**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 AGREEMENT**

The State of Georgia, by and through the Office of the District Attorney for the Alcovy Judicial Circuit and represented by the undersigned Assistant District Attorney for said office, hereafter “the State,” and the above-named Defendant presently charged in the above-captioned case, hereafter “the Participant,” hereby enter into the following agreement and contract in order that the Participant may enter into the Alcovy Pre-Trial Intervention Program:

1.

The Participant agrees to abide by all of the rules and requirements of the Alcovy Pre-Trial Intervention Program as outlined in this Agreement and is able and willing to meet all criteria necessary to enter said program.

2.

The Participant understands that if he/she should fail to complete the requirements set forth in this Agreement, that this case will be returned to the traditional criminal justice system for prosecution.

3.

The Participant has been advised of his/her constitutional rights by the undersigned attorney and understands that he/she is required to waive certain of these rights and is voluntarily waiving those rights to enter the program.

4.

The Participant **admits guilt** and **accepts responsibility** for the above references crime(s) as charged or referred.

5.

(X) The Participant shall be placed in ( ) Track I ( ) Track II as outlined in the PTIP Handbook.

() The Participant shall be supervised for a period \_\_\_\_\_\_\_ of months. Supervision services shall be provided by **Georgia Probation Management (GPM)**. GPM shall have the sole discretion to determine when, where, and how often a participant shall report and if reporting can be done in person, by phone, or virtually.

(X) The Participant shall meet with GPM on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the initial report.

Additionally, the Participant agrees to abide by the following conditions and to complete the following requirements as indicated below:

(X) Participant shall comply with **all general conditions as specified in Exhibit A attached below.**

() Program administration fee: () $400 ( ) Other \_\_\_\_\_\_\_\_\_ Initials of DA: \_\_\_\_. Entire amount due at initial report date.

() Program administration fee: () $400 ( ) Other \_\_\_\_\_\_\_\_\_ Initials of DA: \_\_\_\_

(X) Monthly supervision fee: $40 per month for length of program.

All payments shall be paid through GPM and in a manner acceptable to GPM.

() Pay restitution in the amount of \_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(X) Payable at initial meeting with GPM.

( ) Payable under the following conditions: \_\_\_ Initials of DA approving

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

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() Perform community service work: () 20 hrs. () 40 hrs. () 80 hrs. ()Other: \_\_\_\_

() Obtain High School diploma or General Equivalency Degree (GED)

( ) Will be subject to drug/alcohol tests pursuant to the guidelines of the PTIP Handbook depending on what Track participant is placed in. LEAVE UNCHECKED ONLY IF IN TRACK II AND ASSIGNED ADA DETERMINES NO DRUG/ALCOHOL TESTING IS NEEDED.

( ) **Track I:** drug/alcohol screening at the time of the initial report date to **GPM** and subject to random screening at the sole discretion of GPM with a minimum of 2 tests per month. The Participant must pay for all drug/alcohol screens**,** as described in the Handbook, including Exhibit A of the Handbook.

( ) **Track II:** subject to random drug/alcohol screening at the discretion of GPM with a minimum of 3 and a maximum of 9 screenings during the length of the program. The Participant must pay for all drug/alcohol screens, as described in the Handbook, including Exhibit A of the Handbook.

( ) Will pay for a substance abuse evaluation within 2 weeks of entry into this program. The results of the evaluation are to be submitted to GPM by the Participant and the Participant shall follow all recommendations in the results of the evaluation.

() Enroll in and successfully complete the following program(s) at the Defendant’s own expense, which shall be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(which is halfway through the length of this program):

( ) Responsibility Awareness Program (RAP)

( ) Theft Awareness Program (TAP)

( ) Drug and Alcohol Awareness Program (DAP)

( ) Cyber Awareness Program (CAP)

( ) Minor in Possession Awareness Program (MPAP)

( ) Life Skills Awareness Program (LSAP)

You are responsible for contacting Civics Academy at 888-713-2748 or online at www.civicsacademy.com to register for your awareness program.

() Have no contact, directly or indirectly, in person, by telephone, by e-mail, social media, or other electronic means, or by contact through third parties, with: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

() Stay away from property of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Located at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

() Other:

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

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6.

The State agrees to hold the Participant’s case and not seek further Court action thereon or further prosecute said case while the Participant is participating in the Alcovy Pre-Trial Intervention Program.

7.

The State agrees that upon the Participant’s successful completion of the program including all requirements indicated in paragraph 2, above, the State will dismiss the above-captioned criminal charges or if the charges have been filed in court by accusation or indictment, will petition the Court to consent to a nolle prosequi (dismissal) of the criminal case file. Upon dismissal of the case, pursuant to OCGA §35-3-37, the State will consent to record restriction as authorized by law.

Agreed to this the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021.

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

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Defendant Bar No:

Assistant District Attorney

Alcovy Judicial Circuit

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

Counsel for Defendant, Bar No:

**Exhibit A**

In addition to any specific conditions agreed to in the program contract, participants in the Alcovy Pretrial Intervention Program shall be required to abide by the following general rules and conditions. **(Please initial next to each rule)**

\_\_\_\_\_ 1. Abstain from using any alcohol, illegal drugs, or unapproved medications;

\_\_\_\_\_ 2. Do not associate with people who engage in illegal activities;

\_\_\_\_\_ 3. Report to Georgia Probation Management (GPM) as directed by GPM and the ADA, including the initial report date;

\_\_\_\_\_ 4. Provide any and all necessary information to GPM.

\_\_\_\_\_ 5. Any community service work must be performed at a location approved by GPM;

\_\_\_\_ 6. Do not violate any local, state, or federal law;

\_\_\_\_\_ 7. Immediately report any contact you have with any law enforcement personnel to GPM.

\_\_\_\_\_ 8. Maintain gainful employment or school participation to the best of the participant’s ability;

\_\_\_\_\_ 9. Agree to the Pre-Trial Intervention Wavier and Acknowledgement of Rights Form;

\_\_\_\_ 10. I acknowledge that I have received and read the PTIP Handbook. I further acknowledge that I understand the rules and policies in the Handbook and that I will abide by those rules and policies.

\_\_\_\_ 11. I understand that termination or withdrawal from this program will result in my case being returned to its assigned court for prosecution. I also understand that if I am terminated or withdraw from the program any fees and/or restitution paid will not be refunded, and I may not have the opportunity to apply for re-admission.

I have read and understand the above rules and conditions and agree to abide by the same while participating in the Alcovy Pre-Trial Intervention Program.

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

DEFENDANT DATE