IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, OHIO

THE STATE OF OHIO, :

Plaintiff, :

-vs- : Case No.

:

(Name of Defendant),

Defendant :

**MOTION FOR REFERRAL TO SPECIALIZED DOCKET FOR EVALUATION FOR PROGRAM ELIGIBILITY**

The defendant hereby moves the Court for referral to the Delaware County Common Pleas Specialized Docket Program. I hereby give my consent to be interviewed by Court staff who operate the Delaware County Common Pleas Court’s Specialized Docket Program, (hereinafter “Specialized Docket)” for the purpose of determining if I am eligible for admission into a Specialized Docket. I will need to be diagnosed with a primary DSM-5 diagnosis for mental illness and/or moderate or severe substance use disorder by a licensed treatment provider and cooperate in the completion of a presentence investigation.

I understand that if I am accepted into a Specialized Docket, I will be required to participate in a Court-ordered mental health and/or substance abuse treatment program, for a minimum of 12-18 months in duration, with conditions of supervision that are established to further my successful recovery from mental health disorder and/or substance use disorder.

I hereby give my consent to be evaluated for eligibility and admission into a Specialized Docket. I agree to give truthful and accurate answers to the questions I am asked in being evaluated for eligibility and admission into a Specialized 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 a Specialized 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 a Specialized 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 appropriately assigned Specialized Docket requirements. I know of no pending charges or detainers from any other jurisdiction that would prevent me from entering or completing a Specialized Docket. I understand that, if I am eligible and accepted into a Specialized Docket Program I will be supervised by the appropriately assigned Specialized Docket Judge, Judge Gormley or Judge Schuck, as to my compliance with the programming and rules of the appropriate Specialized Docket Program. I further understand that if I am unsuccessfully terminated from a Specialized 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 appropriate sentencing Judge.

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

SIGNED:

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Defendant Date

APPROVED:

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Counsel for Defendant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prosecutor Date

Certificate of Service

I hereby certify that on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_, this motion was served through the Courts Electronic Filing System or by ordinary mail.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counsel for Defendant

cc: Delaware County Prosecuting Attorney

Counsel for Defendant

Defendant

Holly Graham, Specialized Docket Coordinator