

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS  
 : OF THE 17<sup>TH</sup> JUDICIAL DISTRICT OF  
 : PENNSYLVANIA  
 :  
 vs. : SNYDER COUNTY BRANCH  
 :  
 : CRIMINAL DIVISION  
 :  
 \_\_\_\_\_, : NO. CP-55-CR-\_\_\_\_\_ -20\_\_  
 Defendant :

### D.U.I. COURT COLLOQUY

1. I voluntarily request entry into 17th Judicial District's D.U.I. Court Program. I understand that entry into the program requires that I plead guilty to my criminal charges. Participation in this program also requires the waiver of other important rights. \_\_\_\_\_
2. I agree to submit to and complete a diagnostic evaluation and treatment program dealing with my substance abuse problem as Ordered by the Court. I further authorize CMSU Drug and Alcohol Services to release my treatment information to the Court. Such information will not, however, be used by the District Attorney in any subsequent trial. In addition, I understand that any statements made during D.U.I. Court sessions will not be used against me at any subsequent criminal proceedings. \_\_\_\_\_
3. If I do not successfully complete the program or comply with the conditions of the D.U.I. Court, a hearing will be scheduled and may result in: (1) a modification of my treatment plan; (2) revocation of my release from incarceration; (3) termination from the program resulting in a revocation proceeding. \_\_\_\_\_
4. I understand that I am charged with and entering a guilty plea to the following Offenses which carry standard range minimum penalties, based on my prior record Score as follows:

<u>Offense</u>	<u>PRS</u>	<u>OGS</u>	<u>Range</u>

5. I understand that by agreeing to enter the D.U.I. Court, I am surrendering my rights to:

- (a) a jury trial and a trial by a judge alone;
- (b) confront and cross-examine Commonwealth witnesses;
- (c) file pre- and post-trial motions;
- (d) raise any legal or factual defense; and
- (e) appeal-except those areas specified in the written guilty plea colloquy. \_\_\_\_\_

6. I also agree to:

- (a) not violate any laws and to immediately notify my probation officer if arrested;
- (b) attend school, work, and treatment as approved by the D.U.I. Court;
- (c) obtain permission from my probation officer before changing my approved residence and before leaving my home overnight;
- (d) report to all programs as required and to fully cooperate;
- (e) appear in D.U.I. Court as required.
- (f) permit extension of my treatment as the D.U.I. Court determines appropriate to allow successful completion of the requirements;
- (g) pay all fines, costs and costs of supervision as required;
- (h) abstain from all alcohol and drug use; if prescribed by a doctor, my probation officer must be notified prior to usage;
- (i) abide by all probation conditions;
- G) not leave Snyder/Union Counties without permission; and
- (k) comply with the following special conditions:

I have read and understand the above statement and my obligations and the rights I am surrendering. I am knowingly and voluntarily entering into this program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Assistant District Attorney

\_\_\_\_\_  
Attorney for Defendant

cc: Snyder County District Attorney  
\_\_\_\_\_, J.D.

Defendant  
Snyder County Adult Probation  
Treatment Court Coordinator