

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO

SAN BERNARDINO 247 W. 3rd St. San Bernardino, CA 92415 **JOSHUA TREE** 6527 White Feather Road, Joshua Tree, CA 92252
 RANCHO 8303 Haven Ave., Rancho Cucamonga, CA 91730 **VICTORVILLE** 14455 Civic Drive, Victorville, CA 92392

<p>PEOPLE OF THE STATE OF CALIFORNIA</p> <p>vs.</p> <p>DEFENDANT:</p>	<p>FOR COURT USE ONLY</p> <p>CASE NUMBER:</p>
AGREEMENT FOR TREATMENT PLAN PER HEALTH & SAFETY CODE 11395	

I agree to all of the following conditions of a treatment plan as ordered by the court:

1. The term of this treatment plan shall be for _____ months;
2. I will appear in person at all times and places as ordered by the court;
3. I will obey all laws, ordinances, and orders of the court;
4. **I WAIVE EXTRADITION** if I fail to appear as ordered by the court and am apprehended outside the State of California;
5. I will enroll in and complete treatment as set forth in the Assessment Report or other treatment assessment report adopted by the court and any continuum of care deemed appropriate;
6. I will appear for all Progress Hearings set by the court. Next Hearing is _____, Dept. _____;
7. I will obtain and present a progress letter from my treatment program at each progress hearing set by the court;
8. I will enroll in Medi-Cal if deemed appropriate;
9. I will sign a waiver to authorize release of information as to each program to allow the court, the court's designee or probation to verify my enrollment and participation in treatment;
10. I will submit to a chemical test for blood, saliva, breath or urine, or a combination thereof requested by my treatment provider, probation, law enforcement, or as ordered by the court;
11. I will not knowingly possess, use or have in my control, any controlled substance/drug related paraphernalia;
12. Other: _____

Defendant: I have read and understand the terms of this treatment plan. I acknowledge that I have been informed and understand that: (1) Successful completion of this treatment plan along with having no new law violations during the term of the plan will result in this case being dismissed per the terms of my plea agreement; (2) Failure to complete the treatment plan or any new law violations will result in sentence being imposed up to and including the maximum term provided under my plea.

(DATE)

(PRINT NAME)

(SIGNATURE)

Defense Attorney: I am the attorney for the defendant. I am satisfied that (1) the defendant understands the terms of this treatment plan; (2) the defendant has had an adequate opportunity to discuss their case with me, and the defendant understands the consequences for failure to complete this treatment plan.

(DATE)

(PRINT NAME)

(SIGNATURE)