

VIRGINIA:

IN THE GENERAL DISTRICT COURT FOR THE CITY OF WINCHESTER,
FREDERICK COUNTY AND CLARKE COUNTY

Commonwealth of Virginia

v.

Docket No. _____

Court Date: _____

Charge(s): _____

**Waiver of Certain Constitutional Rights and Agreement
to Participate in the Behavioral Health Docket Program**

1. I understand I have pled guilty or nolo contendere to the misdemeanor charge(s) listed above. I further understand that by pleading guilty or nolo contendere to the misdemeanor charge(s) I am submitting matters of sentencing to the Court;

2. I understand the Court may defer imposing a sentence in my case OR may sentence me to jail and suspend all or a portion of that jail sentence conditioned upon my entry into and successful completion of the Winchester-Frederick County Behavioral Health Docket ("WFCBHD") Program in accordance with my plea agreement;

3. I understand a condition of my participation in the Behavioral Health Docket Program is to attend all Court review hearings; I now waive my right to be represented by counsel at all Court review hearings;

4. I waive my right to be present and waive my attorney's right to be present during all Treatment Team meetings in which my Behavioral health diagnosis, progress and treatment are discussed;

5. I agree to the following conditions as a necessary prerequisite to my acceptance into the Behavioral Health Docket Program: a. I agree to attend all review hearings scheduled by the Court in which my progress and adjustment to supervision shall be reported by my Treatment Team to the Court. I understand that a lack of transportation is NOT considered an acceptable excuse for non-attendance; b. I agree to be bound by all conditions of probation imposed by the Court in my case; c. I agree to pay all probation supervision fees; d. I agree to participate in counseling for behavioral health and substance abuse issues as directed by my Treatment Team; e. I agree to comply with all medication requirements as directed by my Treatment Team; f. I agree to refrain from the use of alcohol and all non-prescription drugs while on probation; g. I agree and consent to provide my Treatment Team with a sample of my breath or urine as requested by my Treatment Team or as directed by the Court; h. I agree to cooperate with my Treatment Team and be respectful of their recommendations; i. I agree to be law abiding and

engage in no criminal activity while on probation; j. I agree to pay all costs, if any, associated with my treatment; k. I agree to sign a release of information to share information with members of the Behavioral Health Docket Team, as well as, any other agency deemed necessary by my treatment plan.

6. I understand the Court shall issue a capias should the Court determine, based on the recommendation of the Treatment Team, that I should be removed from the Behavioral Health Docket Program as a result of my non-compliance with the conditions of the Behavioral Health Docket Program and/or my probation. I understand I will receive written notice of the alleged violation(s) and be entitled to a hearing on that issue. I understand I will be entitled to be represented by counsel at that hearing. At my request, if I am unable to afford counsel, I understand the Court shall appoint counsel to represent me. I further understand that any decision to terminate me from the Behavioral Health Docket is not appealable. If I am terminated from the program and the disposition in my case was deferred by the Court, the Court may convict me of my original charge and impose a jail sentence of not more than 12 months, a fine of not more than \$2500, or both.

7. I understand the Court may impose sanctions for my non-compliance with the terms of the Behavioral Health Docket Program and my probation and order any of the following sanctions: a. Perform additional community service hours; b. Attend additional community support meetings; c. Attend additional Court reviews d. Attend additional meetings with my probation officer; e. Attend additional counseling sessions with my Behavioral health counsel and/or my substance abuse counselor; f. Provide additional urine or breath screens; g. A brief period of incarceration of not more than 5 days; h. Issue a capias and remand me to jail to await a further hearing; i. Removal from the program and termination of my probation with the issuance of a capias pursuant to 18.2-456 and/or 19.2-306; j. Other measures the Court deems appropriate to punish or sanction my non-compliance.

8. I agree to a probation period of not less than 12 months; however, upon meeting all goals set by my Treatment Team and upon the recommendation of my Treatment Team, the Court may release me from probation prior to the expiration of 12 months.

9. I agree to pay all Court costs within 12 months of being placed in the Behavioral Health Docket Program. I understand that my inability to pay costs for good cause will not be a reason to prevent my successful completion of the program.

10. The Commonwealth Attorney and I agree that the following disposition shall enter in my case if I successfully complete the Behavioral Health Docket Program:

11. The Commonwealth Attorney and I agree that the following disposition shall enter in my case if I do not successfully complete the Behavioral Health Docket Program:

I have discussed the contents of this document with my attorney and understand its contents. I have discussed the above Waiver of Certain Constitutional Rights with my attorney and fully understand and accept the conditions set forth above. I further agree to be bound by this document and ask the Judge to refer me to the Behavioral Health Docket Program as an alternative disposition to be imposed in my case.

Date

Participant

I certify I have discussed the contents of this document with my client. Based upon my discussions today with my client regarding possible sentencing alternatives and specifically my client's participation in the Winchester-Frederick County Behavioral Health Docket Program, it is my belief my client is competent to make the decision to participate in the Behavioral Health Docket Program.

Date

Counsel for Participant

I certify I have agreed to the contents of this document in regards to the Defendant. I have discussed with Defense sentencing alternatives and specifically the Defendant's participation in the Winchester-Frederick County Behavioral Health Docket Program.

Date

Commonwealth Attorney

The Defendant and Counsel appeared before me on this date, acknowledged the contents of this document, and Defendant, after consultation with Counsel, signed this document freely. Based upon the evidence produced today, the Court finds the Defendant is competent to understand these proceedings and to execute the waiver contained herein.

Date

Judge