

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR \_\_\_\_\_ COUNTY

THE STATE OF OREGON,  
Plaintiff,

vs.

\_\_\_\_\_,  
Defendant

Case No. \_\_\_\_\_

PETITION TO TRANSFER TO  
\_\_\_\_\_ COUNTY DRUG  
COURT PROGRAM

(New Client)

- I. I, \_\_\_\_\_, have filed a petition to enter the Douglas County Drug Court Program. I now wish to transfer to the Drug Court Program in \_\_\_\_\_ County.
- II. I certify that I have contacted the Drug Court program in \_\_\_\_\_ County and am eligible for that program.
- III. In consideration for the opportunity to transfer to the Drug Court in \_\_\_\_\_ County, I agree to the following;
- A. I agree to be subject to and abide by the rules of the \_\_\_\_\_ County Drug Court.
- B. I agree that should I be terminated from the \_\_\_\_\_ County Drug Court Program, I will immediately return to the Douglas County Drug Court for disposition of my case.

C. I agree that the Drug Court Judge in the \_\_\_\_\_ County Drug Court Program may:

- 1) Require court appearances of me;
- 2) Impose sanctions on me;
- 3) Make referrals to other agencies;
- 4) Issue bench warrants for my arrest;
- 5) Require payment of program fees
- 6) Require me to return to the Douglas County Drug Court upon termination from the \_\_\_\_\_ County Drug Court.
- 7) I agree to sign any releases of information required by the Court and authorize release of all treatment information by the treatment provider to public agencies designated by the Court.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Defendant

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Defense Attorney