

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL DISTRICT OF
HINDS COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI

CAUSE NUMBER _____

v.

**DEFENDANT’S REQUEST TO ENTER DRUG COURT
PROBATION PROGRAM**

TO: HONORABLE ROBERT SMITH, DISTRICT ATTORNEY
HINDS COUNTY, MISSISSIPPI

FROM: DEFENDANT _____, RACE _____

A/K/A _____, GENDER _____

SOCIAL SECURITY NO. _____, DOB _____

ADDRESS _____

CHARGES _____

I, _____, hereby request that the District Attorney consent to my enrollment in and completion of a drug abuse treatment program (otherwise referred to as “the Drug Court”). I state that the alleged offense, from which this arrest arises, occurred on or about _____ in Hinds County, Mississippi.

I understand this request is made with knowledge that my rights concerning self-incrimination and search and seizure must be waived to the extent necessary to consider this request and to rehabilitate myself. My attorney has explained these rights to me, and I understand my rights. After consultation with my attorney, I freely and voluntarily, of my own free will, hereby state and affirm that no threats, promises or inducements of any kind have been made to force me to waive my rights. My constitutional rights concerning self-incrimination and search and seizure, to the extent necessary to consider this request and rehabilitate myself, are hereby voluntarily waived in exchange for the opportunity for rehabilitation should this request be granted.

If I am approved for the Drug Court Probation Program, I agree to provide information needed to conduct an assessment of my needs to complete the recommended treatment program, adhere to a drug and/or alcohol testing program, pay any fees as directed by the Court, and complete all phases of the program.

I understand that should I be approved for the Drug Court, the Court may at any time discharge me from the Drug Court for any reason of noncompliance; including but not limited to, my failure to abide by the Agreement of Participation, the terms and conditions of probation, complete the recommended treatment program, pay participation fee and court costs, complete community service work or education program as ordered, comply with the orders and instructions of the Court or the Drug Court Team, or abide by all federal laws and the laws of the State of Mississippi.

I voluntarily and knowingly choose to plead guilty and enter the Drug Court Program. I understand that if I do not follow and obey the terms and conditions of the Program and probation, sanctions, including incarceration, may be imposed against me during the course of the Drug Court Program. If I am discharged from the program, I further understand that I may be incarcerated based upon my previously entered plea of guilty.

Defendant

Date

Attorney for Defendant

Date

APPROVAL OF DEFENDANT'S REQUEST

The Defendant has been approved by the District Attorney's Office to participate in the Hinds County Drug Court Probation Program. The Defendant meets all eligibility requirements for participation based on the offense charged and the NCIC and local criminal history background checks. To complete this request, the defendant must be, or have already been screened by the Hinds County Circuit Drug Court Program Director to determine the defendant's appropriateness for participation in the program.

Assistant District Attorney

Date