

Section V Adult DUI/Drug Court Standards

1. DUI/Drug courts integrate alcohol and other drug treatment services with justice system case processing.

1.1 The goals of DUI/Drug court programs in Georgia shall be the participant's abstinence from alcohol and other illicit drugs and promotion of individual accountability in the interest of public safety.

1.2 Pursuant to O.C.G.A. § 15-1-15, prior to implementation, each DUI/Drug court shall establish a planning group to develop a work plan. The planning group shall include the judge, program coordinator, prosecuting attorneys, defense attorneys, probation officers, law enforcement and persons having expertise in the field of substance abuse. The work plan shall address the operational, coordination, resource, information management, and evaluation needs and include eligibility criteria for the court. The court shall combine judicial supervision, treatment of participants, and drug testing.

1.3 Prior to commencement of program operations, the DUI/Drug Court planning group shall collaboratively develop, review, and agree upon all aspects of court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, program structure guidelines).

1.4 Each of these elements shall be compiled in writing in the form of a *Policies and Procedures Manual* which is reviewed and updated as necessary, but no less than every two years.

1.5 Once established, the DUI/Drug court shall have a continuing court team which shall include, at a minimum, the following representatives: judge, defense attorney, prosecutor, program coordinator, law enforcement, treatment provider/certified addiction treatment clinicians, and probation/supervision officer.

1.6 The team shall operate pursuant to a Memorandum of Understanding (MOU) between all parties, which shall be updated annually or as necessary.

1.7 All members of the DUI/Drug court team are expected to attend and participate in a minimum of two formal staffings per month.

1.8 Members of the DUI/Drug court team should attend DUI/Drug court sessions (i.e. status conferences/hearings).

1.9 DUI/Drug courts should provide for a continuum of services through partnership with a primary treatment provider to deliver treatment, coordinate other ancillary services, and make referrals as necessary.

1.10 Standardized evidence-based treatments, as recommended in the Adult DUI/Drug Court Treatment Standards (see *Section 6*), shall be adopted by the DUI/Drug court to ensure quality and effectiveness of services and to guide practice.

1.11 The court shall maintain ongoing communication with the treatment provider. The treatment provider should regularly and systematically provide the court with reports on the progress of, and any significant events involving, each participant. A reporting schedule and method of reporting shall be agreed upon by the DUI/Drug court team and put in writing as part of the court's operating procedures.

1.12 Participants should have contact with DUI/Drug court staff, probation officer, or treatment representative at least once per week during the first twelve months of the program.

2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

2.1 Prosecution and defense counsel shall both be members of the DUI/Drug court team and shall participate in the design, implementation, and enforcement of the program's screening, eligibility, and case-processing policies and procedures.

2.2 The prosecutor and defense counsel shall work to create a sense of stability, cooperation, and collaboration in pursuit of the program's goals.

2.3 The prosecution shall: review cases and determine whether a defendant is eligible for the DUI/Drug court program; file all required legal documents; participate in and enforce a consistent and formal system of sanctions in response to positive drug tests and other participant noncompliance; agree that a positive drug test or open court admission of drug use will not result in the filing of additional drug charges based on that admission; and make recommendations regarding the participant's continued enrollment in the program based on progress and response to treatment rather than on legal aspects of the case, with the exception of additional criminal behavior.

2.4 Pursuant to O.C.G.A. § 15-1-15, DUI/Drug courts may accept offenders with non-DUI charges.

2.5 For any participant whose charges include a property crime, the court must comply with the requirements and provisions set forth in the Crime Victim's Bill of Rights (O.C.G.A. § 15-17-1, et seq.).

2.6 All participants shall receive a participant handbook upon accepting the terms of participation and entering the program. Receipt of handbook shall be acknowledged through a signed form.

2.7 The judge, on the record, must apprise a participant of all due process rights, rights being waived, any process for reasserting those rights, and basic program expectations.

2.8 Where the state or the participant seeks a revocation or modification of a DUI/Drug court sentence, there shall be notice and a hearing at which the participant shall be afforded all due process rights.

2.9 The consequences of revocation from a DUI/Drug court should be comparable to those sustained in other similar cases before the presiding judge. The sentence shall be reasonable and not excessively punitive solely based on termination from DUI/Drug court.

3. Eligible participants are identified early and promptly placed into the DUI/Drug court program.

3.1 Targeting is the process of identifying a subset of the DUI offender population for inclusion in the DUI/Drug court program. This is a complex task given that DUI courts, in comparison to the traditional drug court programs, accept primarily one type of offender: the person who drives under the influence of alcohol or drugs. The DUI court target population, therefore, shall be clearly defined with eligibility criteria clearly documented.

3.2 The target population for DUI/Drug courts should be multiple DUI offenders with a minimum of two DUIs in five years or three or more DUIs in a lifetime. Courts may grant a case by case exception when an offender has a first DUI charge, other alcohol related offenses, or a history of substance abuse or addiction.

3.3 Participant eligibility requirements/criteria shall be developed and agreed upon by all members of the DUI/Drug court team and included in writing as part of the program's policies and procedures.

3.4 Courts shall only admit eligible DUI/Drug court participants post-conviction. Under no circumstance shall a DUI charge be dismissed as a condition of completing a DUI court sentence/program.

3.5 Screening for program eligibility shall include the review of legal requirements and clinical appropriateness.

3.6 Members of the DUI/Drug court team and other designated court or criminal justice officials shall screen cases for eligibility and identify potential DUI/Drug court participants.

3.7 Participants being considered for a DUI/Drug court should be promptly advised about the program, including the requirements, scope, potential benefits, the effects on their case and consequences of failing to abide by the rules.

3.8 Participants should begin treatment as soon as possible after sentencing.

3.9 DUI/Drug courts will use a standardized/validated screening instrument which will be used as part of the clinical assessment process to gather evaluation data. Assessment for substance abuse and other treatment shall be conducted by appropriately trained and qualified professional staff.

3.10 DUI/Drug courts shall maintain an appropriate caseload based on their capacity to effectively serve all participants according to these standards.

3.11 No potential participant shall be excluded solely on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital or parental status, sexual orientation, or disability.

4. DUI/Drug courts provide access to a continuum of alcohol, drug and other related treatment and rehabilitation services.

4.1 Substance dependence is a chronic, relapsing condition that can be effectively treated with the right type and length of treatment regimen. In addition to having a substance abuse problem, a significant proportion of the DUI population also suffers from a variety of co-occurring mental health disorders. Therefore, DUI/Drug courts must carefully select and implement treatment practices demonstrated through research to be effective with the hard-core impaired driver to ensure long-term success.

4.2 DUI/Drug courts shall use treatment providers that are on the Department of Human Services Registry for the State Multiple Offender Program so that both re-licensing requirements and court requirements are met.

4.3 A DUI/Drug court shall require a minimum of 12 months of supervision and treatment.

4.4 DUI/Drug court programs should be structured into a series of phases. The final phase may be categorized as “aftercare/continuing care.”

4.5 DUI/Drug court programs shall offer a comprehensive range of core alcohol and drug treatment services. These services include, but are not limited to:

- (1) Group counseling
- (2) Individual counseling
- (3) Drug testing.

4.6 DUI/Drug court programs should ideally offer or make appropriate referrals to:

- (1) Family counseling
- (2) Gender specific counseling
- (3) Domestic violence counseling
- (4) Anger management
- (5) Health screening
- (6) Assessment and counseling for co-occurring mental health issues.

4.7 DUI/Drug court programs should ideally offer or make appropriate referrals for ancillary services to meet the needs of participants, including but not limited to:

- (1) Employment counseling and assistance
- (2) Educational component
- (3) Medical and dental care
- (4) Transportation
- (5) Housing
- (6) Mentoring and alumni groups.

4.8 Case management plans shall be individualized for each participant based on the results of the initial assessment. Ongoing assessment shall be provided according to a program schedule and treatment plans may be modified or adjusted based on results.

4.9 Treatment shall include standardized, evidence-based practices (see Section 6, *Adult DUI/Drug Court Treatment Standards*) and other practices recognized by the Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Policies and Practices (NREPP).

4.10 A set of quality controls/review process shall be in place to ensure accountability of the treatment provider.

5. Abstinence is monitored by frequent alcohol and other drug testing.

5.1 Each participant shall be administered a drug test a minimum of twice per week during the first two phases of the program or for six months, whichever is longer. A standardized system of drug testing shall continue through the entirety of the program.

5.2 In addition to specific targeted testing, drug testing shall be administered to each participant on a randomized basis, using a formal system of randomization.

5.3 All DUI/Drug courts shall utilize urinalysis as the primary method of drug testing; a variety of alternative methods may be used to supplement urinalysis, including breath, hair, and saliva testing and electronic monitoring.

5.4 All collection of urine samples shall be directly observed by a licensed/certified medical professional, an authorized same-sex member of the drug court team, or other approved official of the same sex.

5.5 Drug screens should be analyzed as soon as practicable. Results of all drug tests should be available to the court and action should be taken as soon as practicable, ideally within 48 hours of receiving the results.

5.6 In the event a single urine sample tests positive for more than one prohibited substance, the results shall be considered as a single positive drug screen.

5.7 A minimum of 90 days negative drug testing shall be required prior to a participant being deemed eligible for graduation from the program.

5.8 Each drug court shall establish a method for participants to dispute the results of positive drug screens through either gas chromatography-mass spectrometry, liquid chromatography-mass spectrometry, or some other equivalent protocol.

5.9 Creatinine violations (not medically explained) and drug screens scheduled and missed without a valid excuse as determined by the presiding judge shall be considered positive drug screens.

6. A coordinated strategy governs DUI/Drug court responses to participants' compliance.

6.1 Driving under the influence presents a significant danger to the public. Increased supervision and monitoring by the court, probation department, law enforcement, and treatment provider must occur as part of a coordinated strategy to intervene with repeat and high-risk DUI offenders to protect against future impaired driving.

6.2 DUI/Drug courts will have supervision components that include home visits, random observed drug screens, and may include curfews and use of alcohol and other drug monitoring equipment and recognized techniques as appropriate.

6.3 Courts should implement a system for a minimum level of field supervision for each participant based on their respective level of risk. Field supervision may include unannounced visits to home or workplace and curfew checks. The level of field supervision may be adjusted throughout the program based on participant progress and any reassessment process.

6.4 Regular and frequent communication between all members of the DUI/Drug court team shall provide for swift responses to all incidents of non-compliance, including positive drug tests.

6.5 A DUI/Drug court shall have a formal system of sanctions and rewards, including a system for reporting noncompliance, established in writing and included in the court's policies and procedures.

6.6 The formal system of sanctions and rewards shall be organized on a gradually escalating scale and applied in a consistent and appropriate manner to match a participant's level of compliance.

6.7 There shall be no indefinite time periods for sanctions, including those sanctions involving incarceration or detention.

6.8 Participants shall be subject to progressive positive drug screen sanctions prior to being considered for termination, unless there are other acts of noncompliance affecting this decision.

6.9 For a participant that does not have a valid driver's license, a transportation plan should be developed with the participant. Additionally, the court should consider local transportation system ridership for program participants during the license suspension period.

6.10 The court should have a clearly defined policy which cautions the participant against and outlines potential consequences of driving without a license.

6.11 DUI/Drug courts will incorporate the completion of state administrative re-licensing requirements for DUI convictions into the program.

7. Ongoing judicial interaction with each DUI/Drug court participant is essential.

7.1 Judges are a vital part of the DUI/Drug court team. As leader of this team, the judge's role is paramount to the success of the DUI/Drug court program. The judge must possess recognizable leadership skills as well as the capability to motivate team members and elicit buy-in from various stakeholders. The selection of the judge to lead the DUI/Drug court team, therefore, is of utmost importance.

7.2 DUI/Drug courts shall be conducted by a state court judge, senior judge, or superior court judge.

7.3 The presiding judge may authorize assistance from other judges, including senior judges and judges from other classes of court, on a time-limited basis when the presiding judge is unable to conduct court.

7.4 The judge shall attend and participate in all pre-court staffings.

7.5 A regular schedule of DUI/Drug court sessions (i.e. status conferences/hearings) shall be used to monitor participant progress.

7.6 There shall be a minimum of two DUI/Drug court sessions (i.e. status conferences/hearings) per month in the first phase of DUI/Drug court programs. In other phases, frequency of DUI/Drug court sessions (i.e. status conferences/hearings) may vary based on participant needs and benefits, as well as judicial resources, except as provided in Standard 7.7.

7.7 DUI/Drug court sessions (i.e. status conferences/hearings) should be held no less than once per month during the last phase of the program.

7.8 Status reviews shall be conducted with each participant on an individual basis to optimize program effectiveness. Group reviews should be avoided unless necessary on an emergency basis.¹

7.9 The judge, to the extent possible, should strive to spend an average of three minutes or more with each participant during status review.

¹ Insufficient time based on program census does not constitute an emergency.

8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

8.1 Participant data should be gathered, monitored, and analyzed on a regular basis to determine the effectiveness of the program.

8.2 A process and outcome evaluation should be conducted by an independent evaluator within three years of implementation of a DUI/Drug court program and in regular intervals as necessary, appropriate, and/or feasible for the program thereafter.

8.3 Feedback from participant surveys, review of participant data, and findings from evaluations should be used to make any necessary modifications to program operations, procedures, and practices.

8.4 Courts should use the preferred case management program, or compatible equivalent, as designated by the Council of Accountability Court Judges, if one is designated, in the interest of the formal and systematic collection of program performance data.

8.5 Courts shall collect, at a minimum, a mandatory set of performance measures determined by the Council of Accountability Court Judges which shall be provided in a timely requisite format to the Standards and Certification Committee as required by the Council of Accountability Court Judges, including a comprehensive end-of-year report.

9. Continuing interdisciplinary education promotes effective DUI/Drug court planning, implementation, and operations.

9.1 DUI/Drug court programs shall have a formal policy on staff training requirements and continuing education including formal orientation and training for new team members.

9.2 All members of a DUI/Drug court team shall receive training through the National Drug Court Institute, as available (depending on financial resources and availability to the team).

9.3 Completion of the National Center for DWI Courts Planning Initiative shall be required prior to implementation in order to attain certification.²

9.4 Existing programs should participate in Operational Tune-Up training every three years.

9.5 Court teams, to the extent possible, should attend comprehensive training on an annual basis, as provided by the Council of Accountability Court Judges or the National Association of Drug Court Professionals (NADCP).

9.6 DUI/Drug court judges and staff should participate in ongoing continuing education as it is available through professional organizations including, but not limited to: Institute of Continuing Judicial Education (ICJE), NADCP, etc.

9.7 New accountability court judges and coordinators shall attend formal orientation and training administered by the Council of Accountability Court Judges offered annually.

² Applicable only if training is available and offered.

10. Forging partnerships among DUI/Drug courts, public agencies, and community-based organizations generates local support and enhances DUI/Drug court program effectiveness.

10.1 Ideally, a local steering committee consisting of representatives from the court and including, but not limited to, community organizations, law enforcement, treatment providers, health providers, social service agencies, and the faith community should meet on a quarterly basis to provide policy guidance, fundraising assistance, and feedback to the drug court program.

10.2 DUI/Drug courts should consider forming an independent 501(c)(3) organization for fundraising and administration of the steering committee.

10.3 DUI/Drug courts should actively engage in forming partnerships and building relationships between the court and various community partners. This may be achieved through facilitation of forums, informational sessions, public outreach, and other ways of marketing.

10.4 DUI/Drug court staff should participate in ongoing cultural competency training on an annual basis.

Section VI

Adult DUI/Drug Court Treatment Standards

1. Screening Prior to Program Entry (Eligibility)

1.1. Legal: DUI/Drug court programs should work with an interdisciplinary team to ensure systematic, early identification, and early engagement of a target population.

1.2. Clinical: DUI/Drug courts will enroll participants who meet diagnostic criteria for a Substance-Related Disorder and whose needs can be met by the program. Brief screens for mental health problems should occur.

1.3. Programs should focus on high-risk and high-need participants. High-risk participants are defined as having a second and subsequent arrest of two DUIs in five years, three or more DUIs in a lifetime, or having a blood alcohol level (BAC) of 0.15 or higher. High need participants are defined as those unlikely to be successful without the level of supervision, treatment, and support provided by the DUI/Drug court program and community public safety.

2. Post-Sentence Assessment for Risk of Recidivism and Need for Treatment

2.1 DUI/Drug courts will employ an assessment tool that captures offenders' risk of recidivism and need for treatment. This should also include a short assessment for mental health needs.

2.1.1 Recommended tools may include but are not limited to: Level of Service Inventory-R (LSI-R); NEEDS Assessment; Texas Christian University, Substance Abuse II (TCUDS); Addiction Severity Index-Drug Use Subscale (ASI-Drug); Substance Abuse Subtle Screening Inventory-3 (SASSI-3); Brief Jail Mental Health Screen, National GAINS Center.

2.1.2 Further clinical assessments will be made as outlined below.

2.2 Appropriate assessment instruments are actuarial tools that have been validated on a targeted population, are scientifically proven to determine a person's risk to recidivate, and are able to identify criminal risk factors that, when properly addressed, can reduce that person's likelihood of committing future criminal behavior.

3. Level of Treatment

3.1 DUI/Drug courts will offer an appropriate level of treatment for the target population which matches participant risk of recidivism and treatment needs with an appropriate level of treatment and supervision. Ideal program duration should be 12-18 months. DUI/Drug courts will provide referrals for appropriate levels of care based on the participant's progress or lack thereof.

3.1.1 Recommended tools: ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders (PPC-2R).³

3.2 Assessment tools should also be suitable for use as a repeated measure.

4. Addiction Treatment Interventions

4.1 DUI/Drug court treatment providers must hold a license to practice within the mental health field or be supervised by a professional with said license. Such person must hold a license issued by the State of Georgia including one or more of the following: Licensed Professional Counselor (LPC); Clinical Social

³ Minimum of ASAM Level 1

Worker (CSW); Clinical Nurse Specialist; Psychiatry/Mental Health (CNS/PMH); Marriage and Family Therapist (MFT); Psychologist; or Medical Doctor (psychiatry).

4.2 DUI/Drug courts will use an evidence-based curriculum and structured approach recognized by the Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Policies and Practices (NREPP). All treatment providers shall comply with state law and regulations regarding license reinstatement of all participants.⁴

4.3 Aftercare services are an important part of relapse prevention. Aftercare is lower in intensity and follows higher-intensity programming.

5. Recidivism/Criminality Treatment Interventions

5.1 DUI/Drug courts will incorporate programming that addresses criminogenic risk factors. Criminal risk factors are those characteristics and behaviors that affect a person's risk for committing future crimes and include, but are not limited to, antisocial behavior, antisocial personality, criminal thinking, criminal associates, substance abuse, difficulties with impulsivity and problem-solving, underemployment, or unemployment.

5.2 Recommended tools may include but are not limited to: Thinking for a Change (TFAC); Matrix Model; Prime Solutions, Moral Reconciliation Therapy; Motivational Enhancement Therapy; Cognitive Behavioral Therapy; Relapse Prevention Therapy; Seeking Safety; Rational-Emotive Behavioral Therapy; etc.

6. Treatment/Case Management Planning

6.1 DUI/Drug courts will use treatment/case management planning that follows participants from assessment to program completion and systematically addresses core risk factors associated with relapse, recidivism, and other ongoing needs.

6.2 Treatment and case management planning should be an ongoing process and occur in conjunction with one another.

7. Information Management Systems

7.1 DUI/Drug courts will employ an information management system that captures critical court and treatment data and decisions that affect participants. The data management approach will promote the integration of court and treatment strategies, enhance treatment and case management planning and compliance tracking, and produce meaningful program management and outcome data. Measures of treatment services delivered and attended by participants should be captured.

7.2 All data management practices shall comply with all applicable state and federal laws, rules, and regulations including, but not limited to, 42 CFR Part 2 and HIPAA.

7.3 All DUI/Drug courts should protect the confidentiality of participant data outside of the requirements of the program.

⁴ <http://www.mop.uga.edu/cetp/DUIIPwebsite/registry.htm>

Section VII Adult DUI/Drug Court Case Transfer Rules

These rules are intended to facilitate full participation in DUI/Drug courts. Recognizing that many jurisdictions do not have DUI/Drug courts and that some DUI defendants live or work in jurisdictions different from the offense county, transfer of cases to and from jurisdictions having DUI/Drug courts is authorized. These rules are not all inclusive.

Transfer Rules

1. A participant or person who lives or works in a jurisdiction other than that in which the offense was committed and who wishes to participate in a DUI/Drug court in another county may request the transfer of his or her DUI/Drug court case(s) to a DUI/Drug court in another jurisdiction. If the sending DUI/Drug court approves the transfer, the sending DUI/Drug court shall initiate a transfer request.
2. The proposed transferee shall expeditiously comply with all application requirements of the receiving court.
3. If the receiving DUI/Drug court does not agree to accept the participant, the receiving DUI/Drug court shall notify in writing the sending DUI/Drug court. No case shall be sentenced into another county's DUI/Drug court unless and until approved by the receiving court.
4. If the receiving DUI/Drug court agrees to accept the participant, the receiving DUI/Drug court shall notify the sending DUI/Drug court of the acceptance. The sending court shall honor conditions of acceptance by the receiving court or not send the case.
5. Any transfers must be accomplished without a significant lapse in or initiation of treatment, supervision, or judicial involvement. Until the transfer is effectuated, the participant must report as directed to the sending court.
6. The sending DUI/Drug court shall order the transfer of the case to the receiving DUI/Drug Court on a form prescribed by the Council of Accountability Court Judges. The sending DUI/Drug court shall transmit a copy of the transfer order to the receiving DUI/Drug court.
7. Following completion of acceptance, the receiving DUI/Drug court shall provide an official acceptance letter on a form prescribed by the Council of Accountability Court Judges to the sending DUI/Drug court and add the participant to its caseload.
8. It is the responsibility of the sending DUI/Drug court to maintain an appropriate level of communication with the receiving jurisdiction to ensure that the transfer process is successfully completed.
9. The participant shall contact the receiving DUI/Drug court to make an appointment for orientation/intake the next business day after notification of acceptance.
10. The sending DUI/Drug court shall transfer supervision of the entire case to the receiving DUI/Drug court. All decisions including, but not limited to, sanctions, incentives, phase changes, incarceration, violation of probation and termination are to be made by the receiving court. The DUI/Drug court in the receiving jurisdiction shall exercise the same authority over the transferee as for any participant sentenced within its jurisdiction.
11. Fines and surcharges shall be paid to the sending court by the participant as directed by the sending court in its sentencing order. Jail time in the original sentence shall be served in the sending county. All other fines and fees and the methods for their collection shall be determined by the receiving court.

12. Following completion of DUI/Drug court, the participant shall remain on the receiving court's caseload and shall continue to be supervised by said court.

File Transfer

The following documents, if available, shall be signed and forwarded in a timely manner to the receiving court for review:

- Request for Transfer
- Consent for Release of Information
- Clinical Assessment Report
- Receiving court's Participation Agreement
- Accusation, Plea Agreement forms and Sentencing Orders
- Any other documents deemed appropriate by either court

IN THE STATE COURT OF _____ COUNTY
STATE OF GEORGIA

STATE OF GEORGIA)

vs.)

CASE NO. _____)

_____)

TRANSFER ORDER

The above-named Defendant having been sentenced in this Court on _____, 20____, to participate in the _____ County DUI Court, and it appearing that said Defendant is eligible for and has been accepted into said DUI Court and has agreed to the terms hereof, it is hereby **ORDERED** that supervision over Defendant’s case be and hereby is transferred permanently and for all subsequent proceedings, to the State Court of _____ County. All parties to this Order explicitly agree to the following conditions of transfer:

1. The State Court of _____ County and _____ County DUI Court shall exercise the same authority over Defendant as if Defendant had been sentenced under its jurisdiction, including, in the case of sanction(s), incarceration in that County’s jail.
2. Probation monitoring shall be transferred to the State Court of _____ County’s probation department. Defendant shall pay all appropriate supervision fees as directed by the State Court of _____ County and _____ County DUI Court.
3. Defendant is to pay fines and surcharges originally imposed as a part of the sentence to the Clerk of the State Court of _____ County (sending court) as directed by the _____ County DUI Court (sending court). All DUI Court-related fees, including, but not limited to, participant fees and monetary sanctions, are to be paid to the _____ County DUI Court.
4. Defendant is ordered to comply with all conditions, terms, and requirements of the State Court of _____ County and _____ County DUI Court. Defendant must comply with all orders issued by the presiding judge, including all sanction orders.
5. Defendant consents to this transfer and understands that all sanctions, termination proceedings, probation revocation hearings, and all other matters subsequent to this plea will be handled in and by the State Court of _____ County.

SO ORDERED this, the ____ day of _____, 20____.

_____, Judge
State Court of _____ County

_____, Judge
State Court of _____ County

Consented to by:

Defendant

Defendant’s Attorney Bar. No