

COURT DATE: \_\_\_\_\_ REVIEW DATE: \_\_\_\_\_ APPROVED: \_\_\_\_ DENIED: \_\_\_\_

**AUBURN MUNICIPAL COURT**

**APPLICATION FOR ADMISSION INTO THE EDUCATION,  
MONITORING AND TREATMENT PROGRAM**

Full Name \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ DL #: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number (H) \_\_\_\_\_

(C) \_\_\_\_\_

Case Number and Charge(s) \_\_\_\_\_

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

Have you ever been charged with any crime, including DUI offenses? Yes \_\_\_\_ No \_\_\_\_

List all past criminal convictions. (Include the date and jurisdiction of conviction) N/A: \_\_\_\_

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

Do you currently have any other criminal charges pending? Yes \_\_\_\_ No \_\_\_\_

Do you have transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

If completing community service outside of Lee County, please identify the 501c (3) organization's name and location. N/A: \_\_\_\_\_

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In order to graduate from the Education, Monitoring and Treatment Program, you will be required to abide by all the Rules and/or Requirements listed below and initialed by you. In addition, you will be required to abide by any Orders, Requirements and/or Rules set by the Court, the Court Referral Officer and the Treatment Provider or any other designee of the Court that are not specifically set forth in the following terms. Failure to comply with any such Rule and/or Requirement will result in termination from the program, acceptance of your conditional guilty plea, and the imposition of a fine(s) and/or a jail sentence.

Initial

Rules and/or Requirements

\_\_\_\_\_

I will report to the Court on all assigned compliance date(s). I understand failure to report will result in a warrant being issued for my arrest.

\_\_\_\_\_

I will comply with all terms of my Education and Treatment Plan. I understand that it may and can be changed as needed during my participation in the program. I agree to complete the Education and Treatment Plan referred and deemed appropriate for me. I also understand that I may be required to pay some or all of the costs of any treatment program to which the Court Referral Office refers me.

\_\_\_\_\_

I will report on my assigned date(s), at my assigned time(s) and location(s) when requested to do so by the Court Referral Officer, Treatment Provider and/or any other designee of the Court.

\_\_\_\_\_

I will obtain and/or keep full-time employment or be enrolled as a full-time student during my participation in the program unless specifically excused from this requirement by the Court.

\_\_\_\_\_

I will not use or possess any mind-altering substance, including alcohol, during my participation in the program.

\_\_\_\_\_

I understand that I will be required to pay for all drug screens taken during my participation in the program.

\_\_\_\_\_ I will not commit any crimes during my participation in the program. I understand that participation in any criminal activity will result in termination from the program.

\_\_\_\_\_ I understand that I am responsible for keeping the Court informed at all times of my current address, employment and telephone number(s). I understand that if the Court is unable to contact me because of inaccurate or outdated contact information, I will be terminated from the program.

\_\_\_\_\_ I understand that by entering into the Education, Monitoring and Treatment Program, I will be required to enter a plea of **Guilty** to the charge(s) against me.

\_\_\_\_\_ I understand that my guilty plea may be made final at any time should I fail to comply with the terms of the Education, Monitoring and Treatment Program deemed necessary for me.

\_\_\_\_\_ I understand that I am waiving my right to an appeal of my guilty plea should such plea be made final due to my failure to comply with the terms of the program.

\_\_\_\_\_ I will comply with all other Court Orders and/or requirements of the Court, the Court Referral Officer, any Treatment Provider and/or other designee of the Court not specifically set forth in these Rules and/or Requirements.

\_\_\_\_\_ I understand that I will be required to pay all court referral fees and court costs before I will be allowed to graduate from the Education, Monitoring and Treatment Program.

\_\_\_\_\_ I understand that I will be required to pay the Application Fee, including the Pretrial Diversion Database Fee, before I will be allowed to graduate from the Education, Monitoring and Treatment Program.

\_\_\_\_\_ I understand that my personal information will be entered into a Pretrial Diversion Database, which will be accessible by other Courts throughout the state and possibly by other law enforcement agencies and courts.

**My request for admission into the Education, Monitoring and Treatment Program is made with knowledge of my constitutional rights concerning search and seizure and self-incrimination and with knowledge that these rights must be waived to the extent necessary to consider this request, to educate and treat me, and to protect the people of this state from my criminal behavior.**

**I voluntarily waive my constitutional rights that I may have under the Constitution of Alabama and/or the United States Constitution concerning searches of my person and property and seizure of any evidence found during these searches, including any notice to me of these searches for the opportunity of education, monitoring, and treatment should this request be granted by the Court. I understand that if any evidence is found during a search to show that I have committed a criminal offense or that I have violated the conditions of the Education, Monitoring and Treatment Program, then any evidence will be seized and used against me.**

**I understand that these rights will be restored upon my completion of, or termination from, the Education, Monitoring and Treatment Program.**

\_\_\_\_\_  
**Signature of Applicant**

I have thoroughly read and understand the above terms and conditions required for admittance into the Auburn Municipal Court's Education, Monitoring and Treatment Program.

\_\_\_\_\_  
Applicant/Participant                      Date

\_\_\_\_\_  
Magistrate/ Judge                      Date

I have read and thoroughly explained to the defendant this document and the constitutional waivers contained therein; the rules and requirements of the Education, Monitoring and Treatment Program as set forth herein; and the ramifications and results of non-compliance with these terms by the defendant.

By submitting an application, the attorney of record is agreeing to cooperate with the court, the CRO, and all treatment providers in maintaining contact with the applicant and to further assist the aforementioned persons in obtaining and maintaining compliance by the applicant with all terms of the program.

\_\_\_\_\_  
Defendant's Attorney's Signature      Date

**Revised 10/16/2019**

The Court has noticed an alarming increase in the number of entrants into the City's EMT (Diversion) Program who cannot (a) complete their community service within six (6) months; (b) complete, let alone sometimes start, their counseling within the first six (6) months; (c) pass a drug test when appearing for a Court review date, FTA or other required appearance; and/or (d) all or a combination of some of the above.

Therefore, please take notice that effective immediately, anyone entering the EMT (Diversion) Program will need to be aware of the following:

- (1) Upon entering the EMT Program, the Defendant will be given a review date (hereinafter "the Review Date") as close as possible to, but in no event less than, one hundred and eighty (180) days from the date of entry;
- (2) All community service hours agreed to under the terms of the EMT Program SHALL be completed by the Review Date;
- (3) All Defendants will be required to take and PASS a drug test on the Review Date; AND
- (4) On the Review Date, the Defendant will be required to update the Court as to their progress in the counseling/CRO portion of the EMT Program, if such counseling is not yet completed.
- (5) On the Review Date(s), the Court will calculate and assess any additional fees required to be collected per the ignition interlock guidelines.

On the Review Date, (a) failure to have the total number of community service hours completed; (b) failure to pass a drug test; and/or (c) failure to have started or made significant progress in CRO/counseling will result in an immediate sanction of forty-eight (48) hours in the Lee County Jail for Contempt of Court IF the Defendant wishes to remain in the EMT Program.

Please also remind your clients that until they receive a stamped Order dismissing them from the EMT Program, they will be subject to drug testing anytime they appear in Court. A similar forty-eight (48) hour Contempt sanction will follow any first-time failed drug test. A second failed drug test in Court will result in REMOVAL from the EMT Program.