

**LAWRENCE COUNTY COURT OF COMMON PLEAS  
TREATMENT COURT PROGRAM**

**PARTICIPANT CONTRACT**

I, \_\_\_\_\_, with a date of birth of \_\_\_\_/\_\_\_\_/\_\_\_\_ and an address of \_\_\_\_\_ having entered a guilty plea in criminal case number(s) \_\_\_\_\_ and/or have stipulating to parole/probation violation in criminal case number(s) \_\_\_\_\_ hereby enter into this Treatment Court Contract, binding myself to the terms below. \_\_\_\_\_ (initials)

1. I understand that the validity of this contract is conditioned upon my eligibility for the Treatment Court Program. If at any time after the execution of this agreement and in any phase of the Treatment Court program, it is discovered that I am, in fact, ineligible to participate in the program, I may be immediately terminated from the program and sentenced at the discretion of the presiding Judge. In the case of a guilty plea, I will not be allowed to withdraw my previously entered plea of guilty unless my ineligibility is based on facts or information which should have been known to the prosecutor prior to admission into the program, or upon Constitutional grounds. \_\_\_\_\_ (initials)
2. I understand that if I enter this program and fail to complete it, I may be barred from future participation. \_\_\_\_\_ (initials)
3. I understand that participation in Treatment Court involves a minimum time commitment of 18-24 months but may extend longer depending on my individual progress in the program. \_\_\_\_\_ (initials)
4. I will report as directed to my Treatment Court Officer and attend all appointments for treatment and ancillary services as scheduled. \_\_\_\_\_ (initials)
5. I understand that during the course of the Treatment Court Program, I will be required to attend court sessions as directed and that failing to attend will result in a warrant for my arrest. \_\_\_\_\_ (initials)
6. For the purposes of regularly scheduled status hearings, I agree to waive my right to have my attorney of record present. I understand that my case may be discussed without my attorney or the prosecutor present. \_\_\_\_\_ (initials)
7. I agree to cooperate in an assessment/evaluation for planning an individualized course of treatment for drug & alcohol and/or mental health, in order to adequately meet my needs. I agree to execute the Consent for Disclosure of Confidential Substance Abuse information. \_\_\_\_\_ (initials)
8. I understand that my individual course of treatment may include but is not limited to: residential or outpatient treatment, education, and/or self-improvement courses, that may be imposed at the discretion of the Treatment Court team. I agree to adhere to all recommended treatment programs and sign appropriate releases, allowing treatment providers to release information as it relates to my individualized treatment plan. \_\_\_\_\_ (initials)
9. I will not leave any treatment program without prior approval of the Treatment Court Team and my treatment provider. I agree to complete all required financial disclosure declarations as necessary to obtain funds for my treatment. If funding is not available, I understand that I am responsible for the costs of my treatment. \_\_\_\_\_ (initials)

10. I agree to keep the Treatment Court Team informed of my current address and phone number at all times and will not change my residence without prior consent from my Treatment Court Officer. My place of residence is subject to Treatment Court approval. \_\_\_\_\_ (initials)
11. I will not travel more than thirty (30) miles from my address of record without receiving prior permission from my Treatment Court Officer or the Treatment Court Coordinator. I will not travel outside of Pennsylvania without written permission from the Officer or Coordinator. \_\_\_\_\_ (initials)
12. I understand that I must comply with all local, state, and federal laws. I agree to inform any law enforcement officer who contacts me that I am in Treatment Court. I must immediately notify the Treatment Court Officer of any contacts, arrests, or investigations by/with a law enforcement agency. \_\_\_\_\_ (initials)
13. I understand that I may not, under any circumstances, work as a confidential informant with any law enforcement agency while I am participating in the Treatment Court Program. I may not be made or encouraged to work as a confidential informant as a condition of my participation in the Treatment Court Program. \_\_\_\_\_ (initials)
14. I will not possess, have control of, or have in my place of resident or vehicle any of the following: stolen property, non-prescribed controlled substances, drug paraphernalia, firearms, or deadly weapons/instruments of crime. I will submit my person, property, place of residence, vehicle, and/or personal effects to search at any time by a member of the Treatment Court Team or representative based upon reasonable suspicion that I am in possession of the aforementioned items. \_\_\_\_\_ (initials)
15. I understand that I may not participate in Treatment Court if I am a gang member. \_\_\_\_\_ (initials)
16. I understand that any false statements, verbal or written, made by me to any member of the Treatment Court Team may result in termination from the program. \_\_\_\_\_ (initials)
17. I agree not to threaten, harass, intimidate, or abuse in any way any member of the Treatment Court Team or its representative. \_\_\_\_\_ (initials)
18. I understand that I am not permitted to be romantically involved with other Treatment Court participants or any member of the Treatment Court team. \_\_\_\_\_ (initials)
19. I understand that participating in the Treatment Court program, I am required to be drug and alcohol free at all times. I will not associate with people who possess drugs, nor will I be present while drugs are being used or possessed by others. \_\_\_\_\_ (initials)
20. I agree to submit to urinalysis and/or breathalyzer testing on a random basis, as directed and according to procedures established by the Treatment Court Team and/or treatment provider. I understand that refusal to submit to testing, failing to report for testing, and/or failure to provide a sample for testing will be considered a positive test and a violation of this Contract. \_\_\_\_\_ (initials)
21. I will not substitute, alter, or in any way attempt to change my bodily fluids or testing specimen, including attempting to dilute the sample or provide a sample other than my own. \_\_\_\_\_ (initials)
22. I understand that I may dispute positive test results and request a laboratory confirmation. I am responsible for the reimbursement of the costs associated with laboratory fees in the event of a positive confirmation of drug use. \_\_\_\_\_ (initials)

23. I am responsible for what goes in my body. Before taking medication of my kind, prescribed or over the counter, I will check to ensure that it is non-narcotic, non-addictive, and contains no alcohol. I will inform any treating physicians that I may not take narcotics or addictive medications. If a treating physician wishes to treat me with narcotic or addictive medications, I must disclose this to my treatment provider and probation officer and get specific permission from the Treatment Court Team to take such medication. I will sign appropriate release forms, as necessary. \_\_\_\_\_ (initials)
24. I understand that during the initial phases of the Treatment Court program, I may be precluded from working or gaining employment. I further understand that within the time directed by the Treatment Court Team, I will seek legitimate employment, job training, and/or education as approved by the Team. \_\_\_\_\_ (initials)
25. I understand that I must pay all fines, costs, restitution, and fees associated with my participation in the Treatment Court Program. At the time designated by the Treatment Court Officer, I will enter into a monthly payment agreement and adhere to the agreement made. \_\_\_\_\_ (initials)
26. I agree to inform the Lawrence County Domestic Relations Office and/or Lawrence County Children & Youth Services of my participation in Treatment Court, as long as I have open cases with such agencies. I agree to sign appropriate releases for all parties involved with said agencies to allow for communication on my status and progress in the Treatment Court Program. \_\_\_\_\_ (initials)
27. I agree to abide by the rules and regulations imposed by the Treatment Court Team and understand that failure to comply may result in service adjustments, sanctions, and/or termination from the program. \_\_\_\_\_ (initials)
28. I understand that upon entering the Treatment Court Program, I am waiving my right to be sentenced within ninety (90) days from entering a plea of guilty and/or stipulation to a parole/probation violation. This waiver is required to meet the time commitments of the Treatment Court Program. \_\_\_\_\_ (initials)
29. I understand that I may voluntarily withdraw from Treatment Court at any time. If I do so, I may be sentenced up to the maximum penalty allowed for the underlying offense(s) and at the discretion of the presiding Judge. \_\_\_\_\_ (initials)
30. I understand that my failure to successfully compete and graduate from the Lawrence County Court of Common Pleas Treatment Court Program will result in the imposition of the previously deferred sentencing and/or sentencing for a violation of parole/probation. I understand that my failure to complete the program cannot be a basis for the withdrawal of my previously entered guilty plea and/or stipulation to my parole/probation violation(s). I understand that any attempt to withdraw my guilty plea and/or stipulation to parole/probation violation(s) would be prejudicial to the Commonwealth. Any sentence imposed shall be at the discretion of the presiding Judge. \_\_\_\_\_ (initials)
31. If the charges for which I entered into Treatment Court are new criminal charges, upon successful completion of the Treatment Court Program and the payment of all outstanding costs, fines, fees, and restitution, the criminal charges filed against me will be dismissed. The District Attorney's Office will agree to seek to expunge the pertinent charges, subject to court approval. \_\_\_\_\_ (initials)
32. If the charges for which I entered into Treatment Court were the result of a parole/probation violation, upon successful completion of the Treatment Court Program, any remaining term of supervision may be terminated. I understand that parole/probation violation cases are not eligible to be expunged. \_\_\_\_\_ (initials)

33. I acknowledge that failure to pay costs, fines, fees, and restitution will result in all open cases being referred to a collections enforcement agency and may reflect negatively upon my dismissal and/or expungement of charges. \_\_\_\_\_ (initials)
34. I understand that failure to adhere to the aforementioned conditions may result in my termination from the Treatment Court Program. \_\_\_\_\_ (initials)

#### ACKNOWLEDGEMENT

**I hereby acknowledge that I have read, or have had read to me, the foregoing rules, regulations, and conditions of participation in the Treatment Court Program. I understand that the Treatment Court Program is constantly improving, therefore, it may be necessary for me to review, and sign updated contracts during the course of the program. I am willing to enter into this agreement to participate in the Lawrence County Court of Common Pleas Treatment Court Program.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for the Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for the Commonwealth

\_\_\_\_\_  
Date

**COURT OF COMMON PLEAS  
LAWRENCE COUNTY, PENNSYLVANIA  
TREATMENT COURT**

Commonwealth of Pennsylvania : CRIMINAL DIVISION

:

vs. : NO: \_\_\_\_\_

:

:

**TREATMENT COURT GUILTY PLEA COLLOQUY**

**INSTRUCTIONS**

1. This form is to be used ONLY in the Lawrence County Court of Common Pleas Treatment Court.
2. The Court will explain to you your rights, the elements of the crime(s) to which you are pleading guilty and the possible ranges of sentences and/or fines.
3. Complete the answer to every question.
4. Be sure to sign and date the last page of this form.

YOU ARE PRESENT BEFORE THIS COURT BECAUSE YOU AND YOUR LAWYER HAVE STATED THAT YOU WISH TO PLEAD GUILTY TO ALL OF THE CRIMINAL OFFENSES WITH WHICH YOU HAVE BEEN CHARGED.

1. Can you read, write, speak and understand the English language? \_\_\_\_\_
2. Within the last twenty-four (24) hours have you ingested any alcohol or drug, prescription or otherwise? \_\_\_\_\_ If yes, are you in any way under the influence of alcohol or drugs, including prescription medications? \_\_\_\_\_
3. Do you understand that you are here today to enter a plea of guilty to all of the criminal charges against you? \_\_\_\_\_
4. Do you understand that pleading guilty is a condition of participation in the Lawrence County Treatment Court? \_\_\_\_\_
5. Do you understand that if you are terminated from the Treatment Court Program, you will NOT be permitted to withdraw your guilty plea, unless that termination is based on facts which should have been known to the prosecutor PRIOR to admission, or is based upon Constitutional grounds? \_\_\_\_\_
6. Do you understand that if it becomes necessary to sentence you pursuant to your guilty plea, then the sentencing may NOT occur within the ninety (90) days as proscribed by Pa. Rule of Criminal Procedure 704? \_\_\_\_\_ Further, by initialing, you signify that you understand and agree to waive the ninety (90) days sentencing limitation due to your participation in the Treatment Court Program. \_\_\_\_\_ (initials)

7. Do you understand that this is an open plea stipulation and should it become necessary to sentence you, it is the Treatment Court Judge who will determine the sentence (in other words, this is an open plea)? \_\_\_\_\_
8. Do you understand that upon sentencing (should that be necessary) the Treatment Court Judge in fashioning your sentence, in addition to considering the statutory maximum sentences proscribed by law for the offense you are pleading guilty, as indicated below, will consider your prior criminal history, including juvenile adjudications and the sentencing guidelines. The statutory maximum sentence(s) you may face for the offense(s) you are now pleading guilty are as follows:

CASE #	OTN #	CHARGE	GRADE	CRIMES CODE	MIN/MAX TERM OF CONFINEMENT	MAX FINE

9. Do you understand that if you are being sentenced on more than one offense, and/or more than one count of an offense, the sentences could be consecutive to each other? \_\_\_\_\_
10. Do you understand that you have a right to a trial by jury and that by pleading guilty you are giving up that right? \_\_\_\_\_
11. Do you understand that a jury would consist of twelve (12) citizens from Lawrence County, and that you and your attorney would participate in the selection of the jury and that in order to convict you, all twelve members of the jury must agree that you are guilty, beyond a reasonable doubt? \_\_\_\_\_
12. Do you understand that you are presumed innocent until proven guilty by the Commonwealth beyond a reasonable doubt? \_\_\_\_\_
13. Do you understand that the Commonwealth must prove each element of each offense beyond a reasonable doubt? \_\_\_\_\_

14. Do you understand that if the judge declines to accept your guilty plea, you will be permitted to withdraw it and you will be in the same position as if this plea had not taken place? \_\_\_\_\_
15. Do you understand the terms and conditions of the Treatment Court Program? \_\_\_\_\_
16. Is it your decision to plead guilty? \_\_\_\_\_
17. Have you been threatened or forced, in any way, to plead guilty? \_\_\_\_\_
18. Have any promises been made to you to enter a plea of guilty, other than the terms of the Treatment Court Program as agreed to by you in the Participant Contract? \_\_\_\_\_
19. Do you understand that a guilty plea has the same effect as a conviction by a jury or a judge hearing the case without a jury? \_\_\_\_\_
20. Have you discussed your guilty plea and your entry into the Treatment Court Program with your attorney?  
\_\_\_\_\_
21. Are you satisfied that you understand the responsibilities and consequences of your plea of guilty?  
\_\_\_\_\_
22. And, are you entering this guilty plea, freely and voluntarily? \_\_\_\_\_

***I, \_\_\_\_\_, having been fully informed of my rights, voluntarily and knowingly agree to waive these rights and enter a PLEA OF GUILTY to the offenses listed above at paragraph 8, by signing this TREATMENT COURT GUILTY PLEA COLLOQUY.***

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

***I have reviewed this Treatment Court Guilty Plea Colloquy with my client, and acknowledge that he/she has been fully informed of the Adult Court Program and the consequences of entering a guilty plea. I further certify that he/she is signing freely and voluntarily.***

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

\_\_\_\_\_  
Date

**COURT OF COMMON PLEAS  
LAWRENCE COUNTY, PENNSYLVANIA  
TREATMENT COURT**

Commonwealth of Pennsylvania : CRIMINAL DIVISION

:

vs.

:

NO: \_\_\_\_\_

:

:

**TREATMENT COURT PROBATION/PAROLE VIOLATION**  
**STIPULATION COLLOQUY**

**INSTRUCTIONS**

1. This form is to be used ONLY in the Lawrence County Court of Common Pleas Treatment Court.
2. The Court will explain to you your rights, the elements of the violation to which you are stipulating.
3. Complete the answer to every question.
4. Be sure to sign and date the last page of this form.

YOU ARE PRESENT BEFORE THIS COURT BECAUSE YOU AND YOUR LAWYER HAVE STATED THAT YOU WISH TO ADMIT/STIPULATE TO PAROLE/PROBATION VIOLATION(S) WITH WHICH YOU HAVE BEEN CHARGED.

1. Can you read, write, speak and understand the English language? \_\_\_\_\_
2. Within the last twenty-four (24) hours have you ingested any alcohol or drug, prescription or otherwise? \_\_\_\_\_ If yes, are you in any way under the influence of alcohol or drugs, including prescription medications? \_\_\_\_\_
3. Do you understand that you are here today to stipulate/admit the violations filed against you? \_\_\_\_\_
4. Do you understand that the admission/stipulation is a condition of participation in the Lawrence County Treatment Court? \_\_\_\_\_
5. Do you understand that if you are terminated from the Treatment Court Program, you will NOT be permitted to withdraw your stipulation/admission, unless that termination is based on facts which should have been known to the prosecutor PRIOR to admission, or is based upon Constitutional grounds? \_\_\_\_\_
6. Do you understand that if it becomes necessary to sentence you pursuant to your stipulation/ admission, then the sentencing may NOT occur within the ninety (90) days as proscribed by Pa. Rule of Criminal Procedure 704? \_\_\_\_\_



\_\_\_\_\_ Further, by initialing, you signify that you understand and agree to waive the ninety (90) days sentencing limitation due to your participation in the Treatment Court Program. \_\_\_\_\_ (initials)

7. Do you understand that this is an open plea stipulation and should it become necessary to sentence you, it is the Treatment Court Judge who will determine the sentence (in other words, this is an open plea)? \_\_\_\_\_
8. Do you understand that upon sentencing (should that be necessary) the Treatment Court Judge in fashioning your sentence, in addition to considering the statutory maximum sentences proscribed by law for the underlying offense(s) upon which you are admitting/stipulating violation of your probation and/or parole as indicated below, will consider your prior criminal history, including juvenile adjudications and the sentencing guidelines. The statutory maximum sentence(s) you may face for the underlying offense(s) you are now admitting to or stipulating to the violations of your parole/probation are as follows:

CASE NUMBER	DATE OF VIOLATION(S)	VIOLATIONS ALLEGED

UNDERLYING CHARGE(S) and GRADING	MAXIMUM TERM OF CONFINEMENT	MAXIMUM FINE

9. Do you understand that if you are being sentenced on more than one underlying offense, and/or more than one count of an offense, the sentences could be consecutive to each other? \_\_\_\_\_
10. Do you understand that you are presumed innocent until proven guilty by the Commonwealth beyond a reasonable doubt? \_\_\_\_\_
11. Do you understand that if the judge declines to accept your admission/stipulation, you will be permitted to withdraw it and you will be in the same position as it had not taken place? \_\_\_\_\_
12. Do you understand the terms and conditions of the Treatment Court Program? \_\_\_\_\_
13. Is it your decision to plead admit/stipulation to the violation(s)? \_\_\_\_\_
14. Have you been threatened or forced, in any way, to admit/stipulate? \_\_\_\_\_

15. Have any promises been made to you to enter an admission/stipulation, other than the terms of the Treatment Court Program as agreed to by you in the Participant Contract? \_\_\_\_\_
16. Do you understand that an admission/stipulation has the same effect as a conviction by a judge hearing the case? \_\_\_\_\_
17. Have you discussed your admission/stipulation and your entry into the Treatment Court Program with your attorney? \_\_\_\_\_
18. Are you satisfied that you understand the responsibilities and consequences of your admission/stipulation? \_\_\_\_\_
19. And, are you entering this admission/stipulation, freely and voluntarily? \_\_\_\_\_
20. Do you have any questions that have not been addressed by your attorney or this Court that you wish to have addressed at this time? \_\_\_\_\_

If so, please indicate: \_\_\_\_\_

***I, \_\_\_\_\_, having been fully informed of my rights, voluntarily and knowingly agree to waive these rights and ADMIT/STIPULATE to the violations listed and the maximum sentences you could face for these violations as listed above at paragraph 8, by signing this TREATMENT COURT GUILTY PLEA COLLOQUY.***

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

***I have reviewed this Treatment Court Violation Admission/Stipulation Colloquy with my client, and acknowledge that he/she has been fully informed of the Adult Court Program and the consequences of entering an admission/stipulation. I further certify that he/she is signing freely and voluntarily.***

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

\_\_\_\_\_  
Date