

STATE OF NEW HAMPSHIRE
SUPERIOR COURT

ROCKINGHAM COUNTY ADULT DRUG COURT
ACKNOWLEDGEMENT AND WAIVER

State v. _____
Docket Number: _____

I voluntarily plead guilty to each and every charge.

I will participate in the drug treatment program as directed by the court as set forth in my treatment plan. I will obey all the rules of the treatment program.

I will submit to all random, supervised urine tests as directed by the PPO, the court or other person associated with my treatment plan.

I will attend all scheduled treatment meetings, court dates and other scheduled appointments.

I will pay any fees or fines as directed by the court and I will have an opportunity to "earn down" some fees for excellent program participation.

I understand that failure to fully participate, failure to appear, positive urine tests and other program failures will result in sanctions being imposed on me. Sanctions may include being held in custody pending a court hearing. I waive the right to a more expeditious hearing. I understand that I may be held in custody until the next drug court hearing. I understand that the court will not schedule a separate bail hearing. I agree to waive a preliminary hearing and may be held up to 7 days.

I agree that any attempt to falsify a urine test is grounds for sanctions. I understand that a missed test will be considered a positive test result and will also be subject to sanctions.

I agree that the court may generally rely on a presumptive chemical test result. I may request a further confirming test but if I test positive, I will not only bear the cost of the test but will be subject to additional sanctions.

I consent to waive the confidentiality of any medical, treatment or social service records. Records may be shared with all members of the drug court team for purposes of reporting on my progress in the drug court program. If I withdraw this consent, I understand I will be terminated from the program.

I understand that failure to appear for a court date will result in an immediate bench warrant and I will be held in custody until the next court date.

I understand that I must inform the PPO and all treatment staff of any prescription medication as well as over-the-counter medication that I am taking.

I understand that the average length of this program is 18 months and that after graduating from the program, I will continue on probation for up to 1 year or as directed by the court.

I understand that my current attorney's involvement will end once the Court has accepted my guilty plea and I enter the drug court program. I understand the attorney member of the drug court team will have a very different role from that of my attorney. I understand that I will speak on my own behalf during drug court sessions without the assistance of a lawyer. I understand that the treatment team, including the judge and attorneys, will talk about me in team meetings when I am not present. I understand that these discussions will be conducted in a non-adversarial manner. I understand that I will be dealing directly with the court and not through an attorney while in the program.

I have been provided with the participant handbook for the program and have read and understand all the terms and conditions associated with the program.

Defendant Signature

Date