

**IN THE COURT OF COMMON PLEAS, MERCER COUNTY, OHIO  
CRIMINAL DIVISION**

|                      |   |                               |
|----------------------|---|-------------------------------|
| <b>STATE OF OHIO</b> | : | Case No.                      |
| Plaintiff            | : |                               |
| vs.                  | : | <b>[CM 28]</b>                |
|                      | : | <b>REQUEST FOR ADMITTANCE</b> |
|                      | : | <b>TO DRUG COURT</b>          |
|                      | : | <b>EVALUATION FOR AND</b>     |
|                      | : | <b>ADMITTANCE INTO DRUG</b>   |
| Defendant            | : | <b>COURT PROGRAM</b>          |

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I, the above-named defendant, hereby request the court for admittance into the Drug Court Program. I hereby give my consent to be interviewed by court staff that operates the Mercer County Common Pleas Drug Court Program for the purpose of determining if I am eligible for admission into the Drug Court. I acknowledge that I will need to be diagnosed by a licensed treatment provider as drug dependent, and I agree to cooperate in the completion of a presentence investigation.

I understand that if I am accepted into the Drug Court, I will be required to participate in a court-ordered substance abuse treatment program for a minimum of 12 months in duration with conditions of supervision by officers of the probation department that are established to further my successful recovery from substance dependence.

I give my consent to be evaluated for eligibility and admission into the Drug Court. I agree to give truthful and accurate answers to the questions I am asked in this evaluation process for eligibility and admission into the Drug Court. I understand that unless I otherwise authorize, only my attorney and the Mercer County Common Pleas Court and court staff may receive the information I provide in the process of being evaluated for admission into the Drug Court and that my attorney is bound by the confidentiality requirements established by the attorney-client privilege regarding such information. I further understand that the information I give in the evaluation process for admission into the Drug Court Program will not be provided to the State of Ohio and/or counsel for the State of Ohio and is not subject to discovery by the State of Ohio under the Rules of Criminal procedure or any other law or rule.

I also understand that as part of the evaluation process, I will be asked to sign a separate Authorization for Release of Information which authorizes reciprocal communication and release of information from the Mercer County Common Pleas Court and court staff by and between the current treatment agency, Foundations Behavioral Health Services, and other substance abuse and mental health treatment providers and community service agencies.

I know of no serious physical health conditions which would keep me from completing the Drug Court requirements. I know of no pending charges or detainers from any other jurisdiction that would prevent me from entering or completing the Drug Court Program. I understand that, if I am eligible and admitted into the Drug Court Program, my compliance with the program and the rules of the Drug Court Program will be monitored by Judge Ingraham. I further understand that if I am unsuccessfully terminated from Drug Court for any reason after being admitted into the Drug Court Program, my case will be returned to the regular criminal docket before Judge Ingraham and scheduled for further proceedings, including sentencing or disposition.

I have been informed and understand that this evaluation process for admission does not guarantee my eligibility or admission into the Drug Court Program. I further understand that if I am determined not to be eligible for the program or I am not admitted into the Drug Court Program, my case shall remain on the regular criminal docket for further proceedings, including final resolution.

I agree to complete referral form CM 27 which has been provided to me.

SIGNED:

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

APPROVED:

\_\_\_\_\_  
Referral Source (Attorney/PO)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prosecutor

\_\_\_\_\_  
Date

### **CERTIFICATE OF SERVICE**

This motion was issued by regular U.S. mail to the Mercer County Prosecuting Attorney and the Drug Court Coordinator on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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