

TREATMENT COURT PRE/POST PLEA DIVERSION AGREEMENT

Defendant's Name: _____

Criminal Case Number(s): _____

Treatment Court Case Number: _____

I, _____, as a voluntary participant in the Boone County Treatment Court Program, understand and agree to the following:

My performance in this program will be continually reported to the Treatment Court Commissioner who leads the Treatment Court Team. The Treatment Court Team will discuss my case on a regular basis and closely monitor my progress. The Team includes the Treatment Court Commissioner, Prosecuting Attorney, Defense Attorney, Treatment Court Administrator, Probation Officer, Treatment Agency representatives, and Law Enforcement representative.

My case in Treatment Court will be kept strictly confidential with two exceptions:

1. I have signed a consent to allow the Treatment Court team to have access to my Treatment Court treatment records, and also the records of any agencies working closely with me during the time I am in Treatment Court, and
2. Should I terminate from the program or opt out of the program and appear before a Judge for disposition, Missouri Law (Section 478.005(3) Missouri Revised Statutes) provide that the Judge shall know of my termination from Treatment Court and the reasons for the termination.

I understand I have been charged with the following:

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

By entering into this Treatment Court Diversion Program Agreement, I understand and agree that:

1. The prosecution of my case(s) will be stayed during the time I am in the Treatment Court Diversion Program;
2. If Pre Plea diversion, upon successful completion of the program, the criminal charge(s) against me for the case(s) will be dismissed and I can never be convicted for those charge(s). If Post Plea diversion, upon successful completion of the program, I will be entitled to withdraw my plea of guilty and the criminal charge(s) against me for the case(s) will be dismissed and I can never be convicted for those charge(s).
3. A warrant for my arrest may be issued by the Court, if I fail to appear in court as required; and
4. That if I op-out of the program or I am terminated from the program, anything I have said concerning illegal substance use cannot be used against me in criminal court, but I will be prosecuted on the charges listed above.

5. Pursuant to Section 557.014, RSMo, I understand that any newly discovered criminal behavior while in a diversion program will immediately forfeit my right to continued participation in said program at the sole discretion of the prosecuting attorney.
6. I do not possess a Commercial Driver License
7. I understand that I must complete this program within 2 years. If I fail to complete the diversion program within 2 years, the diversion program is terminated and my case will be sent to Circuit Court to proceed with prosecution.

My Responsibilities are:

1. I must follow all conditions of the State of Missouri, Department of Corrections, Division of Probation and Parole, Pre/Post Plea Diversion; Agreement dated _____.
2. I must obey all federal and state laws, municipal and county ordinances;
3. I must report all arrests within 48 hours;
4. I must cooperate with and complete a diagnostic evaluation for the development of my treatment program;
5. I must sign a release to allow the Court and the Treatment Court Team to develop a treatment plan and monitor my progress;
6. I must follow the treatment plan as developed by the treatment team;
7. I must attend all Court, treatment and probation appointments;
8. I must submit to urine, hair, saliva, & breathe testing upon request; I may be required to wear an alcohol monitoring device at my own expense;
9. I must not use or possess any controlled substances unless as prescribed by a licensed medical professional and agree to notifying the Treatment Court Team of such prescriptions immediately;
10. I must not use or possess alcoholic beverages,
11. I must not enter into businesses wherein the principle nature of such business is the sale of alcoholic beverages, including bars, liquor stores, and gambling casinos;
12. I must not knowingly associate with any person using or possessing illegal drugs;
13. I must not work with any police agency on drug cases or on cases where I would come into contact with illegal drugs;
14. I understand that as a part of my treatment plan I may be required to complete community service hours;
15. I understand the Treatment Court Program is a minimum of fourteen (14) months and Treatment Court fees are \$____ per month.
16. I understand that any failure to follow the directives of the Court, my probation officer or my treatment provider may result in a change in my treatment plan;
17. I understand that there may be additional costs associated with treatment, monitoring or incarceration, and that I will be responsible for those additional costs;
18. I understand I may not operate a motor vehicle without a valid driver's license or Limited Driving Privilege.
19. I may not own, possess, purchase, receive, sell or transport any firearms, ammunition or explosive device, or any dangerous weapons;

20. I understand that I must follow all directives given me and remain drug and alcohol free, and if I fail to do so the Treatment Court Commissioner may impose sanctions or additional conditions for me to do which can include but are not limited to:

- a. Warning from the Treatment Court Commissioner
- b. Additional Writing Assignment
- c. Complete additional volunteer service
- d. Additional court appearances
- e. Additional group or individual treatment
- f. Additional 12-Step or support group meetings
- g. Enter a residential treatment program
- h. Complete a period of incarceration in jail
- i. Submit to electric monitoring
- j. Other reasonable sanctions and/ or treatment responses as recommended by the Treatment Court Team
- k. Termination from the program

I have read the above statements and have discussed them with my attorney. I hereby voluntarily enter into these agreements with the Court in support of my commitment to the Treatment Court Program.

_____	_____
Defendant	Date
_____	_____
Defense Attorney	Date
_____	_____
Prosecuting Attorney	Date
_____	_____
Treatment Court Commissioner	Date