
CHEBOYGAN COUNTY DRUG COURT
Waiver of Rights and Acknowledgment of Conditions

Circuit Court, 870 S. Main, P.O. Box 70, Cheboygan, MI 49721 Phone (231) 627-8818 Fax (231) 627-8419

People of the State of Michigan

vs

_____ **Defendant's Name**

_____ **Case No.**

1. I am not participating in any other drug court program and have not previously participated in a drug court program.
2. I do not meet the criteria for "violent offender" as described by the Drug Treatment Court Law, PA 224 and as recorded in the Program Agreement form that I have signed.
3. I give up my right to a preliminary examination on the charges against me.
4. I give up by right to be sentenced within a year of my plea.
5. I am represented by an attorney and understand the benefits and risks of the Drug Court Program. I have talked to my attorney about entering the Drug Court and the defenses to the charges against me.
6. I understand that any statements made by me about the charges in this case to Drug Court staff or during Drug Court treatment will not be used against me in any later Court proceedings.
7. I admit to being dependent upon drugs and/or alcohol or to abusing drugs and/or alcohol.
8. I have completed a pre-admission screening and evaluation assessment with the Drug Court staff and agree to cooperate with any future evaluation assessment as directed by the Drug Court.
9. I understand that if I do not complete the Drug Court Program, I will be sentenced on the charges I plead guilty to.
10. I understand that in the Drug Court Program I must follow all the rules of the Program, and if I do not, I may go to jail or be punished by the Judge or dismissed from the Program.
11. I understand that the Prosecutor may withdraw my referral to the Drug Court Program at any time upon discovery of information which would have made me ineligible for referral to the Program.

I have discussed the above waiver of rights and acknowledgment of conditions with my attorney and agree to the terms and conditions stated

I have discussed the waiver of rights with the above named Defendant

Defendant (signature)

Attorney for Defendant (signature)

Date: _____

Date: _____