

CONFIDENTIAL

MADISON COUNTY ADULT DRUG COURT REQUEST FOR CONSIDERATION

I have discussed the responsibilities and obligations of clients of the Madison County Adult Drug Court {hereinafter MCADC} with the Assistant District Attorney and I would like to be considered for enrollment.

He has explained that I would be exposed to random drug testing [and sanctions, including jail, for dirty screens and other violations], either in-patient or out-patient treatment, treatment assessment, group meeting attendance, regular court appearances and various financial obligations, including court costs. I understand that if accepted into MCADC I will be required to maintain full-time employment and that I must fully cooperate with court officials, treatment professionals and others that the Judge may deem necessary. Most importantly I understand that I will plead guilty to this charge against me and that if I am terminated unsuccessfully from the program that I am subject to incarceration in the penitentiary. Conversely, I know that successful completion of the program will allow me to have my case dismissed.

____ Having reviewed the above requirements of MCADC, I am interested in being considered for enrollment.

I give the following information freely and understand that it will be kept **confidential**, used solely for consideration of my request to enter MCADC. I understand that my acceptance into the program is at the discretion on the MCADC officials only.

Names known by: _____
Date of Birth _____ Social Security number _____ Race _____ Sex M F
Prior felony convictions: _____ If yes, please give the charge and conviction date _____

Home address _____
Phone number _____ Medications that you currently use _____

Place of employment _____
Arresting Agency and agent if known _____

____ Having requested consideration for enrollment in MCADC, I waive my preliminary hearing if accepted into the program.

____ Having requested consideration for enrollment in MCADC, I understand my next court date is _____ at _____ M in room _____, Madison County Courthouse.

OR

____ Having been explained the requirements of MCADC, I am not interested in being considered for enrollment.

Date: _____
_____ Defendant

This request has been considered by the District Attorneys office and has been accepted --rejected by the MCADC.

Date: _____
_____ ASSISTANT DISTRICT ATTORNEY

Please return confirmation/denial to box # _____
Madison County Courthouse, Circuit Clerk's office,
or to _____, Defendant's attorney