

## **MENTAL WELLNESS COURT DOCUMENTS AND FORMS**

- \_\_\_\_\_ Mental Wellness Court Contract
- \_\_\_\_\_ Waiver of Right to Assert Specified Grounds as a Basis for Motion of Recusal
- \_\_\_\_\_ Notice to Patients Pursuant to 42 C.F.R. § 2.22
- \_\_\_\_\_ Consent for Disclosure of Confidential Columbia Judicial Circuit Mental Wellness Court Information
- \_\_\_\_\_ Urine Abstinence Testing and Incidental Alcohol Exposure Contract
- \_\_\_\_\_ Columbia Judicial Circuit Accountability Court Authorization for Release Form
- \_\_\_\_\_ Defendant's Change of Plea
- \_\_\_\_\_ Plea of Guilty (Nolo Contendere) Acknowledgement and Waiver of Rights
- \_\_\_\_\_ Order of Voluntariness of Plea and of Admission to the Columbia Judicial Circuit Mental Wellness Court
- \_\_\_\_\_ Order Transferring Case to Mental Wellness Court
- \_\_\_\_\_ Order Granting Defendant's Bond
- \_\_\_\_\_ Defendant must have a clinical diagnosis of SPMI (Severe and Persistent Mental Illness). See Axis explanation.
- \_\_\_\_\_ All records are required at the time of application this is to include – incarceration, medical and hospitalization
- \_\_\_\_\_ For Transfer Cases the defendants original charge and discovery must be included with the application

IN THE SUPERIOR COURT OF COLUMBIA COUNTY

STATE OF GEORGIA

STATE OF GEORGIA

vs.

DEFENDANT

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§

CRIMINAL ACTION  
NO. \_\_\_\_\_

MENTAL WELLNESS COURT CONTRACT

**You are voluntarily entering into the Mental Wellness Court Program. Read the terms of this contract carefully, and initial each term of the contract, date, and sign the contract.**

I, \_\_\_\_\_ understand that I have been permitted to participate in the Columbia Judicial Circuit Mental Wellness Court Program and that I must fully comply with the counseling recommendations and other court orders set forth.

1. \_\_\_\_\_ I will remain clean and sober.
2. \_\_\_\_\_ I will not violate the law. However, if I do violate the law by committing a new misdemeanor or felony offense, I will report it to the Mental Wellness Court staff immediately. I understand that such violations may subject me to termination from the program.
3. \_\_\_\_\_ I will not use alcohol in any form, nor will I occupy any residence or vehicle where such is present.
4. \_\_\_\_\_ I will not use any drugs, legal or illegal. I will submit any prescription for drugs to my counselors for verification and approval. I will not use over-the-counter, non-prescription medications/substances without permission of the Mental Wellness Court staff, as some over-the-counter medications will produce a positive reading on drug screens and could trigger a relapse.
5. \_\_\_\_\_ I will be gainfully employed full time or be a full time student unless the judge approves otherwise. I will provide proof of my employment or student status in the form of pay stubs, 1099s, W-2s, or grade reports on a regular basis as directed by the Mental Wellness Court Coordinator/Counselor.
6. \_\_\_\_\_ I will obey all instructions of the Mental Wellness Court staff, curfew officer(s), and/or state probation/parole officer(s).
7. \_\_\_\_\_ I will immediately inform the Mental Wellness Court staff and the state probation office of any change of address, telephone number, and employment status. I will not leave the State of Georgia for any reason without first obtaining permission from the Mental Wellness Court Judge.
8. \_\_\_\_\_ I will allow the Mental Wellness Court staff, treatment staff, state probation office, and law enforcement to visit me in my home or elsewhere.
9. \_\_\_\_\_ I will attend the court ordered number of AA/NA/community support meetings per week and submit proof of attendance as required.

10. \_\_\_\_\_ I will give a breath, blood, urine, hair, or sweat sample upon request from Mental Wellness Court staff, treatment staff, state probation, and/or law enforcement for drug testing and may be responsible for payment for such service.
11. \_\_\_\_\_ I will be responsible for my own transportation and will appear punctually for all Mental Wellness Court sessions, counseling sessions, and meetings as required, and will comply with any sanctions imposed.
12. \_\_\_\_\_ Should I fail to appear for any Mental Wellness Court hearings, counseling sessions, and meetings as required, a bench warrant may be issued for my arrest.
13. \_\_\_\_\_ I understand that the Mental Wellness Court program will last twenty-four (24) months or longer if all requirements of the program have not been met.
14. \_\_\_\_\_ I will not possess a firearm while in the Mental Wellness Court program or reside where such is present. I understand I am NOT permitted to bring weapons of ANY kind to any Mental Wellness Court affiliated facility, including all facilities where Mental Wellness Court events are held.
15. \_\_\_\_\_ I will support any legal dependents that I may have to the best of my ability and/or required by law or court order.
16. \_\_\_\_\_ I will avoid people or places of disreputable or harmful character. This includes people currently on probation or parole (other than those who are also participating in the Accountability Court programs), people with felony convictions, drug users, and drug dealers.
17. \_\_\_\_\_ I understand that I am not to “pair off” with any other participant of the program, nor enter into any other personal relationship within the Accountability Court programs which may affect the integrity of the group process.
18. \_\_\_\_\_ I will submit to a search of my person, residence, papers, cell phone, and/or effects, without there having to be probable cause to conduct the search, and without there being a warrant, any time of the day or night whenever required to do so by a probation officer, law enforcement officer, treatment staff, or Mental Wellness Court staff, and I specifically consent to the use of anything seized as evidence in any hearing or judicial disciplinary proceedings.
19. \_\_\_\_\_ I understand that the Court will impose sanctions for program violations that include, but are not limited to, curfews, increased drug testing, additional AA/NA/community support meetings, community service, in court detention, repeat of a program phase, issuance of bench warrants, jail time, and expulsion from the program.
20. \_\_\_\_\_ I will follow all other program rules which are now in effect or which may become in effect at any time in the future.
21. \_\_\_\_\_ I understand that in order to enter the Mental Wellness Court program, I must waive the right to a formal revocation hearing, and admit the allegations contained in the probation petition. All of the conditions of my participation in the Columbia Judicial Circuit Mental Wellness Court become conditions of my probation.
22. \_\_\_\_\_ I understand that after admitting the violations, I may be allowed by the Judge to remain out of jail and that all conditions of the Mental Wellness Court program will remain. Furthermore, if I violated any rules of the Mental Wellness Court program, I may be subject to a revocation hearing.
23. \_\_\_\_\_ I understand that I must reside within Columbia County throughout my involvement in the Mental Wellness Court Program or have the Judge's permission to reside outside the jurisdiction.

24. \_\_\_\_\_ I understand that I may not go to bars or nightclubs of any kind.
25. \_\_\_\_\_ I understand that I agree to pay the order of restitution owed to the victim in my case(s) that is set forth in any Restitution Order. Further, I understand that I hereby waive my right to have a restitution hearing challenging the amount of restitution. I further understand that I may be held responsible for the full amount set forth in my Restitution Order even though I may be found jointly and severally liable for the restitution with a co-defendant. I also agree to have no contact with the victim and/or the victim's property as ordered by the Court.
26. \_\_\_\_\_ I understand that my participation in the Columbia Judicial Circuit Mental Wellness Court is in addition to my probation and I must continue reporting to my probation officer and pay restitution as directed. The Court will instruct me regarding the necessity of continuing to pay fines and probation fees. My participation in the Mental Wellness Court in no way automatically relieves me of my probation responsibilities.
27. \_\_\_\_\_ I understand that if I fail to successfully complete the Mental Wellness Court program, then I will be subject to a probation revocation hearing. At such hearing, any or all of my remaining probated sentence(s) may be revoked to prison.

I understand that if I comply with the terms and conditions of this contract and successfully complete the Mental Wellness Court program, any probation violation petition and warrant on this case will be dismissed, or my probation may be terminated early. I acknowledge and understand the terms and conditions of this contract and have received a copy of the same. The original contract has been filed with the Columbia County Clerk of Court.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attorney for Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superior Court Judge  
Columbia Judicial Circuit

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Assistant) District Attorney  
Columbia Judicial Circuit

\_\_\_\_\_  
Date

**IN THE SUPERIOR COURT OF COLUMBIA COUNTY**

**STATE OF GEORGIA**

**STATE OF GEORGIA**

vs.

\_\_\_\_\_  
**DEFENDANT**

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**CRIMINAL ACTION  
NO. \_\_\_\_\_**

**WAIVER OF RIGHT TO ASSERT SPECIFIED GROUNDS AS A  
BASIS FOR MOTION OF RECUSAL**

The defendant, and his/her counsel acknowledge that as consideration for acceptance and/or continued participation in the Columbia Judicial Circuit Mental Wellness Court program:

1. That the above-style case will be assigned to the Mental Wellness Court division of Superior Court before the Honorable James G. Blanchard, Jr, or any other Judge/designee assigned to preside over the Mental Wellness Court;
2. That should defendant fail to successfully complete the Mental Wellness Court and be ejected from said program, the above-styled case will remain assigned before Judge Blanchard or any other Judge/designee assigned to preside over the Mental Wellness Court;

Understanding that the assignment of this case is to Judge Blanchard or any other Judge/designee assigned to preside over the Mental Wellness Court throughout all proceedings until ultimate disposition of the case. Irrespective of defendant's success or failure in completing the Mental Wellness Court, the defendant hereby waives his/her right to assert as a basis for a motion to recuse the sitting Judge;

1. That judge's personal involvement with the defendant during his/her participation in the Mental Wellness Court will not be grounds for recusal;
2. That judge's knowledge, both personal and otherwise, of defendant's compliance or noncompliance with the requirements of the Mental Wellness Court program will not be grounds for recusal; and
3. That judge's decision to eject the defendant from the Mental Wellness Court program on the basis of his/her failure to comply with such requirements will not be grounds for recusal.

Defendant hereby freely, voluntarily, and knowingly waives the right to assert the foregoing as grounds for a motion to recuse and acknowledges that he/she does so having consulted with counsel.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ in open court, Columbia  
County, Georgia.

\_\_\_\_\_  
Defendant

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

**NOTICE TO PATIENTS PURSUANT TO 42 C.F.R. § 2.22**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) This disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation

Violation of federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with deferral regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

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Signature of Participant

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Date

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Signature of Witness/Attorney for Participant

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Date

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION  
COLUMBIA JUDICIAL CIRCUIT MENTAL WELLNESS COURT INFORMATION**

I, \_\_\_\_\_, have read or had explained to me the Notice to Patients pursuant to 42 C.F.R. § 2.22, shown above, a federal regulation, regarding the disclosure of my behavioral health and/or substance abuse treatment information and hereby consent to the release of said information to the following:

- Columbia Judicial Circuit Mental Wellness Court treatment team or any person or organization that may provide me treatment or services
- Judge James G. Blanchard, Jr., or any other Judge assigned to preside over Mental Wellness Court and other employees of the court
- The District Attorney and members of the staff
- The Mental Wellness Court public defenders or my retained lawyer
- The Department of Community Supervision (probation/parole)
- Law enforcement and medical personnel
- Any physical or mental health facility

I further understand and agree that I will appear in court as required for a review of my progress, that the court is open to the public and that, therefore, others present in court may learn of my treatment and program compliance.

The purpose of this consent is to permit the court and all other named parties to have the information they need to determine my initial and continued eligibility and suitability for treatment. This includes my treatment attendance, drug test results, compliance and non-compliance with program rules, prognosis, and progress in accordance with the Columbia Judicial Circuit Mental Wellness Court criteria. This information may be released through verbal, written or electronic communication.

I understand that this consent will remain in effect and cannot be revoked by me until five (5) years from the date of a formal termination of my involvement with the Columbia Judicial Circuit Mental Wellness Court program.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of the information may re-disclose it only in connection with their official duties.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness/Attorney for Participant

\_\_\_\_\_  
Date

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION  
BY THE COLUMBIA JUDICIAL CIRCUIT MENTAL WELLNESS COURT**

I, \_\_\_\_\_ consent to communication among the Columbia Judicial Circuit Mental Wellness Court and treatment providers, state probation, my attorney, district attorney, drug test lab, and other agencies regarding any and all information requested pertaining to me, to include but not be limited to information obtained through GCIC, NCIC record checks, and information concerning substance use, drug testing, diagnosis, and treatment.

I authorize any prison, detention center, county jail, or city jail in which I have been confined to release to the court all information in my records concerning test for HIV (AIDS), tuberculosis, and hepatitis.

I release the facility and personnel which releases such information to the court from any and all liability for complying with this authorization.

**This consent will remain effect for five (5) years from the date of my final disposition of this case.**

**Any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of AOD abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Date of Birth

\_\_\_\_\_  
Signature of Witness/Attorney for Participant

\_\_\_\_\_  
Date

## URINE ABSTINENCE TESTING AND INCIDENTAL ALCOHOL EXPOSURE CONTRACT

Recent advances in the science of alcohol detection in urine have greatly increased the ability to detect even trace amounts of alcohol consumption. In addition, these tests are capable of detecting alcohol ingestion for significantly longer periods of time after a drinking episode. Because these tests are sensitive, in rare circumstances, exposure to non-beverage alcohol sources can result in detectable levels of alcohol (or its breakdown products). In order to preserve the integrity of the Mental Wellness Court, it has become necessary for us to restrict and/or advise Mental Wellness Court participants regarding the use of certain alcohol-containing products.

It is **YOUR** responsibility to limit your exposure to the products and substances detailed below that contain ethyl alcohol; however, this list is not all inclusive. It is **YOUR** responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products **BEFORE** you use them. ***Use of the products detailed below in violation of this contract will NOT be allowed as an excuse for a positive test result. When in doubt, don't use, consume or apply.*** Please initial each of the following:

Cough-syrups and other liquid medications: Mental Wellness Court participants have always been prohibited from using alcohol-containing syrups, such as Nyquil. Other cough syrup brands and numerous other liquid medications rely upon ethyl alcohol as a solvent. Mental Wellness Court participants are required to read product labels carefully to determine if they contain ethyl alcohol (ethanol). All prescription and over-the-counter medications should be reviewed with your case manager before use. Information on the composition of prescription medications should be available upon request from your pharmacist. Non-alcohol containing cough and cold remedies are readily available at most pharmacies and major retail stores.

Non-alcoholic Beer and Wine: Although legally considered non-alcoholic, NA beers (e.g. O'Doul's and Sharp's) contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed. Mental Wellness Court participants are **NOT** permitted to ingest NA beer or NA wine.

Food and Other Ingestible Products: There are numerous other consumable products that contain ethyl alcohol that could result in a positive test for alcohol. Flavoring extracts, such as vanilla or almond extract and liquid herbal extracts (such as Gingko Biloba), could result in a positive screen for alcohol or its breakdown products. Communion wine, food cooked in wine, and flammable dishes (alcohol poured over a food and ignited such as Cherries Jubilee, Baked Alaska) must be avoided. Read carefully the labels on any liquid herbal or homeopathic remedy and do not ingest without approval from your case manager.

**Mouthwash and Breath Strips:** Most mouthwashes (Listermint, Cepacol, etc.) and other breath cleansing products contact ethyl alcohol. The use of mouthwashes containing ethyl alcohol can produce a positive test result. Mental Wellness Court participants are required to read product labels and educate themselves as to whether a mouthwash product contains ethyl alcohol. Use of ethyl alcohol-containing mouthwashes and breath strips by Mental Wellness Court participants is not permitted. Non-alcohol mouthwashes are readily available and are an acceptable alternative. If you have questions about a particular product, bring it in to discuss with your case manager.

**Hand sanitizers:** Hand sanitizers (e.g. Purell, Germex, etc.) and other antiseptic gels and foams used to disinfect hands contain up to 70% ethyl alcohol. Excessive, unnecessary, or repeated use of these products could result in a positive urine test. Hand washing with soap and water is just as effective for killing germs.

**Hygiene Products:** Aftershave, colognes, hair sprays, mousse, astringents, insecticides (bug sprays such as Off), and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol (or its breakdown products), excessive, unnecessary, or repeated use of these products could affect test results. Participants must use such products sparingly to avoid reaching detection levels. Just as the Court requires Mental Wellness Court participants to regulate their fluid intake to avoid dilute urine samples, it is likewise incumbent upon each participant to limit their use of topically applied (on the skin) products that contain ethyl alcohol.

**Solvents and lacquers:** Many solvents, lacquers, and surface preparation products used in industry, construction, and the home, contain ethyl alcohol. Both excessive inhalation of vapors and topical exposure to such products can potentially cause a positive test result for alcohol. As with the products noted above, Mental Wellness Court participants must educate themselves as to the ingredients in the products they are using. There are alternatives to nearly any item containing ethyl alcohol. Frequency of use and duration of exposure to such products should be kept to a minimum. A positive test result will not be excused by reference to use an alcohol-based solvent. If you are in employment where contact with such products cannot be avoided, you need to discuss it with your case manager. Do not wait for a positive test result to do so.

**Cannot use Kratom, CBD Oil, or any supplement of any kind.**

**REMEMBER...WHEN IN DOUBT, DON'T USE, CONSUME, OR APPLY!!!**

**I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES. I have placed my initials in the blank beside each category to reflect my understanding.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**COLUMBIA JUDICIAL CIRCUIT ACCOUNTABILITY COURT  
AUTHORIZATION FOR RELEASE FORM**

I, \_\_\_\_\_, (full name of participant), hereby authorize and consent to allow \_\_\_\_\_ (name of treating physician or practice) to release to the Columbia Judicial Circuit Accountability Courts Programs Coordinator and/or the staff, information contained in my records concerning my diagnosis, treatment, attendance, test results, compliance, medications, and prognosis. This release includes but is not limited to information pertaining to substance abuse, mental health issues, and HIV/AIDS.

Specifically, the following information is requested to be provided to the Columbia Judicial Circuit Accountability Court Programs Coordinator and/or staff:

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Further, I hereby release \_\_\_\_\_ (name of treating physician or practice) from any and all liability for providing this information to the Accountability Court Programs Coordinator for use in my treatment. This release shall remain in effect until the final disposition of my case, either by dismissal or by sentencing, but the release shall not exceed five (5) years from the date of authorization.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Date of Birth

\_\_\_\_\_  
Signature of Witness/Attorney for Participant

\_\_\_\_\_  
Date

### DEFENDANT'S CHANGE OF PLEA

**CASE NUMBER:** \_\_\_\_\_ (Use separate sheet for each indictment)

**DEFENDANT:** \_\_\_\_\_

**DEFENDANT'S ATTORNEY:** \_\_\_\_\_

Now comes the Defendant in the above indictment/accusation and changes his/her plea from not guilty to guilty as set forth for each count of the indictment/accusation and waives any demand for speedy trial previously filed in this case. If the Court accepts the plea agreement referenced below, the Defendant now waives all rights of appeal relating to: 1) the process and procedure in this case; 2) the entry of his/her plea of guilty; 3) to the entry of judgment and the sentence of the court; and 4) waives the right to seek to have said sentence modified after the same is imposed by the Court.

Count #:	Charge in Indictment/Accusation	Disposition/Plea (with any reduced charges)

Date: \_\_\_\_\_

\_\_\_\_\_

Defendant

\_\_\_\_\_

Attorney for Defendant



8. Do you understand that the minimum/maximum sentence(s) for the offense(s) to which you are pleading GUILTY (nolo contendere) are as follows:

<u>CHARGE</u>	<u>MINIMUM</u>	<u>MAXIMUM</u>
_____	_____ years	_____ years
_____	_____ years	_____ years
_____	_____ years	_____ years
_____	_____ years	_____ years
_____	_____ years	_____ years

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Has any plea agreement been made by you with anyone which causes you to plead GUILTY (nolo contendere)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Other than conditions that may be imposed by the judge, exactly what is the plea agreement as you understand it?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Do you stipulate and agree that there is a factual basis for this GUILTY (nolo contendere) plea?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Do you admit that you are actually GUILTY of the offense(s) to which you are entering this plea of GUILTY (nolo contendere)?

Yes \_\_\_\_\_ No \_\_\_\_\_

12. Do you understand that the sentence you will actually receive is solely a matter for the judge to decide?

Yes \_\_\_\_\_ No \_\_\_\_\_

13. If there is a plea agreement in this case and the judge rejects the agreement, you will be advised of that fact and be given the opportunity to withdraw your guilty plea before any sentence is imposed other than the one you agreed to accept. Are you aware of this fact?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

14. Do you realize that if you plead GUILTY (nolo contendere) the court may sentence you to the maximum punishment authorized by law for each offense, and may order that the sentences be served consecutively, that is, one after the other?

Yes \_\_\_\_\_ No \_\_\_\_\_

15. Do you understand that if you plead GUILTY (nolo contendere), the court may impose the same punishment as if you had pled NOT GUILTY and been convicted?  
Yes \_\_\_\_\_ No \_\_\_\_\_
16. Do you understand that if you plead GUILTY, the court may place you under oath and ask you questions about the offenses to which you have pled GUILTY?  
Yes \_\_\_\_\_ No \_\_\_\_\_
17. Do you understand that if you make false statements in your answers to these questions, your answers may be used against you in a further/additional prosecution?  
Yes \_\_\_\_\_ No \_\_\_\_\_
18. Have you received a copy of the indictment or accusation in this case and either read it or had it read to you?  
Yes \_\_\_\_\_ No \_\_\_\_\_
19. Do you understand that you have the right to plead NOT GUILTY to every crime charged against you in the indictment or accusation?  
Yes \_\_\_\_\_ No \_\_\_\_\_
20. Do you understand that if you plead NOT GUILTY, you have the right to a speedy and public trial by jury?  
Yes \_\_\_\_\_ No \_\_\_\_\_
21. Do you understand that if you plead NOT GUILTY, you have the right to see, hear, question and cross examine the witnesses called to testify against you at trial?  
Yes \_\_\_\_\_ No \_\_\_\_\_
22. Do you understand that if you plead NOT GUILTY, you have the right to use the subpoena power of the court to make the witnesses who you feel will testify on your behalf come to court, whether they want to come or not?  
Yes \_\_\_\_\_ No \_\_\_\_\_
23. Do you understand that if you plead NOT GUILTY, you have the right to testify or not testify and the jury will be instructed that they cannot use that choice against you?  
Yes \_\_\_\_\_ No \_\_\_\_\_
24. Do you understand that if you plead NOT GUILTY, you will be presumed to be innocent and that before you can be convicted, the State will have the duty of proving your guilt beyond a reasonable doubt?  
Yes \_\_\_\_\_ No \_\_\_\_\_
25. Do you understand that if you plead GUILTY, you will have waived, that is, given up each of the rights mentioned in the preceding six questions?  
Yes \_\_\_\_\_ No \_\_\_\_\_

26. Have you had enough time to talk with your lawyer about your case?  
Yes \_\_\_\_\_ No \_\_\_\_\_
27. Have you discussed your case fully, and explained everything you know about it with your lawyer?  
Yes \_\_\_\_\_ No \_\_\_\_\_
28. Has your lawyer advised you of the nature of the charges against you and all possible defenses you may have, including the right to challenge the legality of any statement, confession, or evidence obtained or taken from you?  
Yes \_\_\_\_\_ No \_\_\_\_\_
29. Are you satisfied with what your lawyer has done for you in this case?  
Yes \_\_\_\_\_ No \_\_\_\_\_
30. Do you understand that, under our law, a person may be prosecuted for committing a crime because he/she was the only person involved with the commission of the crime or because he/she was a party to the crime by intentionally advising, encouraging, hiring, counseling or procuring another to commit the crime?  
Yes \_\_\_\_\_ No \_\_\_\_\_
31. Do you know and understand that if you are on probation or parole on the date of sentencing, your plea of GUILTY (nolo contendere) to this offense may cause your probation or parole to be revoked and you may be required to serve time in that case in addition to the sentence imposed in this case?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_
32. Do you understand that if you are not a citizen of the United States, the plea of GUILTY (nolo contendere) WILL have an adverse impact on your immigration status and COULD result in your deportation from the United States?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_
33. Have you been advised by your attorney concerning any mandatory periods of confinement without parole (if applicable) based upon your GUILTY plea to any of the charges in this case?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_
34. Do you understand that if the prosecutor has given pretrial notice of the intent to seek recidivist punishment that was not waived and this is at least your fourth felony conviction, you must serve the maximum time provided in the sentence and will not be eligible for parole until the maximum sentence has been served?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_
35. Has your lawyer advised you of the right to request a First Offender Sentence or Conditional Discharge (if applicable)?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

36. Do you know and understand that you have the right to appeal this case even though you are entering a GUILTY plea?  
Yes \_\_\_\_\_ No \_\_\_\_\_
37. If you desire to file an appeal of your case, you must do so by filing a notice of appeal with the Clerk of Superior Court of this county within 30 days of the date the sentence becomes final. Failure to timely file that notice of appeal will result in a waiver of the right to appeal. Do you understand these time limitations relating to any appeal you may wish to file?  
Yes \_\_\_\_\_ No \_\_\_\_\_
38. If a sentence is imposed involving a felony, you have a period of four years from the date that your sentence in this Court becomes final to file a habeas corpus petition. In any misdemeanor case, the statute of limitations to file a habeas corpus petition is normally one (1) year. Are you aware of these deadlines?  
Yes \_\_\_\_\_ No \_\_\_\_\_
39. Is your decision to plead GUILTY (nolo contendere) made freely and voluntarily?  
Yes \_\_\_\_\_ No \_\_\_\_\_
40. Do you understand all the questions you have answered and initialed?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**(The remainder of this page was intentionally left blank)**

## PETITION FOR ACCEPTANCE OF GUILTY (NOLO CONTENDRE) PLEA

I, the undersigned defendant, understand all the questions above. I have shown that I know and understand my rights and waive them by putting my initials in the correct blank after each question. After reading and answering each question, I enter my plea of GUILTY (nolo contendre) freely and voluntarily, and hereby petition the court to accept my plea of GUILTY (nolo contendre).

Date: \_\_\_\_\_

\_\_\_\_\_  
Defendant's Signature

## CERTIFICATE OF LAWYER FOR DEFENDANT

I am counsel for the defendant in the above case. I hereby certify:

1. That I have investigated the facts of this case and the evidence available to the State.
2. I have discussed the facts and the elements of the crimes which the State must prove and any defenses that may be available to the charges.
3. I have explained to the defendant the maximum penalties provided by law for each crime, and all possible consequences of a guilty plea.
4. I believe that it is in the best interests of the defendant to plead guilty (nolo contendere) to the offense(s) specified or indicated.
5. In my opinion the plea of guilty is knowingly, freely, and voluntarily made.
6. I do not know of any reason why the court should not accept the plea of guilty.

I further certify that I have reviewed all the above questions with the defendant and have assured myself that (s)he knows and understands them, and that (s)he has indicated his (her) rights and his (her) waiver of them by initialing the appropriate blank after each question.

Date: \_\_\_\_\_

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

## CERTIFICATE OF (ASSISTANT) DISTRICT ATTORNEY

I hereby certify that I have carefully examined the foregoing plea, and I further certify that all the required and appropriate blanks thereon have been filled correctly to enable the Court to accept the plea and impose sentence.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Assistant) District Attorney

**IN THE SUPERIOR COURT OF COLUMBIA COUNTY**  
**STATE OF GEORGIA**

**STATE OF GEORGIA**

**vs.**

\_\_\_\_\_  
**DEFENDANT**

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§

**CRIMINAL ACTION**  
**NO.** \_\_\_\_\_

**ORDER OF VOLUNTARINESS OF PLEA AND OF ADMISSION TO THE  
COLUMBIA JUDICIAL CIRCUIT MENTAL WELLNESS COURT**

The Court reviewed the foregoing plea, formal acknowledgment and waiver of rights of the defendant and has ascertained that the understanding and waiver of rights represented thereby is both intelligent and voluntary. In particular, from questioning of the defendant and his counsel and from the aforesaid plea, acknowledgement and waiver, the Court has affirmatively determined that (1) there is a factual basis for the plea; (2) that the defendant knows and understands the nature of the charge and the consequences of the plea; (3) that the plea is freely and voluntarily entered, uninfluenced by the slightest hope of benefit or the remotest fear of injury; (4) that the facts justify the plea and that there has been a knowing and intelligent waiver of (5) the right to a trial by jury, (6) confrontation of witnesses, and (7) the privilege against self-incrimination.

The Court accepts the plea of the defendant. It is further ordered that this order and defendant's plea, acknowledgement and waiver of rights, with certificates of defense and State's counsel attached, be filed as part of the record herein.

The Court further finds that the defendant has completed the Mental Wellness Court Contract and has indicated a willingness to adhere to the terms and conditions required of Mental Wellness Court participants. The Mental Wellness Court Contract is incorporated and made a part of this Order by reference.

The Court hereby accepts the defendant as a participant in the Columbia Judicial Circuit Mental Wellness Court and orders that he be released from custody on his own recognizance subject to the terms and conditions of the Mental Wellness Contract. Violations of those terms and conditions may subject the defendant to sanctions, to revocation of probation or dismissal from the Mental Wellness Court. In the event that the defendant is terminated from the Mental Wellness

Court, this Court shall impose sentence and/or rule upon the defendant's violation of probation as contemplated in O.C.G.A. § 15-1-15. Further, in the event that the defendant is currently serving a probated sentence, the defendant shall continue to pay Court ordered restitution as a condition of admission and shall continue to report and pay other fines as directed. If the probation office has issued a warrant for the defendant's arrest, the same is hereby granted an own recognizance bond under the terms and conditions as listed above.

So ordered, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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JUDGE, SUPERIOR COURT  
MENTAL WELLNESS COURT  
COLUMBIA JUDICIAL CIRCUIT

**IN THE SUPERIOR COURT OF COLUMBIA COUNTY  
STATE OF GEORGIA**

**STATE OF GEORGIA**

**vs.**

\_\_\_\_\_  
**DEFENDANT**

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**CRIMINAL ACTION  
NO. \_\_\_\_\_**

**ORDER TRANSFERRING CASE TO MENTAL WELLNESS COURT**

IT IS HEREBY ORDERED that the Clerk of Superior Court is directed to transfer the above-styled case to the Mental Wellness Court.

So Ordered, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
JUDGE, SUPERIOR COURT  
MENTAL WELLNESS COURT  
COLUMBIA JUDICIAL CIRCUIT

**IN THE SUPERIOR COURT OF COLUMBIA COUNTY  
STATE OF GEORGIA**

**STATE OF GEORGIA**

vs.

\_\_\_\_\_  
**DEFENDANT**

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§

**CRIMINAL ACTION  
NO. \_\_\_\_\_**

**ORDER GRANTING DEFENDANT’S BOND**

The above-named Defendant is currently incarcerated in the Columbia County Detention Center. Based upon the Court’s findings that the Defendant has been accepted into the Mental Wellness Court, it is hereby Ordered that the Defendant shall be released from custody on \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ am/pm.

It is further Ordered that the Defendant shall immediately contact the Mental Wellness Court Director upon release and that the Defendant remains subject to the conditions of the Mental Wellness Court Contract.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
JUDGE, SUPERIOR COURT  
MENTAL WELLNESS COURT  
COLUMBIA JUDICIAL CIRCUIT