

**COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS
: OF BERKS COUNTY, PENNSYLVANIA
: CRIMINAL DIVISION**

vs.

Applicant

:
:
: **Docket No.**
:
:

AGREEMENT TO PARTICIPATE IN TREATMENT COURT

(Must be completed by all Treatment Court candidates)

1. I have have not consumed alcohol, medication, or illegal drugs in the last 48 hours.
Explain all consumption: _____
2. I read , write , speak , and understand the following languages: _____
3. I understand that I am requesting admission into Treatment Court, a special court program focusing on treatment of substance abuse/dependency and/or significant mental health issues. As part of this program, I will be required to address and control my substance abuse/dependency and/or mental health issues. I understand that dealing with these issues may require me to make significant changes to my lifestyle.
4. I understand that I am being charged with the following offenses:

5. I understand the maximum permissible sentence for each of the charges against me and that if all counts were sentenced consecutively the total possible sentence is:

6. I understand that the standard range sentence for my offenses are:

7. I understand that, as a result of my successful participation in treatment court, I will receive a reduced sentence.

Participant's Signature

8. I agree to sign any Consent for Disclosure of Confidential Information forms to permit all medical/ Mental Health providers to communicate with the Treatment Court Team.
9. I agree to inform all treating physicians, including but not limited to general practice doctors, nurse practitioners, dentists, mental health, and any other medical professionals able to provide prescriptions and/or anesthesia, that I am a recovering addict, who is participating in Berks County Treatment Courts, and that I may not take narcotic or addictive medications. I will have the physician complete the Medical Treatment Form and I will submit that completed form to the Treatment Court Team as directed. If a treatment physician wishes to treat me with narcotic or addictive medications, I agree to immediately disclose this information to the Treatment Court Team and must obtain specific permission before consuming the medication.
This Paragraph does not apply to emergency or urgent care.
10. In the event of an emergency or urgent care, I will disclose said treatment care and medication prescribed to the Treatment Court Team upon discharge.
11. I understand that I will be monitored in the Treatment Court Program by a Berks County Judge and that I will be required to abide by all court orders, rules, and restrictions placed on me by the Court.
12. I understand that I will be required to report in person to Treatment Court as directed by the Court and that this reporting may be as frequent as once per week.
13. I understand that I will be required to participate in regular urinalysis and breathalyzer tests and that urinalysis and breathalyzer results obtained through the Treatment Court Program will be used only to assist the Court and treatment Court Team in evaluating my progress. Results may be used by the Treatment Court to determine whether I am progressing satisfactorily, whether my treatment plan needs modification, whether to impose sanctions within the Treatment Court Program, and whether I should be removed or graduated from Treatment Court. I understand that under no circumstances will such urinalysis or breathalyzer tests be used as evidence in the charges currently pending against me, as evidence of a new crime, or in another manner not consistent with the goals of the Treatment Court.
14. I agree not to use products that may affect drug test results, unless prescribed by a physician.
15. I agree not to eat foods containing poppy seeds; nor will I use or ingest any product containing alcohol.
16. I understand that the length of the Treatment Court Program will not exceed two years from the time of sentencing and/or the resolution of my probation/parole violation.
17. I understand that the conditions of the Treatment Court Program may include the imposition of an obligation to pay the costs of substance abuse/dependency and/or mental health treatment programs if I am financially able to do so.
18. I understand that the Treatment Court Committee will meet before each of my court appearances to discuss my Treatment Court progress. The Committee will make recommendations to the Court.

Participant's Signature

19. I understand that any statements made by me while participating in this program shall not be used against me in any subsequent related adversarial proceeding. This includes statements made to Treatment Court staff during the pre-screening phase, statements made in open court during Berks County Treatment Court proceedings, and/or statements made to any treatment provider during the treatment phase of the program. Spontaneous statements made by me in open court which refer to unrelated criminal activity and which are not related to participation in the Treatment Court Program, however, may be admissible in other proceedings. The admissibility of statements will be determined in an evidentiary hearing.
20. I understand that in addition to any other sentencing conditions, I must successfully complete any court-prescribed treatment program. Failure to successfully complete court-prescribed treatment programs may lead to sanctions or removal from the program.
21. I understand that as a condition of participation in the Treatment Court Program, I may be required to complete community service work under the direction of the Adult Probation/Parole Department and that I may be required to complete a substantial portion of that work prior to my pleading guilty and being sentenced on any new charges that might be filed against me.
22. I understand that I must comply with the program rules and conditions in order to progress through the Treatment Court phases, receive rewards, and eventually graduate.
23. I understand that non-compliance with the program rules and conditions may lead to sanctions or removal from the program. Court-imposed sanctions may include increased reporting, demotion to earlier program phases, community service, incarceration, or other appropriate penalty to be determined by the Court. I understand that I have a right to have my attorney present any time I may be sanctioned.
24. I understand that failure to complete all of the required Treatment Court forms accurately may result in my removal from the Treatment Court Program.
25. I understand that I have a continuing obligation to report any contacts with the criminal justice system that occur after my entry into the Treatment Court Program and that failure to do so may result in my removal from the Treatment Court Program.
26. I understand that should I be removed from the Treatment Court Program prior to sentencing on any new charges that might be filed against me; my case will be returned to the originating judge to be set for trial or other disposition.
27. I understand that should I be removed from the Treatment Court Program, after having been sentenced, regardless of whether I was sentenced prior or subsequent to my entry into the Treatment Court Program, the removal may be treated as an alleged violation of my Probation, Intermediate Punishment, or Parole sentence.
28. I understand that, before I can be removed from Treatment Court, I have a right to a hearing to determine whether or not I should be removed. At this hearing, I have the right to my attorney being present and present evidence/argument on my behalf. I also have the right to ask that a different Judge conduct the hearing.
29. I understand that I have the right to consult with an attorney in respect to any questions I have concerning my rights and the Treatment Court Program. I understand that if I am unable to

Participant's Signature

afford an attorney I may make application to the Berks County Public Defender's Office or request the Court appoint one to me.

30. I understand that upon completion of the program, the Court will order any identifying information about me that was assembled in the evaluation or treatment process to be sealed. After being sealed, that information can only be accessed by a future court order. The Treatment Court will continue to maintain non-identifying demographic and compliance information that will be used for statistical purposes only.
31. I understand that by signing this agreement, I am consenting to have my probation, parole, and/or bail conditions modified to require me to comply with all of the conditions and restrictions contained in this agreement.
32. I understand that this agreement will be binding upon me for the above-captioned case as well as any other case(s) in which I am the named defendant and that is subsequently transferred into the Treatment Court Program.
33. I understand and agree that, by voluntarily participating in treatment court, I am expressly waiving my speedy trial right pursuant to PA. R. Crim. P. Rule 600.

I understand my rights and obligations as contained in this statement. The answers contained are my answers and they are true and correct to the best of my knowledge. I desire to enter the Treatment Court Program of my own free will. This statement contains the entire Treatment Court agreement between me, the Court, and the Commonwealth of Pennsylvania, and I understand that I am bound by the statements that I have made herein.

Date

Treatment Court Participant

I have explained the applicant's rights as contained in this statement to him/her. I certify to the Court that to the best of my knowledge and belief, the applicant understands his/her rights and has made an intelligent, knowing, and voluntary decision to enter the Treatment Court Program.

Date

Attorney for Defendant

I have made a true and correct interpretation from English to _____, to the applicant of his/her rights contained in this statement and the answers contained herein are his/her answers.

Date

Interpreter

Participant's Signature