

**THE COMMON PLEAS COURT OF DELAWARE COUNTY, OHIO**

**STATE OF OHIO**

**CASE NO. \_\_\_\_\_**

**Plaintiff**

**-vs-**

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**Defendant**

**MOTION FOR REFERRAL AND FOR ADMITTANCE TO  
RECOVERY DOCKET FOR  
EVALUATION FOR PROGRAM ELIGIBILITY**

The defendant hereby moves the Court for admittance into the Recovery Docket Program. I hereby give my consent to be interviewed by Court staff who operate the Delaware County Common Pleas Court's Recovery Docket Program,( hereinafter "Recovery Docket)" for the purpose of determining if I am eligible for admission into the Recovery Docket. I will need to be diagnosed as dependent by a licensed treatment provider and cooperate in the completion of a presentence investigation.

I understand that if I am accepted into the Recovery Docket, I will be required to participate in a Court-ordered substance abuse treatment program, for a minimum of 18 months in duration, with conditions of supervision that are established to further my successful recovery from substance dependence.

I hereby give my consent to be evaluated for eligibility and admission into the Recovery Docket. I agree to give truthful and accurate answers to the questions I am asked in being evaluated for eligibility and admission into the Recovery Docket. I understand that unless I otherwise authorize, only my attorney and the Delaware County Common Pleas Court and Court staff may receive the information I provide in the process of being evaluated for admission into the Recovery Docket and that my attorney is bound by the confidentiality requirements established by the attorney-client privilege in receiving such information. I further understand

that the information I give in being evaluated for admission into the Recovery Docket Program will not be provided to the State of Ohio and/or counsel for the State of Ohio and is not subject to discovery by the State of Ohio under the Rules of Criminal procedure or any other law or rule.

I also understand that as part of the eligibility determination process I will be asked to sign a separate Authorization for Release of Information, which authorizes reciprocal communication and release of information from the Delaware County Common Pleas Court and Court staff by and between the current treatment agency, and other substance abuse and mental health treatment providers and community service agencies.

I know of no serious physical health conditions which would keep me from completing the Recovery Docket requirements. I know of no pending charges or detainers from any other jurisdiction that would prevent me from entering or completing the Recovery Docket. I understand that, if I am eligible and accepted into the Recovery Docket Program I will be supervised by the Recovery Docket Judge, Judge Krueger, as to my compliance with the programming and rules of the Recovery Docket Program. I further understand that if I am unsuccessfully terminated from the Recovery Docket for any reason after being admitted into the program, my case will returned to the trial docket and scheduled for sentencing or disposition before Judge Krueger.

I have been informed and understand that evaluation for admission does not guarantee my eligibility or admission into the Recovery Docket Program. I further understand that if I am determined not to be eligible for the program or I am not admitted into the Recovery Docket, my case shall remain on the regular docket for final resolution. I will complete referral form 52.15 (b).

SIGNED:

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

APPROVED:

\_\_\_\_\_  
Counsel for Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prosecutor

\_\_\_\_\_  
Date

Certificate of Service

This motion was served on the Delaware County Prosecuting Attorney and the Recovery Docket Officer on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_

Counsel for Defendant

Cc: Delaware County Prosecuting Attorney  
Counsel for Defendant  
Defendant  
Recovery Docket Coordinator