

IN THE HOCKING COUNTY COMMON PLEAS COURT,  
LOGAN, OHIO

STATE OF OHIO

VS.

\_\_\_\_\_ CASE NO. \_\_\_\_\_  
Defendant

MOTION TO REMAND DEFENDANT TO DRUG COURT

DRUG COURT DESCRIPTION AND REQUIREMENTS

The Hocking County Felony Drug Court within Hocking County Common Pleas Court is an alternative form of probation under the direction of Judge John T. Wallace. Judge Wallace demands that all drug court participants, as well as adults on other levels of probation, become substance free. Becoming substance free allows participants to gain the necessary skills through education, work, and other life experiences to be successful in life and avoid a pattern of repeated incarceration.

Successful completion of the Hocking County Felony Drug Court Program requires you to follow the orders of the court and obey the terms and conditions of the Drug Court Program. Failure of participants to obey the rules will result in sanctions in the Drug Court Program or being placed on Community Control with more severe terms, conditions, and penalties.

AGREEMENT TO PARTICIPATE IN DRUG COURT

Understanding the description and requirements of the Drug Court and, in order to be admitted into the Hocking County Felony Drug Court Program, I agree to the following terms and conditions:

1. I understand that the Drug Court Program consists of four phases and that I must successfully complete the requirements of each phase.
2. I understand that during each of the phases I must meet the requirements as outlined in my handbook and program contract.
3. I understand that, throughout the Hocking County Felony Drug Court Program, I will be required to attend status review hearings with the Judge. I understand that I will be required to attend these hearings at least twice monthly during the initial phase and will continue to attend regularly throughout the program. I further understand that these

hearings will not be private and that other program participants and their significant others may be in the courtroom at the same time. I waive my right to a private hearing. It is an expectation of the court that all participants respect the confidentiality of other participants.

4. I further understand that I have the right to request the attendance of defense counsel during the portion of the specialized docket treatment team meeting concerning me.
5. I understand that I must submit to frequent, random and observed drug and alcohol testing. If contacted by a treatment team member for testing, I will be required to provide a sample as requested. The judge will enforce appropriate sanctions for positive tests.
6. I understand the following list of acts are to be treated as positive tests and immediately sanctioned:
  - Failing to submit a sample.
  - Submitting an altered sample
  - Submitting the sample of another individual
  - Diluting a sample
  - Testing positive
7. I understand that if I violate the terms and conditions of my Community Control during the course of the program, I may be ordered to serve time in jail.
8. I understand that noncompliance will be governed by immediate and graduated sanctions.
9. I understand that if I complete the program successfully, the Judge may reduce Community Control time.
10. I understand that I am agreeing to allow the exchange of information as necessary between all drug court personnel and their respective agencies with regard to my progress, performance and compliance with the drug court requirements. Records shall remain confidential within respective agencies. In addition, I understand that any release of information I sign for/between drug court personnel and external agencies shall include release of information to all respective agencies participating in the drug court program.

My signature signifies my willingness and agreement to participate fully in the Hocking County Felony Drug Court Program, as outlined in this handbook.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date