

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON FOR KING COUNTY
JUVENILE DIVISION

STATE OF WASHINGTON)	NO.
)	
VS.)	
)	
DOB:)	JUVENILE DRUG COURT
)	WAIVER AND AGREEMENT
Respondent.)	(WV)

JUVENILE DRUG COURT WAIVER OF RIGHTS AND AGREEMENT OF THE PARTIES

I understand that on the above-noted cause numbers, I am charged with the following crimes, which carry the following standard sentencing ranges and statutory maximum sentences:

Cause Number/Count: _____

I am charged with the crime of _____, which carries a standard sentencing range of _____ * with a maximum penalty of _____ days/years of confinement and a \$ _____ fine.

Cause Number/Count: _____

I am charged with the crime of _____, which carries a standard sentencing range of _____ * with a maximum penalty of _____ days/years of confinement and a \$ _____ fine.

Cause Number/Count: _____

I am charged with the crime of _____, which carries a standard sentencing range of _____ * with a maximum penalty of _____ days/years of confinement and a \$ _____ fine.

() Additional charges and consequences are set forth in Appendix A

*Local Sanctions (LS) means 0-12 months Supervision, 0-150 hours Community Service, 0-30 days Detention, \$0-\$500 Fine, VPA, and Restitution.

The standard sentencing range(s) set forth above is/are based on my criminal history, which is as follows:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

- _____ I accept that the criminal history and standard range(s) set forth above is/are accurate. I understand that should I be terminated from Juvenile Drug Court and I am found guilty of this/these charge(s), the judge will take into consideration my criminal history at sentencing. I understand that if any additional criminal history is discovered, the standard range may increase. Even so, this agreement is binding on me and I cannot change my mind even though the standard range may increase.
- _____ I have been informed and fully understand that I have the following important rights. I also understand that I give up the following important rights by entering Juvenile Drug Court:
1. The right to hear and question the witnesses who might testify against me;
 2. The right to testify and to have witnesses testify for me. These witnesses can be made to appear at no expense to me;
 3. The right to a speedy trial pursuant to JuCR 7.8;
 4. The right to contest the stop and/or search and/or the voluntariness of any statement that I may have given in this/these case(s);
- _____ I understand and agree that if I do not comply with the conditions of this agreement, a hearing will be held at which the State will present evidence related to this/these charge(s), including, the police reports, witness statements, statements I made to the police, and the results of any lab tests, fingerprint analysis, and law enforcement field tests. I stipulate that any lab tests, fingerprint analysis, and field tests used in this/these case(s) is/are accurate, reliable, and admissible. I understand and agree that the judge will review the evidence presented by the State and will decide if I am guilty beyond a reasonable doubt of this/these charge(s) based solely on that evidence. I give up my right to object to any evidence presented against me and to present evidence on my own behalf. This stipulation and waiver is not an admission of guilt, and is not sufficient, by itself, to warrant a finding of guilt. I waive my right under Juvenile Criminal Rule 7.11(d) to written findings of fact and conclusions of law.
- _____ I agree to sign any and all releases necessary to monitor my progress in Juvenile Drug Court. This information shall only be used to monitor compliance in this/these case(s) and shall not be used by the State or the Court for any other purpose, including prosecution.
- _____ I understand and agree that I must remain drug and alcohol free. I agree not to knowingly associate with any person possessing or using illegal drugs, or minors possessing or using alcohol. I agree to stay out of drug areas as defined by the Court.
- _____ I understand and accept that I will be drug tested at drug court and at my drug/alcohol treatment agency. Tests may be given on a random basis. I may be contacted and told to report within three (3) hours to provide a urine specimen. A Drug Court staff member or designee, or the treatment staff will observe me when I am tested. I understand that if I fail to provide a valid sample, or if my urine specimen is diluted or adulterated, it will count as a positive test.
- _____ I agree to attend self-help meetings as directed, which may include Narcotics Anonymous (NA), Alcoholics Anonymous (AA), or other sober-support meetings. I will be provided with a court approved form that I must have signed at meetings. These meetings may be in addition to what is required by my treatment provider.
- _____ I agree to participate in substance abuse counseling and/or a recovery education program, and in individual and/or family counseling as directed by the Juvenile Drug Court Judge/Team.
- _____ I agree to enroll and participate in a school/GED/work-training/employment program as directed. I agree to maintain regular school attendance with no unexcused absences, tardiness, suspensions, expulsions, or behavior referrals, and make best efforts to achieve passing grades. I understand that I may be required to seek and maintain employment.
- _____ I agree not to ingest the following without prior approval from the Juvenile Drug Court Team:
1. Poppy Seeds
 2. Any prescription medication

3. Any “over the counter” medication such as “Nyquil” or “Sudafed”, etc.
4. Natural or herbal remedies or supplements
5. I have been cautioned against incidental ingestion of alcohol.

_____ I agree to report truthfully and accurately to all treatment providers, my probation counselor, and the Court.

_____ I agree to follow the treatment plan as developed by my treatment provider.

_____ I agree to abide by the following terms of community supervision:

1. Keep all appointments with my juvenile probation counselor (JPC).
2. Reside in a JPC-approved residence and not change residence without prior approval of JPC.
3. Have parent/guardian permission regarding my whereabouts, hours, and activities.
4. Not violate any criminal laws.
5. Not use/possess/consume alcohol or any controlled substance, unless by doctor's prescription.
6. Obtain permission of my JPC for any out-of-state travel.

_____ I agree to pay any and all restitution that the Court orders me to pay on this/these cause number(s). I understand and agree that I will not be allowed to graduate from Juvenile Drug Court and have my case(s) dismissed, unless my restitution obligation is fully satisfied. I further understand that my progress in Juvenile Drug Court will be affected by my progress in restitution payments. Specifically, I understand that 20% must be paid before I can elevate to phase 2, that two-thirds (2/3) must be paid before I can elevate to phase 3, and that all restitution must be paid before I can graduate. I acknowledge and agree that I may be terminated from Juvenile Drug Court if I do not satisfy my restitution obligation in a timely manner, whether the failure to pay is willful or not.

_____ I understand that if I opt-out of Juvenile Drug Court or am terminated from Juvenile Drug Court, anything I have said concerning any drug and alcohol use while participating in the Juvenile Drug Court cannot be used against me.

_____ I understand and agree that if I move out of King County, I may be terminated from Juvenile Drug Court.

_____ I will not be required to provide information about other people involved in illegal drug activity as a condition of remaining in the Juvenile Drug Court.

_____ I have received, read, and understand the King County Juvenile Drug Court Participant Handbook. I understand and agree that I must follow all of the rules contained in it.

_____ I understand and agree that I must complete all treatment requirements before I can graduate from Juvenile Drug Court.

_____ I understand that if I engage in any criminal act, I may be prosecuted for new charges and I may be terminated from Juvenile Drug Court.

_____ I understand and accept that I will be automatically terminated from Juvenile Drug Court if, during my participation in the program:

1. I am convicted/adjudicated of a violent or serious violent offense (as defined in RCW 9.94A.030).
2. I am sentenced to JRA or DOC.
3. I am charged with and probable cause is found for the following serious violent offenses (as defined in RCW 9.94A.030): Murder in the First Degree, Murder in the Second Degree, Manslaughter in the First Degree, Assault in the First Degree, Kidnapping in the First Degree, Rape in the First Degree, or Assault of a Child in the First Degree, or any attempt, solicitation, or conspiracy to commit one of these felonies.
4. A charge is filed against me in adult court pursuant to RCW 13.04.030(e)(v).

APPENDIX A

Cause Number/Count: _____

I am charged with the crime of _____, which carries a standard sentencing range of _____ * with a maximum penalty of _____ days/years of confinement and a \$ _____ fine.

Cause Number/Count: _____

I am charged with the crime of _____, which carries a standard sentencing range of _____ * with a maximum penalty of _____ days/years of confinement and a \$ _____ fine.

Cause Number/Count: _____

I am charged with the crime of _____, which carries a standard sentencing range of _____ * with a maximum penalty of _____ days/years of confinement and a \$ _____ fine.

Cause Number/Count: _____

I am charged with the crime of _____, which carries a standard sentencing range of _____ * with a maximum penalty of _____ days/years of confinement and a \$ _____ fine.

Cause Number/Count: _____

I am charged with the crime of _____, which carries a standard sentencing range of _____ * with a maximum penalty of _____ days/years of confinement and a \$ _____ fine.

Cause Number/Count: _____

I am charged with the crime of _____, which carries a standard sentencing range of _____ * with a maximum penalty of _____ days/years of confinement and a \$ _____ fine.

Cause Number/Count: _____

I am charged with the crime of _____, which carries a standard sentencing range of _____ * with a maximum penalty of _____ days/years of confinement and a \$ _____ fine.

Cause Number/Count: _____

I am charged with the crime of _____, which carries a standard sentencing range of _____ * with a maximum penalty of _____ days/years of confinement and a \$ _____ fine.

Mandatory Minimum

Cause Number(s)/Count(s): _____

have a mandatory minimum sentence of _____, which I understand must be imposed if I am ultimately convicted.