

## **PRECAUTIONARY WARNING**

### ADC Rules

To: Those who seek enrollment in the Madison County Adult Drug Court Program (ADC) and their attorneys

Before volunteering to enroll in the ADC [in lieu of continued prosecution of your felony case], make very sure that all of the following apply:

- 1) you have less than three previous felony convictions;
- 2) your substance abuse must be at the root of your criminal activity;
- 3) you have no arrests for crimes of danger against another [*see chapters 6 and specific parts of 8 , Title 13A, Code of Alabama*], crimes involving the use of a weapon, any crime that has a child as a victim, or any crime involving the distribution or trafficking of a controlled substance;
- 4) you have not been diagnosed with a *mental health* condition [bi-polar, schizophrenia, down syndrome, mental retardation, manic depression, dual personality, attention deficit disorder or other psychosis) that might interfere with your ability to complete each ADC requirement;
- 5) you do not have a specific medical condition that might interfere with your ability to complete each ADC requirement [**the restrictions in paragraphs 3 and 4 might preclude ADC participation but not necessarily prevent other pre-trial diversion programs**];
- 6) you are not using methadone;
- 7) you can maintain gainful employment [**you will be required to pay approximately \$160/ mo. for your fees, assessment, all court-ordered monies, restitution, treatment fees, and drug testing**];
- 8) you have reliable transportation; and
- 9) you have daily access to a phone [**daily calls for color-coded drug screening**].

If you profess that all the above criteria apply to you and you're accepted into ADC, and then it is determined that any one of them does not apply, you may be subjecting yourself to the state penitentiary. **Truthfulness is essential!**

I received a copy of this form and understand that if any of the above things apply to me that I am subject to removal from the Adult Drug Court, which will initiate the split portion of my agreed upon sentence in prison.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Defendant Attorney

***Please sign this form if you are entering ADC, save a copy and return the original to the Prosecutor in your case.***