

**IN THE CIRCUIT/COUNTY COURT OF THE TWENTIETH JUDICIAL CIRCUIT
IN AND FOR LEE COUNTY, FLORIDA**

FELONY DRUG COURT PROGRAM PLEA FORM AND PROBATION AGREEMENT

STATE OF FLORIDA

Case Number(s):

vs

Prior VOP Case Number(s):

_____ /

I, _____, the defendant in this Criminal Action, agree that it is in my best interest to enter into this Felony Drug Court Program Plea Form and Probation Agreement.

I hereby withdraw my previously entered plea(s) of Not Guilty and enter a plea(s) of:

Guilty

No Contest

COUNT I:	_____	_____	Years Maximum Sentence
COUNT II:	_____	_____	Years Maximum Sentence
COUNT III:	_____	_____	Years Maximum Sentence
COUNT IV:	_____	_____	Years Maximum Sentence
COUNT V:	_____	_____	Years Maximum Sentence
COUNT VI:	_____	_____	Years Maximum Sentence

For any case listed above for which the participant is already on probation and charged with a violation of probation, the participant now pleads guilty to the charge of violation of probation in the prior VOP case(s) and agrees to modify the probation in each case(s) according to the agreed upon sentence below so that the same terms and conditions of probation run concurrently in all cases.

I understand that if the Court accepts the plea as indicated above, I give up my right to trial by jury, at which I would have the following rights:

1. The right to have a jury determine my guilt or innocence;
2. The right to see and hear witnesses testify and to have my lawyer question them for me;
3. The right to subpoena witnesses in my behalf and present items of evidence in my defense;
4. The right to testify or remain silent;
5. The right to have the prosecution prove my guilt beyond a reasonable doubt, before I can be found guilty.
6. The right to a speedy trial.
7. The right to have counsel assist in the trial and any appeal.

I understand that I give up my right to appeal all matters except the legality of this sentence, the jurisdiction of this Court, and those matters, which I have specifically reserved for appeal.

() I have reserved the following matter(s) for appeal:

() I do not wish to exercise my constitutional right to an appeal.

My attorney has explained to me what an appeal is and how I can properly file for an appeal should I choose to do so. My attorney has advised me that if I cannot afford an attorney, one will be appointed for me by the Court.

I understand that a Plea of Not Guilty denies that I committed the crime(s); a Plea of Guilty admits that I did commit the crime(s); a Plea of Nolo Contendere (or "No Contest") says that I do not contest the evidence against me. I understand that if the Court accepts my plea(s), there will be no trial and the Court will impose sentence(s) based upon my plea(s).

I have read the information in this case, or have had it read to me, and I fully understand the terms of the plea agreement and the charge(s) to which I enter my plea(s). My lawyer has explained to me the maximum penalty for the charge(s), the essential elements of the crime(s), and possible defenses to the crime(s), and I understand these things. I understand that if I am on parole, my parole can be revoked and I can be returned to prison to complete that sentence; if I am on probation, my probation can be revoked and I can receive a separate sentence up to the maximum on the probation charge in addition to the sentence imposed on this case.

No one has promised me anything to get me to enter this plea(s), unless one of the following is checked and completed:

The State offers and agrees to the following probation sentence, which the defendant accepts (check or complete all that apply):

Adjudicated Guilty Withhold Adjudication

Florida DOC prison sentence: _____ years/months suspended; or

Lee County Jail: _____ days/months suspended;

_____ Twenty four (24) months drug offender probation; a special condition of which shall be participation in and graduation from the Lee County Felony Drug Court Program;

Fine: \$_____ which may be satisfied by performing community service hours at the rate of \$10 an hour;

Restitution: \$ _____ to _____

Court Costs: \$ _____ which may be satisfied by performing community service hours at the rate of \$10 an hour;

_____ \$100 Cost of Prosecution

_____ \$50 Public Defender Application Fee

_____ \$100 Public Defender Attorney's Fees

_____ \$100 FDLE fee

_____ \$100 **annual** drug and alcohol testing fee

_____ \$50 **monthly** drug court treatment fee. If I am unable to pay this fee, I may be allowed to work off the fee by doing community service hours at the rate of \$10 per hour at the discretion of the drug court judge.

_____ No Contact with Victim

_____ Curfew from 8:00 p.m. to 6:00 a.m.

_____ DNA sample to the FDLE DNA database

_____ Two (2) years driver's license suspension. I understand that the court may direct the Department of Motor Vehicles to issue a license for driving privileges restricted to business or employment purposes if I otherwise qualify for such a license. I understand that if the court directs the Department to issue such a license, I may apply for a business or employment purposes driver's license after 6 months. However, the Department of Motor Vehicles is at liberty to disregard the court's directive regarding the issuance of a license. I understand that the Department of Motor Vehicles will make the final decision regarding the issuance of a license.

In addition, I agree to the following special conditions of drug offender probation:

1. I will cooperate in an assessment or evaluation and the individualized treatment plan prepared by the treatment provider.
2. The Lee County Felony Drug Court Program Participant Handbook is incorporated into this Agreement and must be adhered to, including all instructions provided by the drug court team.
3. I will sign the General Consent for Release of Confidential Information Form and any other necessary waivers to allow any member of the drug court team access to medical, mental health and substance abuse treatment records related to treatment while in the drug court program.
4. I will refrain from any violation of the law. Any new law violation may result in a warrant being issued for the participant's arrest, the unsuccessful termination from this program and a revocation of my probation.
5. I will not change my residence or employment, leave Lee County or leave a treatment program or halfway house without first obtaining the consent of the probation officer and the treatment provider.
6. I must be employed, be currently involved in a vocational or educational setting or be performing community service, at a minimum of twenty hours per week, with documentation provided to the supervising officer.
7. I will truthfully answer all inquires made by the probation officer for purposes of ensuring compliance with the conditions of this agreement; comply with all instructions given by the probation officer and report as required by the probation officer.
8. I will not possess any illegal drugs or narcotics, nor visit places where illegal drugs or alcohol or other dangerous substances are being consumed or unlawfully sold.
9. I will not produce any positive or diluted drug screens.
10. I will not knowingly associate with any person engaged in criminal activity.
11. I will not possess, carry or own any firearm unless otherwise authorized in writing by the drug court team.
12. I may be required to pay for an Ethyl Glucuronide (ETG) test or lab confirmation if I produce a positive drug test result and deny the positive result.

13. I understand that the Judge will exempt my cost of supervision fees while I am in the Drug Court Program.
14. I understand that if I am in Drug court in multiple cases, only one fine and court cost will be imposed for all cases, including new cases and any prior cases if charged with a violation of probation.
15. I understand that any amounts paid or worked off during any prior periods of probation in this case(s) shall be applied against the fine and court costs.
16. I understand that financial responsibility or the performance of community service hours when allowed is a special condition of satisfactorily completing Drug Court Probation.
17. I understand and agree that any monies I pay while I am in Drug Court are non-refundable, even in the event that I am unable to successfully complete Drug Court Probation. _____
(initials of participant)
18. I understand that the Felony Drug Court Program Participant Handbook contains specific requirements regarding the payment of fees or the performance of community service hours before I can advance in the program. I will pay the fees or perform community service hours in accordance with the Felony Drug Court Participant Handbook in order to advance in the Drug Court Program.

Additional Special Terms of Drug Offender Probation:

I recognize that the first step toward rehabilitation is admitting my wrongdoing. Towards that end, I admit that I did commit the offense(s) of:

Charge(s):

By signing this agreement, I expressly acknowledge that I fully understand all requirements of the program and the potential sanctions for non-compliance as outlined in this agreement and in the Lee County Felony Drug Court Program Participant Handbook. I agree that it is in my best interest to enter into the Lee County Felony Drug Court Program and I am entering into the program and this agreement voluntarily. I also admit that I have a substance abuse problem and I agree to comply with all conditions contained in this agreement and in the Lee County Felony Drug Court Program Participant Handbook.

I understand my sentence will be imposed consistent with the Florida Criminal Punishment Code. My presumptive sentence is based upon certain factors, which have been explained to me. I understand that if I willfully and substantially fail to comply with all of the requirements of the drug court program, it may be considered a violation of my probation, and I may be terminated from the Drug Court Program and the aforementioned suspended sentence may be imposed after a hearing on the charge of violation of probation. If the Florida Criminal Punishment Code is exceeded or if the judge imposes an illegal sentence, I will have the right to appeal this sentence. I have truthfully advised the Court as to my prior criminal history so that my presumptive sentence can be estimated under the Florida Criminal Punishment Code.

I have read every word of this written plea or have had it read to me. I have discussed this plea(s) with my attorney and I fully understand it. I have been told what evidence the State has to present to a jury and my attorney has advised me as to what defenses, if any, I may be able to assert in my own behalf. I am fully satisfied with the way my attorney has handled this case. He or she has effectively assisted me in all aspects of my defense.

I have been candid and truthful with my lawyer and have told him/her everything I know about the case.

My education consists of the following:

I am not under the influence of any drug, alcohol, or medication at the time I sign this plea. I am not suffering from any mental problems that will affect my understanding of this plea.

I understand that by entering this plea, I am subject to potential deportation if I am not a citizen of the United States of America.

If the offense to which I am pleading is a sexually violent offense or a sexually motivated offense, or if I have previously been convicted of such an offense, this plea may subject me to involuntary civil commitment as a sexually violent predator upon completion of my sentence.

No one has threatened me to make me enter the plea(s). I am entering the plea(s) because:

I am guilty.

I believe it is in my own best interest.

I enter the plea(s) voluntarily of my own free will. No promises of any kind regarding sentencing were made to me apart from those discussed during the plea colloquy or contained in this agreement. No one, including my attorney, has made any promises to me concerning eligibility for any form of early release, provisional gain time credit, time off for good behavior, the accrual of gain time, or the actual amount of time to be served under the sentence which will be imposed or any condition or circumstance of confinement in the Department of Corrections.

If the drug court participant is entering a plea of guilty or no contest to substantive charge(s) and if the participant successfully completes Drug Court, the undersigned Assistant State Attorney agrees that the participant will be allowed to withdraw the plea of guilty or no contest, the court will vacate the sentence and the Assistant State Attorney will dismiss the charges against the participant. If the participant is entering an admission of guilt to a violation of probation and if the participant successfully completes Drug Court, the undersigned Assistant State Attorney agrees that the violation of probation affidavit against the participant will be dismissed and the probation will be terminated. In addition, in violation of probation cases, the undersigned Assistant State Attorney agrees that if the original sentencing court withheld adjudication, the participant's withhold of adjudication will be reinstated if the participant successfully completes Drug Court.

SWORN TO, SIGNED AND FILED in open
Court in the presence of Defense Counsel, the
State, and the Honorable _____ on
this _____ day of _____,
Charlie Green
CLERK OF THE COURT

Defendant's signature

Defendant's Address

BY: _____
CLERK IN ATTENDANCE

CERTIFICATE OF DEFENDANT'S ATTORNEY

I, Defendant's Counsel of Record, certify that: I have discussed this case with the Defendant, including the nature of the charge(s), essential elements of each, the evidence against him/her of which I am aware, the possible defenses he/she has, the maximum penalty for the charge(s) and his/her right to appeal. No promises have been made to the Defendant other than as set forth in this plea or on the record. I believe he/she fully understands this written plea, the consequences of entering it and that the Defendant does so of his/her own free will. I have reviewed the Discovery in this case and have discussed the evidence in this case with the Defendant. I believe this plea is in my client's best interest.

Florida Bar No.
Counsel for Defendant

CERTIFICATE OF PROSECUTOR

This recommendation has been made on the express condition that the Defendant has truthfully and accurately disclosed his/her prior criminal history.

Florida Bar No.
Assistant State Attorney

This plea is entered by the defendant and accepted by the undersigned, this _____ day of
_____, _____.

The Honorable
Acting Circuit Judge

**DNA INQUIRY ADDENDUM
TO PLEA OF GUILTY OR NO CONTEST
TO CRIMINAL CHARGES IN CIRCUIT/COUNTY COURT**

STATE OF FLORIDA

vs.

CASE NO(s): _____

_____ /

DEFENSE COUNSEL

_____ I have reviewed the discovery disclosed by the State, including a listing or description of physical items of evidence.

_____ I reviewed with my client the nature of the evidence disclosed through discovery.

_____ I am personally unaware of any physical evidence for which DNA testing may exonerate my client.

Defense Counsel, Bar No.

Date: _____

I have discussed the disclosures above with my attorney and agree to the representations made by my attorney.

Defendant

Date: _____

ASSISTANT STATE ATTORNEY/STATEWIDE PROSECUTOR

_____ I am personally unaware of any physical evidence for which DNA testing may exonerate the Defendant.

ASA/Statewide Prosecutor

Date: _____