

STATE OF MINNESOTA DISTRICT COURT - CRIMINAL DIVISION
COUNTY OF OLMSTED
THIRD JUDICIAL DISTRICT

COURT FILE NUMBER: _____

***REQUEST TO BE CONSIDERED
FOR OLMSTED COUNTY ADULT DRUG COURT***

STATE OF MINNESOTA,
Plaintiff,

vs.

Defendant.

I, _____, Defendant in the above-entitled action, respectfully represent and state as follows:

1. My full name is _____ I am ___ years old. My date of birth is _____.

2. I understand that I have been charged with the crime(s) of _____, committed on or about _____ in Olmsted County, Minnesota.

3. I have received, read and fully understand the attached Drug Court Information Sheet.

4. If accepted into the Olmsted County Adult Drug Court, I agree to be bound by all provisions of the Olmsted County Adult Drug Court.

5. I understand that in order to be accepted into this program, I must offer a plea of guilty and admit the facts underlying the charge(s) including, but not limited to, the identity and involvement of others. I understand that I will be convicted and adjudicated guilty.

6. I understand that if accepted my participation in Olmsted County Adult Drug Court will be considered a condition of a probationary sentence and, if I wish to

discontinue participation in the program prior to successful completion of all terms and conditions, I will be subjected to further sentencing proceedings.

7. I understand that in order to be eligible for Olmsted County Adult Drug Court, I must meet the following criteria:

18 or over (male or female)

Olmsted County resident

Have been determined to be high risk/ high need as determined by Community Corrections.

Client must enter voluntarily and be suitable for enhanced supervision as part of the Olmsted County Drug Court, as evaluated by the clients willingness and motivation to participate in the program.

8. I understand that although I may be eligible, I will still need to be assessed for the appropriateness for entry into Olmsted County Drug Court by Community Corrections and the Drug Court team. During the screening process, potential participants are encouraged to be forthright about the conduct underlying their pending charges. Such honesty is an important part of changing their circumstances and becoming alcohol-and drug-free. Statements made by potential participants describing the conduct with which he/she is charged will not be used as evidence or a source of evidence in a subsequent trial on the pending charge(s).

9. In view of all facts and considerations, and with a full understanding of the provisions of this document and the Olmsted County Adult Drug Court, I am hereby requesting admission into this program.

Offender

_____, 20____.

I, _____ state that I am the attorney for the defendant in the above-entitled criminal action; that I personally explained the contents of the above request to the defendant; and that I personally observed the defendant date and sign the above petition.

Attorney for Defendant

_____, 20____

Assistant Olmsted County Attorney

_____, 20____