

IN THE COURT OF COMMON PLEAS
ASHTABULA COUNTY OHIO

THE STATE OF OHIO,)	CASE NO. _____
)	
Plaintiff)	JUDGE _____
)	
-vs-)	
)	APPLICATION FOR
)	POST-CONVICTION
_____ ,)	DRUG COURT PROGRAM
)	
Defendant)	

**APPLICATION FOR DRUG COURT
POST-CONVICTION PROGRAM**

Originating Court _____ Arresting Agency: _____

List **ALL CHARGES** to be plead by Defendant (Specifically identify all charges in accordance with a Plea Agreement reached with the State of Ohio or all charges in indictment):

Application is hereby made on behalf of the above-named defendant for 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. It is understood that no questions will be asked by the Adult Probation Department concerning the charges in this case. I understand that applications must be submitted on all pending cases before any application is considered. I understand that I am ineligible for the Post-Conviction Drug Court Program if I have a mandatory prison sentence, unless the sentencing Judge allows my application to Drug Court upon completion of any mandatory prison term.

I understand that upon my application to the Drug Court Program, I will have appointments and assessments to determine my eligibility for Drug Court. I understand that if I fail to comply with any assessment or appointment, or if my behavior is such that I am unable to be assessed for the Drug Court Program, I may be found to be ineligible for the Drug Court Program. I understand that the recommendation of any counselor, assessor, or other provider is not final and is simply a recommendation. All decisions regarding my treatment plan must be approved by the Drug Court Team, and the decision of the Drug Court Judge is final. I understand that I am subject to random drug testing any time after this application is submitted and during my time in the Drug Court Program.

I further understand that if I am placed into the Drug Court Program, an individualized treatment plan will be developed for me. This treatment plan will determine my treatment level and goals, and may include provisions regarding where I live and work. I understand that my failure to comply with my treatment plan will result in treatment adjustments, sanctions, including jail time, and/or termination from the Drug Court Program.

I agree to attend Drug Court in the assigned Drug Court Judge's courtroom on the Thursday immediately following my notification of my initial approval of my application by the Prosecuting attorney at 9:30 a.m. for males and 10:30 a.m. for females. If I have questions about this requirement, I will contact the Drug Court Coordinator or the Drug Court Probation Officer.

By requesting participation in the Drug Court Post-Conviction Program, I hereby knowingly, intentionally, intelligently and voluntarily waive my 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. In addition defense counsel is further required to file an irrevocable written separate blanket time waiver on the Courts docket upon the filing of this application.

_____ Phone : Home: _____
Defendant Cell: _____

_____ Phone: _____
Defendant's Attorney

Attorney's Email Address: _____

File the original of this completed application and irrevocable written separate blanket time waiver with the Ashtabula County Clerk of Courts and submit a time-stamped copy on the same day of filing to:

Ashtabula County Prosecutor's Office, 25 West Jefferson Street, Jefferson, OH 44047;

Amber Stewart, Drug Court Coordinator, 25 West Jefferson Street, Jefferson, OH 44047.

IN THE COURT OF COMMON PLEAS
ASHTABULA COUNTY, OHIO

THE STATE OF OHIO,)	CASE NO. _____
)	
Plaintiff,)	JUDGE
)	
vs.)	<u>IRREVOCABLE TIME WAIVER</u>
)	
_____,)	
)	
Defendant.)	

Now comes the Defendant, in the above captioned case, and hereby irrevocably waives any and all speedy trial time issues.

I have been advised that I have a right to have a trial within a specific time period as provided by the Ohio Revised Code and the Rules of Court. I have been advised that I also have a right to a speedy trial under the Constitution of the United States and the Constitution of the State of Ohio. I have been advised that in certain circumstances a failure to comply with these time limits could result in the dismissal of the charges against me. I have been given sufficient opportunity to consult with my attorney and to question the court about the time limits and the effects of waiving them. I fully understand the consequences of this speedy trial irrevocable time waiver which have been completely explained to me by my attorney. I understand all of these rights and I knowingly, intelligently and voluntarily waive any and all applicable time restrictions and limitations for the trial of this case.

_____	_____
Defendant	Counsel for Defendant

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing was personally delivered to the office of the Ashtabula County Prosecutor, 25 West Jefferson Street, Jefferson, Ohio, 44047 on this ____ day of _____, 20____.

_____ Counsel for Defendant.