

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR WALLOWA COUNTY

STATE OF OREGON,)	
)	WAIVER OF RIGHTS AND
vs.)	CONSENT TO <u>EX PARTE</u>
)	COMMUNICATION
_____)	Case No.
)	
Defendant,)	
)	

I acknowledge and understand:

--The purpose of the Wallowa County Drug Court is to provide assistance to me and that a great deal of time, effort and money will be expended solely for my benefit;

--The Wallowa County Drug Court is a treatment-based, non-adversarial process designed to enhance personal development and assist participants in dealing with their addiction while holding them accountable for their behavior;

--The Wallowa County Drug Court is a voluntary speciality court that includes, but is not limited to, intensive therapeutic services, immediate consequences for non-compliance including short-term detention/jail time, community service, or work crew for any violation of the Court's orders or rules of the program, as well as frequent court appearances and UA's;

--The Wallowa County Drug Court is not available to everyone due to limited resources and eligibility criteria;

--In an effort to enhance the interventions used in the Wallowa County Drug Court, it may be necessary for the Judge and Court employees, the attorneys, the treatment provider, the State of Oregon Department of Human Services, The Employment Consortium representatives, Union-Wallowa County Community Corrections, Wallowa County District Attorney's office, Wallowa Valley Center for Wellness, Wallowa County Community Connections, and other individuals associated with, or providing assistance to me, to communicate with each other about my participation and progress, outside my presence or the presence of me or my attorney; and,

--In order for me to participate in this unique and non-adversarial judicial approach and receive the services offered to me, I understand that I must waive and give up certain rights that would otherwise be given to me if I did not participate in the Wallowa County Drug Court; therefore,

1) **)It has been explained to me and I understand** that before the Drug Court can impose sanctions against me, the law requires that reasonable advance, written notice be given to me stating the specific allegation(s) against me and the time and the time and date of an adversarial hearing. I understand I would be entitled to an adversarial hearing at which I would be represented by an attorney (if I could not afford one, one would be appointed at no expense to me), and I would be entitled to present evidence on my behalf and cross-examine any witness(es) who would testify against me. I further understand that I would have a right to require witnesses to attend such hearing on my behalf by having the court issue subpoenas which would require witnesses to attend, and that I would also have the right to testify at any such hearing, but that I also would have to right to remain silent and chose not to testify, and that by not testifying that could not be used to mean that I am guilty of what I am accused. I also understand that to be entitled to participate in the Wallowa County Drug Court, I must waive certain rights, including but not limited to the rights set out above. Therefore, as a condition of participating in the Wallowa County Drug Court, **I freely, voluntarily and knowingly waive the rights to written notice, to an adversarial hearing, to an attorney, to confront the witnesses against me, to compel witnesses to attend any hearing on my behalf, and my right to remain silent. By waiving these rights, I agree that the Court can impose immediate consequences, not to exceed detention/jail, for any non-compliance with Orders of the Court or the requirements of the program without advance notice or an adversarial hearing.**

2) **I understand and agree** that in an effort to enhance the value of the intervention used in the Wallowa County Drug Court, it may be necessary for the Judge and Court employees to communicate with various treatment providers including Wallowa Valley Center for Wellness, the State of Oregon Department of Human Services - Child Welfare Division, probation officers from the Union-Wallowa County Community Corrections, prosecutors from the Wallowa County District Attorney's Office, and/or other individuals or agencies directly involved with my case and/or treatment. Therefore, **I freely, voluntarily and knowingly waive any objections to these communications outside of my presence or the presence of my attorney. I further waive any rights, state or federal, of confidentiality I may have regarding discussions about my case and/or treatment between *only* those persons who are directly involved with the Wallowa County Drug Court. I DO NOT WAIVE any rights of privacy or confidentiality regarding any aspect of my case or treatment concerning communications with any person or agency that is not affiliated with the Wallowa County Drug Court. The waiver shall apply only so long as I am a**

Defendant's Attorney

Date

Judge

Date

District Attorney

Date