**IN THE IN THE SUPERIOR COURT OF WALTON COUNTY**

**STATE OF GEORGIA**

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| **STATE OF GEORGIA**  **vs.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  **Defendant.** |  | **Case No.:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Charges:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PRE-TRIAL INTERVENTION PROGRAM WAIVERS AND ACKNOWLEDGEMENT OF RIGHTS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, defendant in the above-styled case hereby, acknowledge the following regarding entry into the Alcovy Judicial Circuit’s Pre-Trial Intervention Program (PTIP):

Initial each after reading:

\_\_\_ 1. If I pleaded not guilty to the above charges I would have the right to assistance of counsel during a trial, the right to a speedy and public trial by a judge or jury, the right to confront witnesses against me, the right to use the subpoena power of the Court to bring witnesses into court on my behalf, the right to testify or not testify, my failure to not testify could not be used against me in any way, and that the State would have to prove my guilt beyond a reasonable doubt.

\_\_\_ 2. If I withdraw from or do not successfully complete PTIP, I would maintain these above rights.

\_\_\_ 3. I withdraw any demand for speedy trial filed under OCGA §§ 17-7-170 and 17-7-171. I further agree that should I withdraw from or do not successfully complete PTIP, that the period of time from the date of my signature below to the date I withdraw or am removed from the Program shall not be considered by a Court in any claim that my Constitutional right to a speedy trial was violated.

\_\_\_ 4. I agree that my admission of guilt in the PTIP Agreement is admissible in any proceeding against me should I withdraw from or do not successfully complete PTIP.

\_\_\_ 5. While I am participating in PTIP, I agree to a search of my person, property, vehicle, or residence at any time, with or without a warrant, when requested by any law enforcement officer or any member of the District Attorney’s Office. I agree that such individuals can remove, forcibly if necessary, any locks or other hindrances which may prevent access to such places and property for the purpose of any such search. I consent to the use of anything seized during such a search in any prosecution that may arise from said search.

\_\_\_ 7. I agree that the period of time from the date of my signature below to the date I withdraw or am removed from the Program shall not be considered when calculating the Statute of Limitations for the offenses listed above.

\_\_\_ 8. I consent to communication, within or outside my presence, regarding my medical, psychological, or substance abuse history among the following individuals: any evaluator or counselor, physician, psychiatrist, or psychologist who participates in any counseling or treatment required as a condition of this program, any representative of the District Attorney’s Office and my attorney. I further consent to the release of the results of any drug/alcohol testing required as a condition of this program to the individuals described above, and that such results may be made part of the public record of my case in the event that such testing results in my termination from the program.

I have read and understood the above items. I further acknowledge that I agree with all of the above items and I am doing so freely, voluntarily, and knowingly.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant

The below signed attorney acknowledge that I have explained all of the items on this form with my client. My client has indicated that he/she understands and agrees to all of these items, and it is my belief that he/she is doing so freely, voluntarily, and knowingly.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant’s Counsel, GA Bar #: