

**WASHINGTON COUNTY CIRCUIT COURT CONDITIONAL RELEASE
AGREEMENT AND DEFERRED SENTENCING AGREEMENT**

STATE OF OREGON vs. _____ CASE NO: _____

I understand that I am entering into an eighteen (18) month Deferred Sentencing Program and Agreement and Conditional Release Agreement.

I am _____ years of age. I have read this form or had it read to me in its entirety. I have gone to school through _____. My mental and physical health are satisfactory. I am not under the influence of any drugs or intoxicants except _____.

1. I pled guilty to the offense(s) set forth in the charging instrument as reflected in my PETITION TO ENTER PLEA AND ORDER ENTERING PLEA. I understand that by entering the Deferred Sentencing Program I am giving up the rights explained in the PETITION TO ENTER PLEA AND ORDER ENTERING PLEA.
2. I am eligible for this Deferred Sentencing Program because:
 - a. I am charged with a domestic violence misdemeanor or Class C felony.
 - b. I have not participated in a domestic violence deferred sentencing program before and I am not currently participating in the Deferred Sentencing Program.
 - c. There is not another case pending alleging that I have committed a person crime, harassment or a weapons offense. A "person" crime includes, but is not limited to, assault, menacing and other offenses in which the victim is harmed or threatened.
 - d. This incident did not involve a dangerous or deadly weapon or substantial physical injury to the victim.
 - e. This incident did not involve more than one victim or other non-domestic violence related crime(s).
 - f. I have had no conviction(s), for harassment, person crimes or weapon offenses within the past ten (10) years.
 - g. I have no more than three (3) non-traffic convictions within the past ten (10) years.
 - h. I have not been revoked from probation or parole within the past ten (10) years.
 - i. I am not alleged to be in violation of my release agreement in this case.
 - j. There was not a Family Abuse Prevention Act Restraining Order against me at the time of my arrest, I am not currently alleged to be in violation of a Family Abuse Prevention Act Restraining Order, and I have had no convictions for violation of a Family Abuse Prevention Act Restraining Order.
 - k. I have no history of repeated domestic violence.
 - l. I have no hold or detainer from any other jurisdiction.

3. I understand, that for the purposes of United States immigration law(s), if the Court accepts my guilty plea;
 - A. I will have a conviction for the crime(s) to which I pled guilty, and
 - B. This conviction will stay on my record forever, even if the state charge(s) is/are dismissed by this Court.
4. I have submitted a PETITION TO ENTER PLEA AND ORDER ENTERING PLEA along with this Conditional Release and Deferred Sentencing Agreement (Deferred Sentencing Agreement) to enter the Deferred Sentencing Program.
5. I understand the Court is releasing me on the condition that I comply with all terms of the Deferred Sentencing Program and this Deferred Sentencing Agreement. I agree and understand that the Court has the discretion to revoke my release and terminate me from the program, or modify my treatment requirements for: (1) violation of any term of this agreement; (2) for violation of any Court Order including a Restraining Order; (3) for failing to appear at any hearing, or failing to maintain contact with the Court, (4) for commission of a new crime or (5) violation of the Domestic Violence Deferred Sentencing (DVDS) Coordinator's Domestic Violence Deferred Sentencing Program Requirements. I have a right to a hearing before the Court terminates me from the Deferred Sentencing Program. I understand if I fail to appear at a court hearing or otherwise fail to maintain contact with the Court, I am waiving my right to be present at any hearing to determine whether I should be revoked from my release and terminated from the Deferred Sentencing Program.
6. I agree to fully participate in and successfully complete a Court approved Domestic Violence Intervention treatment program to address the criminal conduct for which I am charged. I understand I may be required to attend a Domestic Violence Victims Panel as part of my treatment program. I agree to complete the treatment program within eighteen (18) months of the date of this Agreement. I agree to pay all required fees of the treatment program.
7. I understand a diagnostic evaluation may be recommended to determine the need for drug and alcohol treatment. I agree to fully participate in and successfully complete any recommended alcohol and/or controlled substance treatment program to the satisfaction of the Court. I will not consume alcohol or illegal controlled substances. I agree to submit to urinalysis or polygraph as requested. I agree to pay the cost of the assessment and treatment, including costs of urinalysis and polygraph testing.
8. I understand the Court may require me to complete a parenting program if I am the parent of a child or reside in a household where children reside. If required by the Court, I agree to fully participate in and successfully complete a parenting program to the satisfaction of the Court. I agree to pay all required fees to the parenting program.
9. I understand "Full Participation" means abiding by the rules and requirements of the treatment provider, including the timely payment of all required program fees to the treatment providers and actively participating in and attending all sessions. I understand my full participation is required for successful completion.

10. I agree to have no contact with the victim(s), which includes any minor children exposed to or affected by domestic violence as defined in ORS 135.230, unless authorized in writing by the Court. I understand the victim(s) cannot authorize contact, and no one, except the Court, can authorize contact with the victim(s). I agree not intimidate, menace or have offensive contact toward my victim or any new intimate partner. The DVDS Coordinator may authorize a neutral third party who can relay messages only regarding scheduling visitation with children, financial obligations, health issues of children and property exchanges. Subject to subsequent Court review, the DVDS Coordinator may suspend contact that has been previously granted.
11. I agree that I may be required to pay restitution in an amount to be determined by the court.
12. I agree I will not possess any firearms during the eighteen (18) month Deferred Sentencing Program. Further, I shall not obtain a concealed handgun license and if I have a concealed handgun license, I agree to immediately surrender it to the DVDS Coordinator.
13. I agree to keep the DVDS Coordinator, the treatment provider, and the Court advised of my current address and telephone number. I understand it is my responsibility to update them with any changes during the period of the Deferred Sentencing Program.
14. I agree to report to the DVDS Coordinator as directed by the court and /or the DVDS Coordinator.
15. I will pay a \$600.00 monitoring fee to the probation office within 120 days from my entry into the Deferred Sentencing Program. I agree to repay court appointed attorney fees if I am convicted or found in violation of any term of this agreement.
16. I understand that the Deferred Sentencing Program must be successfully completed within eighteen (18) months, and the duration of this Deferred Sentencing Program will not be extended beyond 18 months from the date of this Agreement to allow me additional time to complete the Deferred Sentencing Program and this Deferred Sentencing Agreement.
17. I understand that if I am found in violation of this Deferred Sentencing Agreement or the Deferred Sentencing Program, the Court has the discretion to allow me to continue participating in the Program and impose sanctions, which include community service and personal reports to the Court; or revoke my release and terminate me from the Program.
18. If I successfully complete the Deferred Sentencing Program and otherwise comply with all terms of the Deferred Sentencing Agreement, the Court will dismiss the charge(s) and the District Attorney may not prosecute the charge(s) in the future. I agree I will not seek to expunge the record of my arrest for five (5) years after the charge(s) is/are dismissed.
19. My plea and agreement is based on what is written on my PETITION TO ENTER PLEA AND ORDER ENTERING PLEA and in this Conditional Release and Deferred Sentencing Agreement. No other promises have been made to me by my Attorney, the Advising Attorney provided by the Court, or any officer or agent of any branch of government (federal, state or

local) that I will receive a particular sentence, or form of treatment, from this or any other court, on these or any other charges, other than is set forth in the PETITION TO ENTER PLEA AND ORDER ENTERING PLEA and this Agreement.

20. I understand that if I fail to complete the Deferred Sentencing Program and/or am terminated from the Deferred Sentencing Program, based upon this guilty plea alone, I will be sentenced for the crime(s) to which I pled guilty and a Judgment of Conviction will be entered. The sentence is up to the Court to decide. The District Attorney has not made any promises to me about recommendations to the Court about my sentence if I am terminated from the Deferred Sentencing Program.

21. I have told the undersigned attorney all the facts and circumstances known to me about the charges against me. The undersigned lawyer has counseled and advised me on the nature of each charge, on any lesser-included charges, and on defenses that I might have in this case. I am satisfied with the advice and help the lawyer has given me.

22. I am asking the Court to accept me into the Deferred Sentencing Program. I pled guilty and entered into this Agreement voluntarily, intelligently, knowingly, and with full understanding of my rights and responsibilities as set forth in this Agreement, THE PETITION TO ENTER PLEA AND ORDER ENTERING PLEA, and the NOTICE AND ADVICE OF RIGHT OF APPEAL which are attached.

23. Other: _____

Being duly sworn to tell the truth, I hereby swear or affirm that I am eligible to participate in the Deferred Sentencing Program and that the criminal history in the PETITION TO ENTER PLEA AND ORDER ENTERING PLEA is complete and accurate. I understand I may be revoked from the Deferred Sentencing Program and in addition prosecuted for a separate criminal offense if I make a false statement.

Petitioner's Printed Name: _____

Petitioner's Signature: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

SUBSCRIBED, SWORN AND DATED _____, _____
Court Clerk/Judge

Attorney for Petitioner: _____ Date: _____

Deputy District Attorney: _____ Date: _____

Interpreter: _____ Date: _____

I understand that I have the opportunity to consult with an attorney before entering the Deferred Sentencing Program. I was advised by the Court and understand the dangers and disadvantages of pleading guilty and entering the Deferred Sentencing Program without the advice of an attorney. I voluntarily, intelligently and knowingly choose to proceed without the advice of an attorney.

Petitioner's Signature: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

THIS PETITION IS ALLOWED AND THE TREATMENT PROGRAM SHALL BEGIN

ON _____ AND END ON _____

Dated: _____

Circuit Court Judge

EXAMPLE

White: Court
Yellow: Petitioner
Pink: D.A.
Rev. 06/11