

Case No.:

**SPARKS RECOVERY COURT**

IN THE JUSTICE COURT OF SPARKS TOWNSHIP

COUNTY OF WASHOE, STATE OF NEVADA

**SPARKS RECOVERY COURT AGREEMENT AND WAIVER**

**POST-SENTENCE**

**A. CRIMINAL CHARGES – PROCEEDINGS**

1. I understand that I have been arrested in the Sparks Township and charged by criminal complaint with a misdemeanor offense that is eligible for referral to the *Sparks Recovery Court Program* (hereafter SRC). I hereby agree to give up my right to a bench trial on said charges and plead guilty to the criminal complaint filed in Court and I will be sentenced by the Court.

2. I further understand that if I am admitted to the SRC program as a condition of probation or I was convicted in the present case of Driving Under the Influence, the charges will not be dismissed upon completion of the program.

3. I further understand that if I fail to successfully complete the SRC program, then my full suspended sentence may be imposed.

4. I understand that I will be assigned an attorney for the SRC proceedings that may not be the same attorney which initially was retained or appointed. I agree to waive any conflict of interest and agree to allow the assigned SRC attorney to represent me in the SRC proceedings.

5. I understand and agree that successful completion of the SRC program will require a minimum of 12 months' participation.

1                   6. I understand that while participating in the SRC, I will be on supervised  
2 probation, and my compliance with the program will be monitored by the Washoe  
3 County  
4

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6 Department of Alternative Sentencing (hereinafter "DAS") pursuant to their rules and  
7 regulations (as set forth in a separate DAS agreement.)

8 **B. WAIVER OF CONFIDENTIALITY**

9 I will sign a consent form waiving confidentiality of any medical treatment or social  
10 service records. If I withdraw consent, I understand that I will be terminated from the SRC  
11 program.  
12

13 I understand that after acceptance into the SRC program, statements made by me to any  
14 SRC team member regarding the specific offense with which I am charged will not be used  
15 against me in any action or proceeding while participating in the treatment court.

16 I further understand that such statements are not confidential and may be used against  
17 me if I attempt to commit perjury at a later date.

18 **C. RULES OF PARTICIPATION**

19                   1. I will participate in alcohol and/or other drug treatment as  
20 directed by the Court including 12-step meetings as set forth in my treatment  
21 plan, and I agree to be supervised by the SRC team, or any other person or entity  
22 designated by the SRC program. I will provide proof of attendance to my  
23 treatment counselor of any 12-step program that I am directed to attend. I will  
24 obey all rules of the SRC program and pay all treatment program fees pursuant  
25 to Section E below.

                  2. I will take urine tests when requested. I understand that the Court  
will use an 80-hour test for alcohol metabolites and that I will be held

1 responsible for a positive test by coming in contact with substances that contain  
2 alcohol even if I do not ingest alcohol. I understand that the Court will  
3 determine if a urine sample is “dilute” and that a dilute test is considered a  
4 positive test and I will be terminated from the SRC program.  
5

6 3. I will obey all city, county, state, and federal laws and be of good  
7 conduct. I will report any arrest or citation to the SRC judge at my next court  
8 date.

9 4. I will attend and fully participate in all treatment meetings, court  
10 hearings, and other scheduled appointments, and I will be on time.

11 5. I will fully participate in treatment and in all other programs to  
12 which I am referred by the Court or the service’s supervisor to help maintain my  
13 sobriety and law-abiding lifestyle.  
14

15 6. I will maintain employment and/or attend an educational program  
16 and/or other program(s) as ordered by the Court.

17 7. I have or will obtain a GED, high school diploma, or other high  
18 school equivalency diploma prior to graduation from the SRC program.

19 8. I will keep the Court, treatment provider, and the DAS informed  
20 of my current address, telephone number(s) including any pager or mobile  
21 phone number, and employment, and report any change within two calendar  
22 days excluding weekends and holidays.  
23

24 9. I will obtain permission from the SRC before any overnight  
25 travel.

I agree that I will not use, possess, or associate with persons who  
use or possess any controlled substance or illegal drug, including but not limited  
to marijuana, heroin, cocaine, and methamphetamine, PCP, or LSD. I will not

1 use or possess alcohol. I will not use or possess any other drug without the  
2 permission of the SRC Judge. I will not eat foods containing poppy seeds or  
3 take over-the-counter medications prohibited by the Court which may result in a  
4 false positive urine test.  
5

6 11. I will submit to random chemical testing to detect the presence of  
7 any prohibited substance including drugs and alcohol. I will be honest with my  
8 treatment provider and the SRC team regarding any use of alcohol, controlled  
9 substance, and/or prescribed over-the-counter medication. I understand that the  
10 results of any such test shall not be utilized by the District Attorney's Office for  
11 any prosecution of criminal charges against me. However, I further understand  
12 and agree that such information may be considered by the Court in determining  
13 whether I should remain in the SRC program.  
14

15 12. I agree that the Court will rely on a presumptive chemical test  
16 result. I may request a further confirming test but if I test positive, I will not  
17 only be responsible to pay the cost of the test, but diversion may be terminated  
18 based on my failure to be honest with the Court about my drug use.  
19

20 13. I understand that my person, residence, and vehicle(s) are subject  
21 to search and seizure at any time day or night without a warrant by any peace  
22 officer to determine the presence of alcohol or a controlled substance.  
23

24 14. I understand that this list of SRC rules is not exhaustive and that  
25 the Court may add requirements at any time.

#### **D. VIOLATIONS AND SANCTIONS**

1. I understand that a violation of any SRC rule is Contempt of the Court's order and will result in sanctions which may include unsuccessful termination from the program and imposition of my suspended sentence.

1                   2.       I understand that failure to fully participate, failure to appear,  
2 positive urine tests, and other program failures will result in sanctions being  
3 imposed against me which may include being in custody pending a SRC  
4 program termination hearing or summary termination from the SRC program.  
5

6                   3.       I understand that any attempt to falsify a urine test is grounds for  
7 immediate termination from the SRC program and it is grounds for revocation of  
8 my probation and imposition of my suspended sentence. I understand that a  
9 missed test will be considered a test which is positive for drugs and will be  
10 subject to the same sanctions as a test which actually tested positive for drugs.  
11

12                   4.       I understand that a failure to appear for a court date or any other  
13 breach of this Agreement will result in an immediate bench warrant.  
14

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15                   5.       I understand and agree that the Court has the discretion to  
16 terminate me from the SRC program if I am arrested and formally charged with  
17 a new crime while I am participating in the SRC program or if I fail to  
18 participate to the Court's satisfaction.  
19

20                   6.       I understand that any threat, violence, or misconduct at or against  
21 an SRC team member, including the treatment provider and fellow participants,  
22 will result in sanctions up to and including termination from the program.  
23

23                   7.       Minimum Sanctions are as Follows:

24 Missed court appearances	Bench warrant/jail
25 Missing appointments with DAS	Bench warrant/jail
Missed support meetings	Increase number of meetings/make-up
Missed treatment (1 <sup>st</sup> offense)	Admonition/8 hours of community service
Missed treatment (2 <sup>nd</sup> offense)	Community service/sentence to jail up to 3 days

1	Missed drug test (considered positive)	Sentence to jail up to 3 days
2	Positive drug test	If honest, sentence up to 3 days jail
3		
4	Tampered drug test	Termination
5	Inappropriate behavior at facility	Reprimand/essay/jail/community service/termination
6		
7	Violation of court order	Reprimand/jail
8	New criminal charges	All sanctions available determined on charges and disposition
9		
10	Failure to perform sanctions	Increase sanction up to 3 days in jail
11	Noncompliance with treatment plan	8 hours of community service/phase back modification of treatment plan
12		
13	Forged 12-step meetings	Termination
14	Dishonesty	Termination

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16 **E. PAYMENT FOR THE SRC PROGRAM**

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18 1. I understand and agree that I am responsible for the payment of  
19 my treatment and supervision fees in the SRC program unless other  
20 arrangements are made and approved by the SRC team.

21 2. I understand and agree that I may be required to apply for  
22 Medicaid to determine my eligibility. If Medicaid determines that I am eligible  
23 to receive benefits, I understand that my treatment services will be paid for by  
24 Medicaid and I will be required to periodically report to Medicaid to maintain  
25 coverage.

3. I understand and agree that the SRC program is a minimum of 12  
months but may be longer depending on my individual progress; I will be  
obligated to pay the additional treatments costs, if I am ineligible for Medicaid,

1 of \$25 per treatment session while in Phase I, II, III and IV of the SRC program.  
2 The number of treatment sessions will decrease as I progress through the  
3 Program.  
4

5 4. I understand and agree that I will be obligated to pay supervision  
6 fees to DAS of \$40 per month.

7 5. I understand and agree that I will be obligated to pay court fees to  
8 the SRC program in the amount of \$20 per month.

9 6. I understand that if I have completed the counseling requirements  
10 of the SRC program but have not completed payment on any amounts owed to  
11 the Court, the county, the treatment provider, or restitution to the victim, I will  
12 not graduate until all fees and restitution are paid in full.  
13

14 7. I understand that if I am terminated from the SRC program for a  
15 violation of any rule that I will still be required to pay any amounts owed to the  
16 Court, the county, or the treatment provider. If the suspended sentence in jail is  
17 imposed, the remaining balance owed  
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will still be required to be paid and the Court will use its contempt of court power to enforce this Order.

I have read and understand the Sparks Recovery Court Agreement and Waiver, and I agree to abide by all the terms and conditions stated within these documents. I have had the opportunity to discuss this Agreement with legal counsel.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Defendant

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Attorney for Defendant



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IN THE JUSTICE COURT OF SPARKS TOWNSHIP  
COUNTY OF WASHOE, STATE OF NEVADA

THE STATE OF NEVADA,

Plaintiff,

vs.

Defendant.

Case No.:

Dept. No.:

**POST-SENTENCE  
PETITION and ORDER**

The undersigned, \_\_\_\_\_, petitions the Court for admission to the Sparks Recovery Court program.

In support of this Petition, the Petitioner has executed a document entitled *Sparks Recovery Court Agreement and Waiver, Post-Sentence*, attached to this document and incorporated by reference, which lists the terms and conditions to which Petitioner agrees if accepted by the Court for participation in the program. If the Public Defender has previously been appointed to represent the Defendant, the case is hereby transferred to the Alternate Public Defender for all further proceedings.

DATED this \_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Deputy District Attorney

\_\_\_\_\_  
Attorney for Petitioner

IT IS SO ORDERED.

\_\_\_\_\_  
Justice of the Peace