW 74.08.331, no assistance payment shall be made for at least six months if this is my first conviction and for at least 12 months if this is my second or subsequent conviction. This suspension of benefits will apply even if I am not incarcerated. RCW 74.08.290.

_____ (jj) The judge may authorize work ethic camp. To qualify for work ethic authorization my term of total confinement must be more than twelve months and less than thirty-six months, I cannot currently be either pending prosecution or serving a sentence for violation of the uniform controlled substance act and I cannot have a current or prior conviction for a sex or violent offense.

7. I plead guilty to:

count _____

count _____

count _____

in the _____ Information. I have received a copy of that Information.

8. I make this plea freely and voluntarily.

9. No one has threatened harm of any kind to me or to any other person to cause me to make this plea.

10. No person has made promises of any kind to cause me to enter this plea except as set forth in this statement.

11. The judge has asked me to state what I did in my own words that makes me guilty of this crime. This is my statement:_____

_____

_____

_____

_____

_____.

[ ] Instead of making a statement, I agree that the court may review the police reports and/or a statement of probable cause supplied by the prosecution to establish a factual basis for the plea.

12. My lawyer has explained to me, and we have fully discussed, all of the above paragraphs and the "Offender Registration" Attachment, if applicable. I understand them all. I have been given a copy of this "Statement of Defendant on Plea of Guilty." I have no further questions to ask the judge.

_____
Defendant

I have read and discussed this statement with the defendant. I believe that the defendant is competent and fully understands the statement.

_____
Prosecuting Attorney

_____
Defendant's Lawyer

_____
Print Name WSBA No.

_____
Print Name WSBA No.

The defendant signed the foregoing statement in open court in the presence of the defendant's lawyer and the undersigned judge. The defendant asserted that [check appropriate box]:

☐ (a) The defendant had previously read the entire statement above and that the defendant understood it in full;

☐ (b) The defendant's lawyer had previously read to him or her the entire statement above and that the defendant understood it in full; or

☐ (c) An interpreter had previously read to the defendant the entire statement above and that the defendant understood it in full. The Interpreter's Declaration is included below.

Interpreter's Declaration: I am a certified or registered interpreter, or have been found otherwise qualified by the court to interpret in the _____ language, which the defendant understands. I have interpreted this document for the defendant from English into that language. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at (city) _____, (state) _____, on (date) _____.

_____
Interpreter

_____
Print Name

I find the defendant's plea of guilty to be knowingly, intelligently and voluntarily made. Defendant understands the charges and the consequences of the plea. There is a factual basis for the plea. The defendant is guilty as charged.

Dated: _____

_____
Judge

APPENDIX TO
STATEMENT OF DEFENDANT
ON PLEA OF GUILTY (DRUG COURT)

The Prosecuting Attorney will make the following recommendation to the Judge:

Successful completion of Drug Court: If the defendant pleads guilty to the crimes listed in the Statement of Defendant on Plea of Guilty, and if the defendant executes a waiver of speedy sentencing, and if the defendant executes a Drug Court Contract, a copy of which has been filed with this document and is incorporated herein by this reference, the State will recommend that the defendant enter into the Clark County Superior Court Drug Court Program, the State will agree to recommend credit for time served and no additional jail time, even if this recommendation necessitates recommending an exceptional sentence below the standard range.

If the defendant enters Drug Court solely on a straight Possession of a Controlled Substance charge, and if the defendant has two points or less, then upon successful completion of Drug Court, defendant may withdraw his/her plea of guilty and the case will be dismissed by the State.

Termination from Drug Court: If the defendant does not successfully complete the Clark County Superior Court Drug Court Program, the State will be free to recommend a sentence within the standard range and other conditions authorized by law, including, but not limited to the following: (1) victim's assistance fee; (2) drug fund contribution; (3) lab fee; (4) fine; (5) all fees and costs associated with the Drug Court Program; (6) restitution (if applicable); and (7) recoupment for attorney fees.

DATED: _____ _____

Deputy Prosecuting Attorney

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK

STATE OF WASHINGTON Plaintiff, vs. _____, Defendant	NO. _____ **DRUG COURT WAIVER OF SPEEDY SENTENCING (RCW 9.9A.110)**

Defendant has been advised that under laws of the State of Washington, he/she has the right to be sentenced within 40 days, following conviction (pleading guilty), in the above-entitled matter. Defendant, after conferring with consul, hereby waives his/her right to speedy sentencing**.**

DATED this _____ day of _____, 20_____.

_____ _____
Defendant Attorney for the Defendant,
W.S.B.#_____

CERTIFICATE

The Court finds that the waiver of speedy sentencing to be knowing, voluntary, and intelligently made.

DATED this _____ day of _____, 20_____.

_____
SUPERIOR COURT JUDGE

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK

STATE OF WASHINGTON Plaintiff, vs. _____, Defendant	NO. _____ **DRUG COURT CONTRACT**

In consideration of being accepted into the Clark County Superior Court Drug Court Program (DC), I agree to the following terms while I am in the Program:

1. **OBEY LAWS/REPORT POLICE CONTACT**: I will obey all laws and report any contact with law enforcement personnel to DC Probation Officers within 24 hours.

2. **HEARINGS**: I will appear at all scheduled court hearings or as otherwise ordered by the judge.

3. **DRUG COURT PROGRAM**: I understand that the Drug Court Program is a minimum of twelve (12) months but may be longer.

   NOTICE—If a defendant is in the program 24 months or longer, the Drug Court team will meet to consider the defendant's progress and whether to keep him/her in the program.

   NOTICE—If a defendant has charges pending or is under investigation for criminal activity in any jurisdiction, this can be a basis for termination.

4. **DRUG COURT FEE**: I agree to pay a $600 non refundable Drug Court Fee.

5. **JUDGMENT & SENTENCE COSTS**: I understand that I will owe court costs, fines, Victim/Assessment fee, lab fee, drug fund contribution and restitution (if applicable). These fees are either on my current Judgment and Sentence Order (PV case) or will be placed on my Judgment and Sentence Order upon successful completion or discharge from Drug Court.

6. **TREATMENT:** I will enter into and successfully complete all treatment deemed necessary by the Court. I will abide by all rules/ regulations set by the treatment agency and all conditions and requirements ordered by the Court. I will appear in person at the Clark County Superior Court at my regularly assigned time on the first Thursday following completion of all required treatment or termination from an inpatient facility. I will report in person to the Department of Corrections (DOC) within 24 hours following my completion of all required treatment or termination from an inpatient facility. The failure to appear or report in person may result in additional criminal charges including, but not limited to the charge(s) of Bail Jump and/or Escape, violations of supervision, and/or sanctions.

7. **RELEASES:** I will sign all ***Releases of Confidential Information*** as deemed necessary by the treatment agency and Drug Court.

8. **SOCIAL/INTIMATE CONTACT:** I agree to not have any sexual, intimate, or social contact with any persons currently under DOC supervision or those with a felony conviction (excluding DC hearings, treatment or support meetings). Social contact can be allowed only with prior approval by the court.

9. **RANDOM URINE SAMPLES:** I agree to submit to witnessed urine, breath or other screening whenever requested to do so by the treatment program staff, the Judge, or any Drug Court personnel within one hour of request.

10. **ALCOHOL/DRUGS:** I will not possess or use alcohol or drugs unless lawfully prescribed by a physician, in which case I will provide copies of the prescription at the next contact with my case manager and treatment provider. I will not possess, buy , sell or consume any substances that are non-prescribed mind or mood altering substances. Such substances include, but are not limited to: Spice, K2, "Mr. Nice Guy," Salvia and Brain freeze.

11. **PRESCRIPTION MEDICATION USE:** I will request, whenever possible, that any medication prescribed by a licensed physician be non-narcotic and taken as prescribed. I will seek approval from the case manager and the treatment agency for any over-the-counter or prescribed medication prior to using such medication. Use of prescription drugs, other than psycho-tropic and antibiotics may impact my *clean time* and movement through my Drug Court phases.

12. **SUPERIVISION CONDITIONS:** I agree to comply with all other conditions that may be imposed including curfew, home checks, and non-association with certain people.

13. **RESIDENCE/TRAVEL/OVERNIGHTS:** I will reside in Clark County, Washington. Without first notifying and obtaining permission from DOC and/or the Court **I will not**: 1) change residences; 2) spend the night at any address other than the one that has been approved by the court; 3) travel out of county/state.

14. **SEARCH OF PERSON/HOME:** Upon request, I must submit to a search of my person, residence, vehicle or other personal property when asked by my DC probation officer or any law enforcement officer with Drug Court.

15. **FIREARMS:** I will not possess, use, or own any firearm, nor will I reside where firearms are present, unless I have the Court's permission.

16. **ASSOCIATIONS:** I will not associate with or be near convicted felons or those on DOC supervision, or any person using/possessing any controlled substance or alcohol

17. **EMPLOYMENT:** I agree to be employed, a student, or a full-time homemaker (as determined by the Court) prior to Drug Court graduation.

In executing this contract, I, the undersigned Defendant, understand that violation of this contract or any other Drug Court rule may result in sanction(s) and/or termination from the Drug Court Program. I further understand that I must meet all the Drug Court requirements prior to graduation from Drug Court.

My attorney has explained and we have fully discussed all of the above. I understand them and wish to enter into this Drug Court Contract. I have no further questions.

_____ Date: _____
Defendant

I have read and discussed this Drug Court Contract with the defendant and believe the defendant is competent and fully understands the contract terms.

_____ Date: _____
Defense Attorney
W.S.B. #_____

Agreement to the terms of this contract and recommendations of the State.

_____
Deputy Prosecuting Attorney
W.S.B. #_____

DRUG COURT/RESIDENTIAL DOSA
DEFENSE VERIFICATION OF ADDRESS

Defense attorneys are required to verify a defendant's address if they are out of custody or if they plan to be released from jail at time of acceptance into Drug Court.
Note: This does not guarantee release at time of opt-in.

Please provide the following information to the Court:

Defendant's full name: _____

Completed Address:

_____
Street City Zip code

Phone: _____ _____
Home land line Cell phone

Name and date of birth of person(s) defendant will be living with:

1. _____
2. _____
3. _____
4. _____
5. _____

Ask and answer the following questions:

1. Is this residence free from drugs and alcohol? Y N
2. Are there any felons residing at this residence? Y N
   If yes, name w/dob_____
3. Is defendant allowed to reside at this residence? Y N

The above information was verified by a person other than the defendant via:
Speaking to (name) _____ Contact phone: _____

**If the defendant is in custody, he may not be released until the above information is verified by defense.

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK

STATE OF WASHINGTON Plaintiff, vs. _____, Defendant	NO. _____ **DRUG COURT / RESIDENTIAL DOSA INFORMED CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION**

I, _____, authorize the Clark County Superior Drug Court Team and the following members of the team:

Drug Court case managers
DOC (DC) Probation officers
Drug Court Judge
Drug Court Coordinator
Drug Court Admin Assistant
Drug Court Prosecuting Attorney and their assistant
Drug Court Defense Attorneys
CCSO/VPD assigned law enforcement officer
Drug Court Alumni Representative

To communicate with and disclose to one another the following information:

My name and other personal identifying information
My DOC/criminal status and history
My status as a patient in AOD/ MH treatment
Initial and subsequent evaluations of my service needs
Summaries of AOD/MH assessment, history, case plans, progress and compliance
Attendance in AOD/MH treatment and drug test results
Other: _____

The purpose of the disclosures authorized in this consent is to enable the Clark County Drug Court and its Team to evaluate my program compliance and need for services. I am aware that the above information is protected by federal and state regulations.

I understand that regulations, including 42 CFR Part 2, RCW 71.05.390 and WAC 275-56-240, prohibit disclosure of these records without my consent or as otherwise permitted by those regulations.
I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follow:

One month following termination/graduation from the Clark County Drug Court Program

DATED: _____ _____
Defendant

_____ _____
Defense Attorney WSB# _____ Defendant's date of birth

Suitability Screen = Therapeutic Specialty Courts

Section 1 – Client Demographics

Last Name: _____ First Name: _____ MI _____

DOB: ___/___/____ Current age: _____ Last 4 digits of SSN: _____

Gender: _____ Race: _____ Primary Language: _____

Marital Status: _____ Name & DOB of Child (ren):

Email address: _____ (custody Y or N) _____dob_____

(custody Y or N) _____ dob _____

(custody Y or N) _____ dob _____

Physical Address: _____ Residence Type (house, apt., mobile home, condo,

_____ shelter, Oxford, etc): _____

Mailing Address: _____ Home Phone: _____

_____ Cell Phone: _____

Other/Message # :_____

List names of people you will be residing with and their relationship to you:

_____

Are they sober? ___Y or ___N

List any addictive prescription medications in the home? _____

_____

Emergency contact name & relationship: _____

Phone #: _____

Have you ever served in the military? If so, what branch:_____ Discharge _____

Year(s) enlisted (i.e. 1971): _____ Year(s) discharged: _____Combat: ____ Rank _____

MO: _____ If National Guard, what State: _____

Section 2 – Education/Employment History

Highest Education Completed: _____ Have GED? ___Y or ___N

Desire to obtain one? __Y or __N

Do you have any learning disabilities that we need to know about? (Please explain):

_____

Are you currently employed? ___Y or ___ N When was the last time you had a job? _____

Company Name: _____

Job Skill(s): _____

Typical Work Schedule : _____

Do you have any Insurance benefits? _____

(i.e. TANF, ADATSA, Kaiser, Providence, Medicaid, Medicare, VA , Tri Care, etc)

Date you started receiving benefits _____

Section 3 – Physical Health/ Mental Health Have you had Medical Treatment in the past 30 days?
__Y or __N If yes, Please explain: _____

Continuing illness or Chronic Pain issues?: ___Y or ___N *Prescription Medications*:
Any major head injuries in your past? ___Y or ___N _____

_____

*(*****Women Only*****: Are you pregnant? ___Due Date: _____Under Doctor Care?Who? _____)*

Have you in the past or currently involved in any Mental Health counseling agencies? ___Y or ___ N

If yes, what Agency:_____ Counselor: _____ Diagnosis: _____

Age of Diagnosis: ____ Medications: _____ Taking meds as prescribed? ___Y or ___N
Any current/past suicidal thoughts? *If so, how often:* _____
Any current/past suicidal attempts? *If yes, when and how often:* _____
Any self-harmful cutting/mutilation? ___Y or ___ N How often do you feel anxious? _____
Any past/current experience with hearing voices? ___Y or ___N What is your sleep like? _____
Seeing things that others may not? *If so, when/how often?* _____

Section 4 – Substance Abuse History

Drugs listed below (√) (check all used in past 12 months)	Frequency of use (Daily, weekly, monthly, etc)	Age 1st used	Date last used
Meth:_____	_____	_____	_____
THC:_____	_____	_____	_____
Heroin:_____	_____	_____	_____
Cocaine:_____	_____	_____	_____
Alcohol:_____	_____	_____	_____
RxPills:_____	_____	_____	_____
Inhalants _____	_____	_____	_____
Hallucinogens_____	_____	_____	_____
Other:_____	_____	_____	_____

Name of Abused Prescription drugs: _____

What is your main drug of choice? _____

How do you use the drug (√)? ___snort ___smoke ___ingest ___IV use ____ huff

Have you ever had Drug/ Alcohol treatment before? (If no, leave blank)

OUTPATIENT AGENCY: _____YEAR _____How long ? _____ Complete? Y or N

INPATIENT AGENCY: _____ YEAR _____ How long? _____ Complete? Y or N

Section 5 – Other History

- Other than the cases you are being referred to this orientation, do you have any other pending cases/charges/ warrants in this county or anywhere else? _____
- Are you on DOC probation? If so, who is your officer? _____
- Have you been convicted of a serious violent or sex crime in the past? If so, please explain

_____

- Have you been convicted of a charge that involved a firearm in the past? _____
- How old were you when you first became involved in the justice system/courts/probation? _____
- Do you have an active No Contact Order? If so, who/relationship?_____

Please explain why you want to be in this specialty treatment court?

_____

_____

_____

On a Scale from 1 (low) to 10 (high): how interested are you in getting treatment and joining the program? _____