

- 14. _____ I understand that the drug court program will last a minimum of twenty-four (24) months, or longer if all requirements of the program have not been met.
- 15. _____ I will not possess a firearm, vicious or aggressive animals, or a knife exceeding six inches (6") in blade length while in the drug court program. I am to bring NO weapons of ANY kind to the drug court treatment center.
- 16. _____ I will support any legal dependents that I may have to the best of my ability.
- 17. _____ I will avoid people or places of disreputable or harmful character. This includes people currently on probation or parole and people with felony convictions, drug users and drug dealers.
- 18. _____ I will submit to a search of my person, residence, papers and/or effects, without their having to be probable cause to conduct the search, and without their being a warrant, any time of the day or night whenever required to do so by a probation officer, law enforcement officer or drug treatment staff, and I specifically consent to the use of anything seized as evidence in any hearing or judicial disciplinary proceedings.
- 19. _____ I understand the court will impose sanctions for program violations that include, but are not limited to curfews, additional AA/NA meetings, community service, in court detention, repeat of a program treatment level, issuance of bench warrants, jail time, and expulsion from the program requiring me to serve my sentence.
- 20. _____ I will follow all other program rules of which I am informed.
- 21. _____ In return for the court accepting me into the Drug Court program and deferring sentencing, I will not withdraw my plea of guilty.
- 22. _____ I understand I will enter the program with a curfew and I will honor any curfew imposed on me by the court.
- 23. _____ I understand that depending on my treatment needs, as determined by the court, my treatment program, treatment schedule and court attendance may be changed. If it is deemed necessary by the court that I be moved from the Early Intervention track to the Dependency track, I may be required to restart my treatment with no credit for time in the program before the date of the move.
- 24. _____ I agree that if I am arrested while participating in Drug Court, I will be in violation of this contract. I agree that if the arrest is based on conduct that occurred prior to my entry into drug court that the drug court team may, in its sole discretion, declare the contract void and discharge me from Drug Court. In such event, I understand, I would be allowed to withdraw my plea. If I am arrested for conduct occurring while I am participating in Drug Court, I understand that I will be subject to sanctions by the Drug Court, up to and including termination from the Drug Court program.

I understand that if I comply with the terms and conditions of this contract and successfully complete the drug court program that these charges will be dismissed, and I will not have a criminal conviction for this offense. I acknowledge that I understand the terms and conditions of this contract and have received a copy of same.

Signature of Participant

Date

Jason J. Deal
Judge of Superior Courts
Northeastern Judicial Circuit

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION
HALL SPECIAL DRUG COURT PROGRAM

I, _____ consent to communication among the Hall Drug Court and treatment providers, state probation, my attorney, district attorney, drug test lab and other agencies regarding any and all information requested pertaining to me, to include but not be limited to information obtained through GCIC, NCIC record checks, and information concerning substance use, drug testing, diagnosis and treatment.

I authorize any prison, detention center, county jail or city jail in which I have been confined to release to the court all information in my records concerning test for HIV (Aids), tuberculosis and hepatitis.

I release the facility and personnel which releases such information to the court from any and all liability for complying with this authorization.

This consent will remain in effect until final disposition of this case by either dismissal or sentencing, but not to exceed (5) years from this date.

Any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of AOD abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

(Signature of Participant) (Date)

(Witness) (Date)

(Participant's Date of Birth)

IN THE SUPERIOR COURT OF HALL COUNTY
STATE OF GEORGIA

STATE OF GEORGIA

* CASE NO.: _____
*
* CHARGES: _____
*
* _____

v. _____, Defendant.

PETITION TO ENTER PLEA OF GUILTY

I, the above named defendant, hereby state to the Court that I wish to enter a plea of **GUILTY** to the above numbered indictment. In connection with that plea of **GUILTY**, I inform the Court that the answers to the following questions are true:

1. What is your name? _____ Age? _____ Yes ___ No ___
2. How much education have you had? _____ Are you able to read and write? Yes ___ No ___
3. Are you now under the influence of any alcohol, intoxicants, or any drugs? Yes ___ No ___
4. To your knowledge, do you now suffer from any mental or emotional disability? Yes ___ No ___
5. Have you received a copy of the charging document (indictment/accusation) in this case? Yes ___ No ___
6. Have you read it or had it read and explained to you? Yes ___ No ___
7. Do you fully understand the charges against you? Yes ___ No ___
8. Have you had enough time to talk with your lawyer about your case? Yes ___ No ___
9. Have you discussed your case fully and explained everything you know about it to your lawyer including all of the facts and circumstances surrounding any statement, confession, or other evidence obtained from you by anyone? Yes ___ No ___
10. Has your lawyer advised you of the nature of the charges against you and any possible defenses you may have including the right to challenge the legality of any statement, confession, or other evidence obtained or seized from you? Yes ___ No ___
11. Has your attorney discussed your eligibility for first offender treatment and the benefits/risks therein? Yes ___ No ___
12. Do you understand that you have a right to assistance of counsel during trial? Yes ___ No ___
13. Do you understand that you have a right to plead **NOT GUILTY** to every charge filed against you? Yes ___ No ___
14. Do you understand that if you plead **NOT GUILTY** you have a right to a speedy and public trial by a judge and jury? Yes ___ No ___
15. Do you understand that if you plead **NOT GUILTY** you have a right to confront, that is to see, hear, question, and cross examine, the witnesses called to testify against you at trial? Yes ___ No ___
16. Do you understand that if you plead **NOT GUILTY** you have a right to use the subpoena power of the Court to require the attendance of any witnesses on your behalf, whether they want to come or not? Yes ___ No ___
17. Do you understand that if you plead **NOT GUILTY** you have the right to testify or not testify, as you choose, that you cannot be required to testify and that if you do not testify the jury cannot take that as evidence against you? Yes ___ No ___
18. Do you understand that if you plead **NOT GUILTY** you will be presumed to be innocent and that before you can be convicted the prosecution will have the duty of proving your guilt beyond a reasonable doubt? Yes ___ No ___
19. Do you understand that in the event you were convicted in a trial you would have the right to appeal your conviction? Yes ___ No ___
20. Do you understand that if you plead **GUILTY** you will have waived, that is, given up, each of the rights mentioned in questions 11 through 18? Yes ___ No ___
21. Do you realize that if you plead **GUILTY** the Court may impose the same punishment as if you had pled **NOT GUILTY** and been convicted? Yes ___ No ___
22. Do you know that the sentence you will receive is solely a matter for the judge to decide? Yes ___ No ___
23. Have you been advised of the maximum and mandatory minimum punishment provided by law for the offense or offenses to which you want to plead **GUILTY**? Max: _____ Mandatory Minimum: _____ Yes ___ No ___
24. Do you realize that if you plead **GUILTY** the Court may sentence you to the maximum punishment authorized by law for the offense or offenses to which you plead **GUILTY**? Yes ___ No ___
25. Do you possess a weapons carry license? (Date issued/renewed: _____, County: _____) Yes ___ No ___
26. **COLLATERAL CONSEQUENCE WARNING:** Your conviction in this case may result in collateral consequences beyond the control of your attorney and the court which may negatively impact your ability to: obtain or maintain a driver's license; obtain or maintain employment or certain professional licenses; vote or hold elective office. There may be other collateral consequences which you cannot and do not now anticipate. If you are convicted of a felony or a misdemeanor involving domestic violence, you will permanently lose your right to possess any firearm or ammunition (18 U.S.C. § 922(g)(9)). Some Federal jurisdictions or agencies and some other states do not recognize First Offender discharge and acquittal. Do you understand? Yes ___ No ___
27. Has anyone made guarantees to you concerning collateral consequences of your plea? If so, what? _____ Yes ___ No ___
28. Do you understand that any adverse consequences of your plea shall not be a basis for voiding your conviction? Yes ___ No ___
29. If you are now on probation or parole, do you know that by pleading **GUILTY** here your probation or parole may be revoked and that you may be required to serve time in that case in addition to the sentence imposed upon you in this case? Yes ___ No ___

- 30. If you are now serving another sentence, do you know that the sentence in this case could be made to follow the sentence you are now serving? Yes__ No__
- 31. Has any person used any threats, force, pressure, or intimidation to make you plead **GUILTY**? Yes__ No__
- 32. Has any promise, other than a plea agreement, been made by anyone which causes you to plead **GUILTY**? Yes__ No__
- 33. Has any person suggested to you or led you to believe that you will be placed on probation or be given a lighter sentence or otherwise rewarded for pleading **GUILTY**? Yes__ No__
If so, who made the suggestion and exactly what was suggested? _____
- 34. Has any plea agreement been made by you with anyone which causes you to plead **GUILTY**? Yes__ No__
If so, exactly what is that agreement as you understand it? _____
- 35. Did you commit the unlawful acts set forth in the charge or charges to which you want to plead **GUILTY**? Yes__ No__
Specifically, what unlawful acts did you commit? _____
- 36. Has your lawyer gone over all of these questions and your answers to them with you? Yes__ No__
- 37. Are you satisfied with your lawyer and the way you were represented in the case? Yes__ No__
- 38. Do you understand all the questions? If not, which ones do you not understand? _____ Yes__ No__
- 39. Is there any other information or advice you want before you enter a plea of **GUILTY**? Yes__ No__
- 40. Do you understand that if you plead **GUILTY** the Court may place you under oath and ask you questions about the offense or offenses to which you have pled and the answers to these questions may later be used against you in a prosecution for perjury or false statement or in any proceedings challenging the entry of your plea? Yes__ No__
- 41. Is your plea of **GUILTY** given voluntarily and of your free will and accord? Yes__ No__
- 42. Do you now want to plead **GUILTY**? Yes__ No__
- 43. Are you both eligible and requesting sentencing as a **First Offender** (OCGA 42-8-60)? Yes__ No__

For Non-US Citizens Only:

- 44. Do you understand that if you are not a citizen of the United States that your plea may result in deportation, the exclusion of admission to this country or denial of naturalization under federal law? Yes__ No__
- 45. Have there been any promises made to you by your defense attorney, the prosecutor, or the Court concerning your right to stay in the United States? Yes__ No__

I therefore petition the Court to accept my plea of **GUILTY**.

This ____ day of _____, 20____.

DEFENDANT

CERTIFICATE OF COUNSEL

I, as attorney for the defendant, hereby certify that:

- 1. I have read and fully explained to the defendant all of the charges contained in the charging document in this case.
- 2. I have explained and discussed with defendant the facts and elements of the case which the prosecution must prove and the defenses that may be available to the charge or charges.
- 3. I have explained to the defendant the maximum and minimum penalty provided by law for the offense or offenses to which the defendant offers a plea of guilty and the possible consequences of a plea of guilty (including immigration consequences). I have explained to the defendant all the rights and ramifications listed above in this petition, including First Offender treatment.
- 4. I have informed the defendant that I cannot provide any guarantees concerning collateral consequences of this plea.
- 5. The plea of guilty offered by the defendant to the charge or charges accords with my understanding of the facts the defendant has related to me, is consistent with my advice to the defendant and in my opinion is voluntarily and understandably made.
- 6. To the best of my knowledge and belief the statements, representations, and declarations made by the defendant in the foregoing petition are in all respects accurate and true.
- 7. I have explained to the defendant his right to appeal and habeas corpus.
- 8. I do not know of any reason why the Court should not accept the plea of guilty.

This ____ day of _____, 20____.

ATTORNEY FOR DEFENDANT

ORDER

After examination by the Court, the Court ascertains, determines, and adjudges that the plea of guilty by the defendant is freely, knowingly and voluntarily made and was made without undue influence, compulsion, or duress and without promise of leniency. It is therefore ordered that his/her plea of guilty be entered on the minutes and that this Transcript and Certificate be filed with the Charging Document.

This ____ day of _____, 20____.

JUDGE, SUPERIOR COURT
NORTHEASTERN JUDICIAL CIRCUIT