

***DO NOT FILE WITH CLERK OF COURTS**

APPLICATION FOR DRUG COURT POST CONVICTION* PROGRAM

Date: _____

Defendant's Name: _____ Case No. _____

Original Court (Inits.) _____ Assigned Judge: _____

Arresting Agency: _____

Charges: _____

Application is hereby made on behalf of the above-named defendant admission to the Ashtabula County Common Pleas Drug Court Post Conviction Program. Permission is given for the Adult Probation Department to begin a pre-sentence investigation to help determine the defendant's final eligibility for the Drug Court Program.

The defendant, by requesting participation in the Drug Court Post Conviction Program, hereby knowingly, intentionally and voluntarily waives all rights to a speedy trial whether established by statute, rule of court or under the Constitution Of The United States Of America or the Constitution Of The State Of Ohio.

The defendant agrees to begin attending Drug Court sessions, as directed, in Judge Yost's courtroom on each Thursday at 9:00 immediately upon being notified of the initial approval of this application by the Prosecuting Attorney and to be subject to random drug testing.

Defendant Phone : Home: _____
Cell: _____

Defendant's Attorney Phone: _____

Attorney's Email Address: _____

File this Application with the Ashtabula County Prosecutor's Office, 25 West Jefferson Street, Jefferson, OH 44047

**INITIAL APPROVAL FOR POST CONVICTION DRUG COURT: (GRANTED)
(NOT GRANTED)**

Prosecuting Attorney Assigned APA: _____

*** THE DRUG COURT POST CONVICTION PROGRAM IS AVAILABLE AS AN ALTERNATIVE COMMUNITY CONTROL SANCTION WHICH CAN BE IMPOSED AT THE DISCRETION OF THE COURT AT TIME OF SENTENCING UPON APPLICATION OF THE DEFENDANT AND AFTER ASSESSMENT AND ACCEPTANCE BY THE DRUG COURT TEAM.**