

ADAA TREATMENT AND EVALUATION PROCEDURE

APPENDIX

| <u>Form No.</u> | <u>Description</u> |
|-----------------|---|
| 1 | DPSCS/Division of Parole and Probation Pre-Sentence Investigation/Order for Investigation |
| 2 | Order for Presentence Psychiatric Evaluation CC-DC 20 (Rev. 3/2003) Available on-line at Courtnet/district/index/html. Go to Quick Links and click on Forms Index. Choose a form type, e.g., DC, and scroll down to the correct number. |
| 3 | Order for Detainer Report |
| 4A | HG 8-505 Commitment for In-Custody Evaluation for Drug or Alcohol Treatment (To be used when evaluation report is to be submitted within 7 days) CC-DC/CR 102 (Rev. 10/2004) Available on-line at Courtnet and sample follows. |
| 4B | HG 8-505 Commitment for In-Custody Evaluation for Drug or Alcohol Treatment (To be used when there is no hurry for placement) CC-DC/CR 102 (Rev. 4/2002) Available on-line at Courtnet and sample follows. |
| 5 | Consent to Treatment CC-DC/CR 109 (Rev. 10/2004) Available on-line at Courtnet. |
| 6 | Consent to the Release of Confidential Information CC-DC/CR 110 (3/2003) Available on-line at Courtnet. |
| 7A | HG 8-506 Commitment to the Department of Health and Mental Hygiene for Drug or Alcohol Treatment (To be used when the defendant is too vulnerable for evaluation in the detention center) CC-DCCR 103 (Rev. 10/2004) Available on-line at Courtnet. |
| 7B | HG 8-506 Extended Commitment to the Department of Health and Mental Hygiene for Evaluation for Drug or Alcohol Treatment CC-DC/CR 104 (Rev. 10/2004) Available on-line at Courtnet. |
| 8 | Order for Out-Patient Evaluation for Drug or Alcohol Treatment CC-DC/CR 101 (Rev. 10/2004) Available on-line at Courtnet. |
| 9 | Court Clerk's Checklist for Evaluations and Commitments to ADAA (HG 8-505 or 8-507) |
| 10 | District/Circuit Criminal Hearing Sheet |

- 11A HG 8-507 Commitment to the Department of Health and Mental Hygiene for Drug or Alcohol Treatment (Specific date of admission) CC-DC/CR 105 (Rev. 10/2004) Available on-line at Courtnet and sample follows.
- 11B HG 8-507 Commitment to the Department of Health and Mental Hygiene for Drug or Alcohol Treatment (Admission "on or before _____") CC-DC/CR 105 (Rev. 10/2004) Available on-line at Courtnet and sample follows.
- 12 Health General 8-507 Progress Report
- 13A Probation/Supervision Order (Sentence imposed immediately after trial and before completion of HG 8-505 evaluation) CC-DC 26 (Rev. 6/2005) Available on-line at Courtnet and sample follows.
- 13B Probation/Supervision Order (Sentence imposed after HG 8-505 evaluation but before admission to treatment program-probation commences immediately) CC-DC 26 (Rev. 6/2005) Available on-line at Courtnet and sample follows.
- 13C Probation/Supervision Order (Motion for modification granted prior to admission to treatment program-probation to commence upon admission) CC-DC 26 (Rev. 6/2005) Available on-line at Courtnet and sample follows.
- 14A Motion for Evaluation Pursuant to Health General 8-505 and Commitment Pursuant to Health General 8-507 (No legal impediments)
- 14B Motion for Evaluation Pursuant to Health General 8-505 and Commitment Pursuant to Health General 8-507 (Legal impediments exist)
- 15A Motion for Modification of Sentence (No legal impediments)
- 15B Motion for Modification of Sentence (Legal impediments exist)
- 16 Order for Termination of HG Article 8-507 Commitment
- 17 Order for Extension of HG Article 8-507 Commitment

DPSCS/DIVISION OF PAROLE AND PROBATION
PRESENTENCE INVESTIGATION

NAME: CASE NUMBER:
JUDGE: COURT:
BY: DATE:

ORDER FOR INVESTIGATION

IDENTIFYING INFORMATION CASE NUMBER:
NAME: DATE ORDERED:
ALIASES: DISPOSITION DATE:
DATE OF BIRTH: COURT:
RACE: JUDGE:
SEX: OFFENSE:
ADDRESS: PLEA:
HOME TELEPHONE: DEFENSE ATTORNEY:
INCARCERATED: YES NO STATE'S ATTORNEY:
PLACE OF CONFINEMENT:
REFERRED TO COURT MEDICAL SERVICE: YES NO

TYPE OF INVESTIGATION

- STANDARD PRE-SENTENCE INVESTIGATION
ADDITIONAL INSTRUCTIONS/DIRECTIONS _____
- PRE-SENTENCE INVESTIGATION/VICTIM IMPACT STATEMENT (REQUIRED BY ANNOTATED CODE OF MARYLAND, ARTICLE 41, SECTION 124(B) WHERE THE DEATH PENALTY IS REQUESTED)
- POST-SENTENCE INVESTIGATION
- SPECIAL COURT INVESTIGATION

INFORMATION REQUESTED

_____ Criminal history _____ Adjustment on probation
_____ Open warrants, detainers, pending charges _____ Alcohol, substance, and/or psychiatric history
_____ Concurrent or consecutive sentences _____ Psychiatric hospitalizations
_____ Institutional adjustment _____ All of the above

JUDGE: _____ DATE: _____

ORDER FOR PRESENTENCE PSYCHIATRIC EVALUATION

CC-DC 20 (Rev. 3/2003)

Available on-line at Courtney/district/index/html.

On the Courtney page, go to Quick Links and click on Forms Index.

Choose a form type, e.g., DC, DC/CR, and scroll down to the correct number.



STATE OF MARYLAND

*

v.

*

*

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CASE NO.:

* * * * *

ORDER FOR DETAINER REPORT

It is this _____ day of _____, 20____, by the Circuit/District Court of

_____.

ORDERED, that the Alcohol and Drug Abuse Administration prepare a report of any detainers lodged, outstanding warrants, or consecutive or concurrent sentences imposed on the defendant and that the report shall be submitted to the Court and counsel on or before _____.

(Name) Judge

cc:

**TO BE USED WHEN EVALUATION REPORT
IS TO BE SUBMITTED WITHIN 7 DAYS**

FORM 4A

CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR
City/County

Located at..... Case No.
Court Address

STATE OF MARYLAND vs.
Defendant DOB
.....
Address
.....
City, State, ZIP Telephone

**COMMITMENT FOR IN-CUSTODY EVALUATION
FOR DRUG OR ALCOHOL TREATMENT**
(Health General § 8-505)

It appears to the Court that the Defendant has an alcohol or drug abuse problem or Defendant alleges an alcohol or drug dependency. It is, therefore, this 3rd day of July, 2006,
Month Year

ORDERED, that

- the Defendant is confined at Insert name of local detention center and held without bail.
- for the health and safety of the Defendant, the Defendant shall be held in a medical wing or an isolated and secure unit.
- because of the apparent severity of the alcohol or drug dependency or other medical or psychiatric complications, the Court has found that the Defendant would be endangered by confinement in a jail. The Department of Health and Mental Hygiene shall either place the Defendant, pending examination, in an appropriate health care facility, or immediately conduct an evaluation of the Defendant. Unless the Department retains the Defendant, the Defendant shall be returned promptly to the Court after examination.

IT IS FURTHER ORDERED, that the defendant shall be seen at 10:00 a.m. for evaluation on July 5, 2006 and shall be returned to Court on July 12, 2006 unless for good cause the Court extends the time for evaluation. The Department shall send a complete report of the findings to the Court, the State's Attorney...Insert full name....., and Defense Counsel ...Insert full name.....; or to the Defendant within seven (7) days of this Order unless the Court for good cause extends the time.

IT IS FURTHER ORDERED, that Insert name of transporting agency shall transport the Defendant when notified by the Department to do so and at Department's direction shall return the Defendant to the Court.

IT IS FURTHER ORDERED, that if the evaluator recommends treatment, the evaluator's report shall name a specific program able to provide the treatment and give an actual or estimated date when the program can begin treatment of the Defendant.

Send to: Alcohol and Drug Abuse Administration, and designee
Phone: (410) 402-8650
Fax: (410) 402-8603
Division of Corrections, or
Phone: (410)
Local Detention Center
Court file

.....
Judge ID Number
.....
Address
.....
City, State, ZIP

CONSENT TO TREATMENT

CC-DC/CR 109 (Rev. 10/204)

Available on-line at Courtney/district/index/html.

CONSENT TO THE RELEASE OF CONFIDENTIAL INFORMATION

CC-DC/CR 110 (3/2003)

Available on-line at Courtnet/district/index/html.

**TO BE USED WHEN THE DEFENDANT IS TOO
VULNERABLE FOR EVALUATION IN THE
DETENTION CENTER**

FORM 7A

**COMMITMENT TO THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
FOR DRUG OR ALCOHOL TREATMENT**
(Health General § 8-506)

CC-DC/CR 103 (Rev. 10/2004)

Available on-line at Court.net/district/index/html.

**EXTENDED COMMITMENT TO THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
FOR EVALUATION FOR DRUG OR ALCOHOL TREATMENT**
(Health General § 8-506)

CC-DC/CR 104 (Rev. 10/2004)

Available on-line at Court.net/district/index/html.

**ORDER FOR OUT-PATIENT EVALUATION
FOR DRUG OR ALCOHOL TREATMENT**
(Health General § 8-505)

CC-DC/CR 101 (Rev. 10/2004)

Available on-line at Court.net/district/index/html.

COURT CLERK'S CHECKLIST FOR EVALUATIONS AND COMMITMENTS TO ADAA (8-505 or 8-507)

NAME: _____

CASE NO.: _____

Print judge's name under his/her signature on DHMH Order _____

1 Printout of defendant address screen, and write case no. on the page _____

1 Copy of Statement of Charges _____

4 (*5 if def is at DOC) True Test copies of DHMH Order: _____

- 1 to SAO
- 1 to defense attorney
- 1 for ADAA
- 1 for local detention center (*or 1 for DOC institution)
- (*1 for Mary Flohr)

FAX, with cover receipt, THEN MAIL to ADAA: _____

Copy of DHMH Order _____

Copy of Statement of Charges _____

Defendant address printout _____

KEEP CONFIRMATION IN FILE! _____

ADAA address:
Alcohol and Drug Abuse Administration
55 Wade Avenue
Catonsville, MD 21228

FAX to local detention center (*or, if def is incarcerated at DOC, FAX to DOC and MAIL to the specific institution): _____

Cover receipt _____

Copy of DHMH Order _____

Copy of witness information sheet (if appropriate) _____

KEEP CONFIRMATION IN FILE! _____

*If def is at DOC, MAIL 1 copy of ADAA Order to: _____

Department of Corrections, Headquarters
Attn: Mary Flohr
6776 Reisterstown Road
Baltimore, MD 21215
(Phone: 410-585-3342)

If Def is on probation, FAX a copy to Division of Parole and Probation _____

DISTRICT/CIRCUIT COURT
CRIMINAL HEARING SHEET

FORM 10

Case No. _____

Date: _____

Defendant's Name: _____

JUDGE: _____

Prosecutor: _____

Case called for: MODIFICATION HEARING

Def. Atty: _____

Clerk: _____ Ctrm: _____

Postponement request by: State Defendant Granted Denied Good Cause Found to Go Beyond Hicks

- Counsel Heard Pass for Trial Hicks Waived Discovery: Complied w/10 days to comply
- New trial/Hrg/Date: _____ Motion Hrg. Date: _____ (Modification)
- All Motions to be Heard Prior to Trial
- Advised of Rights (Rule 4-213) Counsel Waived (Rule 4-215)
- Defendant not present DNA Testing by Sheriff's Department ordered
- Bench Warrant Issued for Defendant's failure to appear Address Verified
- Bond forfeited NISI Bond set at _____ Information Sheet Filed
- Defendant appeared later same day; Bench Warrant withdrawn
- Bond forfeiture stricken and bond reinstated *Court received 8-505*
- Bond set at _____ Evaluation and Recommendation

Defendant released on Personal Recognizance Pretrial - Level 1 2 3 4 5 (Court and Defendant given copies)

PLEA:

- Guilty Count(s) _____
- Not Criminally Responsible Not Guilty
- Advised of Rights Open Motions Withdrawn
- Jury Trial Waived

Statement of Facts presented Testimony taken

Motion for Judgment of Acquittal: Granted Denied _____

FINDING: COURT/JURY

Amended Commitment

- Not guilty to Counts _____
- Guilty to Counts _____
- Case/Counts/Citations _____ Nolle Prossed/Stetted
- Entry of Judgment Stay under Criminal Procedure Article Sec. 6-220(b)

- Disposition continued to: _____
- P. S. I. ordered Records check Prior probation/drug history Recommendation
- Psychiatric evaluation w/Dr. McDermott Drug/Alcohol Assessment _____

Bond: Revoked Remain on Same Bond Increased to _____

Disposition: County Detention Center Commissioner of Corrections

For a period of _____ Suspend all but _____

Court Granted Modification. Court signed DHMH 8-507 Order - open Court. Def. to be committed

for long-term inpatient treatment as a condition of Probation.

Sentence to begin on _____ All previously ordered conditions

- Balance of sentence suspended upon written verification that Defendant has entered treatment per 8-507
- PROBATION: (Balance of Ordered Probation) or if new 5 years (Un/Supervised)
- Successfully complete any drug/alcohol counseling, treatment, education, NA/AA, random urine per P&P
- Court signed 8-507 Order for long-term treatment as a condition of probation; consent signed in open court
- New Condition of probation: Complete all treatment and aftercare as ordered under 8-507 Order
- Live-in-Work-out Ordered/Recommended Probation agent to calculate balance of probation
- Fine \$ _____ Suspended No credit for time absconded or incarcerated
- Court Costs \$ _____; Waived (except for C.I.C.F. \$ _____)
- Parole and Probation fee Waived Monies referred to CCU/deemed uncollectible
- Restitution _____

A copy of this hearing sheet is to be sent to: ADAA P&P DOC AADC

Advised of Rights: 10 Days to File Mtn for New Trial Appeal 3 Judge panel Petition to Modify

NEXT REVIEW DATE: June 30, 2006 @ 9:00 a.m. Agent to be present/may appear via telephone

Review Hearing is not to act as a detainer to placement.

DHMH
(Placement Status)

Judge

SPECIFIC DATE OF ADMISSION

FORM 11A

CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR
City/County

Located at..... Court Address Case No.

STATE OF MARYLAND vs.
Defendant DOB
Address
City, State, ZIP Telephone

**COMMITMENT TO THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
FOR DRUG OR ALCOHOL TREATMENT**
(Health General § 8-507)

The Court having found that the Defendant has an alcohol or drug dependency, having considered the report of the Defendant's evaluation, having found that the treatment that the Department recommends to be appropriate and necessary, and having obtained the written consent of the Defendant to obtain treatment and permit reporting back to the Court, it is this
..... Day of,

Month Year
ORDERED, that the Defendant is committed to the Department of Health and Mental Hygiene for
 inpatient residential outpatient treatment at Insert name of program beginning on
Insert specific date at a.m. and ending upon completion of or termination from treatment and:

IT IS FURTHER ORDERED, that in the event the Defendant withdraws consent for treatment, this withdrawal of consent shall be promptly reported to the Court and the Defendant shall be returned to the Court within seven (7) days for further proceedings;

IT IS FURTHER ORDERED, that supervision for the Defendant shall be provided by:
, a pretrial release agency in that the Defendant is released pending trial.
 The Division of Parole and Probation in that the Defendant is released on probation.
 The Department of Health and Mental Hygiene in that the Defendant remains in the custody of a local correctional facility.

IT IS FURTHER ORDERED, that
 shall transport the Defendant to Insert name of program
for treatment on Insert specific date at Insert specific time a.m. and shall return the Defendant
to Court for review on

IT IS FURTHER ORDERED, that in the event the Defendant leaves the treatment facility without authorization or does not contact the treatment facility, the Commitment shall terminate and the Department shall notify the Court as soon as reasonably possible and;

IT IS FURTHER ORDERED, that the Department shall notify the Court immediately upon the Defendant's admission to the program.

IT IS FURTHER ORDERED, that the Department shall notify the Court upon the Defendant's completion of treatment and shall provide the Court with the discharge recommendations.

IT IS FURTHER ORDERED, that shall transport the Defendant when notified by the Department to do so, and at the Department's direction shall return the Defendant to Court.

Judge ID Number

Address

City, State, ZIP

CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR
City/County

Located at..... Case No.
Court Address

STATE OF MARYLAND VS.
Defendant DOB
.....
Address
.....
City, State, ZIP Telephone

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Insert date at _____ a.m. and ending upon completion of or termination from treatment and:

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IT IS FURTHER ORDERED, that the Department shall notify the Court upon the Defendant's completion of treatment and shall provide the Court with the discharge recommendations.

Judge ID Number

Address

City, State, ZIP

The progress report should be forwarded to _____(Monitoring agency) by the 5th of every month. In addition, a current report must be submitted to _____(Monitoring agency) two (2) days prior to the date of any Court hearing. The report should summarize the defendant's progress during the previous month. Please type or print your responses

HEARING DATE: _____ DEFENDANT'S NAME: _____
ADMISSION DATE: _____ PROJECTED DISCHARGE DATE: _____

PROGRESS REPORT FOR PERIOD FROM _____ TO _____

PROGRAM: _____ PHONE: _____
COUNSELOR: _____ FAX: _____

LEVEL OF COMPLIANCE

_____ Excellent _____ Very Good _____ Fair _____ Poor

SUBSTANCE ABUSE TREATMENT

LEVEL OF INSIGHT INTO SUBSTANCE PROBLEM

___ Denies illness ___ Minimizes illness ___ Increasing-insight ___ Changing behavior

TREATMENT STRATEGY EMPLOYED TO IMPROVE INSIGHT

ATTENDANCE AND PARTICIPATION

URINANALYSIS

Attended ___ out of ___ individual sessions

Submitted ___ Out of

Samples

Attended ___ out of ___ group sessions

Positive tests

Compared to last report, attendance & participation is: ___ Improving ___ Declining ___ No change

Plan to address problem: _____

Diagnosis: ___ Schizophrenia ___ Bipolar ___ Mood disorder ___ Other (Specify) _____

Medication prescribed: _____

Reason for any change: _____

Medication Compliance: _____ Compliant _____ Noncompliant _____ NA

Plan to address any compliance problems: _____

Type of treatment _____ Integrated _____ Parallel _____ Sequential

Treatment modality _____ Individual _____ Group _____ Both _____ Other (Describe) _____

Treatment provided by: _____ Psychiatrist _____ Psychologist _____ Clinical Social Worker

Substance Abuse Counselor _____ Psychiatric Nurse _____ Other

Psychiatrist provides medication management only _____ Frequency _____

Treatment Compliance:

Attended _____ out of _____ Individual sessions

Attended _____ out of _____ group sessions

Plan to address any compliance problems: _____

AFTERCARE PLAN

Living arrangement: ___ Halfway house ___ Recovery house ___ With relative ___ Independent

Will reside with: _____

Address: _____

Will be available on: _____

Employment:

Name of business: _____ Address: _____

Will begin on: _____

Educational or vocational training

Where: _____

Will begin on: _____

Finances:

___ Public Assistance (MA, AFDC, Pharmacy Assistance, Food stamps)

Will receive on: _____

___ SSI Will receive on: _____ ___ Social Security Will receive on: _____

Substance Abuse Treatment:

Name of Program _____ Will begin on: _____

Psychiatric Treatment:

Name of Program _____ Will begin on: _____
Case management services to be provided by _____ Will begin on: _____
Case manager met with counselor and defendant on _____
Trauma Counseling

Name of program _____ Will begin on _____ NA

Parenting Counseling:

Name of program _____ Will begin on _____ NA

Other Counseling (Describe): _____

CONTACTS WITH DEFENDANT’S SUPERVISING/MONITORING AGENT

Name of Agent/Monitor: _____

Agency: _____

Telephone Communication on: _____

Meeting on: _____

Plan reviewed on: _____

REQUEST FOR COURT INTERVENTION

___ On and off grounds privileges ___ Sanction ___ Meeting with Supervising/Monitoring Agent

(PTS, Probation, FAST, ADAA or designee) ___ Termination due to noncompliance

___ Permission to transport defendant to Court ___ Postpone due to excellent compliance

COMMENTS

Case No.....

10. Pay all fines, costs, restitutions, and fees as ordered by the court or as directed by your supervising agent through a payment schedule.

- Fine(s) of \$ Paid through Parole and Probation Clerk’s Office Sheriff’s Office
- Court costs of \$ paid through Parole and Probation Clerk’s Office
- Supervision fee of \$40/month paid through Parole and Probation Supervision fee waived
- Restitution of \$ To
- Paid through Parole and Probation State’s Attorney’s Office by (Date)
- Public Defender fees of \$ To the Office of the Public Defender for counsel fees.
- Pay the following fees through Parole and Probation or
- Victims of Crime Fund \$
- CICF costs \$
- LET costs \$
- Other Costs (Specify) \$
- The Division of Parole and Probation is hereby granted the discretion to refer the collection of funds it is authorized to collect to the State’s Central Collection Unit without the need of further court approval.

B. Special Conditions;

- 11. Provide DNA sample as required by law by (Date)
- 12. Submit to and pay for random urinalysis as directed by Supervising Agent.
- 13. Submit to, successfully complete, and pay required costs for alcohol drug alcohol and drug
 evaluation testing treatment education, as directed by your supervising agent.
- 14. Attend self-help group meetings per week for weeks. Attendance may be modified
by your supervising agent after Weeks.
- 15. Attend and successfully complete alcohol drug alcohol and drug
 treatment education program
- 16. Totally abstain from alcohol, illegal substances, and abuse use of any prescription drug.
- 17. Apply for alcohol restriction on driver’s license within 10 days of trial date for year(s)/month(s)
- 18. Refrain from driving and/or attempting to drive after consuming alcohol
- 19. Attend Victim Impact Panel meetings when notified.
- 20. Attend and successfully complete MVA Driver Improvement Program.
- 21. Have Ignition Interlock installed for Months and pay costs. Employment vehicle exempted.
- 22. Submit to evaluation and attend and successfully complete mental health treatment as directed by your supervising agent.
- 23. Attend and successfully complete Special Health Education Program – Project SASOE.
- 24. Attend and successfully complete parenting class.

Case No.....

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- 21. Have Ignition Interlock installed for Months and pay costs. Employment vehicle exempted.
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- 23. Attend and successfully complete Special Health Education Program – Project SASOE.
- 24. Attend and successfully complete parenting class.

Case No.

- 25. Complete hours of community service by (Date), under the Direction of And pay required fees.
- 26. Enroll in, pay any required costs for, and successfully complete treatment at
- 27. Attend and successfully complete domestic violence counseling at by (Date) and pay required costs.
- 28. Have no contact with
- 29. Do not enter or be found near
- 30. Home confinement/detention to for months
 Special Conditions (e.g., doctor’s appointments, attending classes, etc.)
- 31. Register as offender child sexual offender sexually violent offender sexually violent predator under the provisions of Criminal Procedure Article, Title 11, Subtitle 7.
- 32. Other

C. Recommendations to the Supervising Agency:

- 33. Transfer supervision to County/City, State of Maryland
 State under Interstate Compact
- Other 1. Defendant shall enter treatment program immediately upon admission. 2. Defendant shall complete treatment program and comply with aftercare plan......

Judge: Date:

CONSENT

I have read, or have had read to me, the above conditions of probation. I understand these conditions and agree to follow them. I understand that if I do not follow these conditions, I could be returned to court charged with a violation of probation.

If I fail to abide by the above conditions, the court could enter judgment against me and proceed with disposition as if I had not been placed on probation. I have been notified and understand that by consenting to and receiving a stay of judgment under Criminal Procedure Article § 6-220, I waive my right to appeal from a judgment of guilty by the court in this case.

I understand that my failure to comply with Condition 10 may result in my case being referred to the State’s Central Collection Unit, resulting in an additional collection fee as permitted by law.

.....
Defendant’s Signature Date of Birth Date

.....
Defendant’s Address

.....
Witnesses’ Signature

Case No.....

10. Pay all fines, costs, restitutions, and fees as ordered by the court or as directed by your supervising agent through a payment schedule.

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- Court costs of \$ paid through Parole and Probation Clerk’s Office
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- 18. Refrain from driving and/or attempting to drive after consuming alcohol
- 19. Attend Victim Impact Panel meetings when notified.
- 20. Attend and successfully complete MVA Driver Improvement Program.
- 21. Have Ignition Interlock installed for Months and pay costs. Employment vehicle exempted.
- 22. Submit to evaluation and attend and successfully complete mental health treatment as directed by your supervising agent.
- 23. Attend and successfully complete Special Health Education Program – Project SASOE.
- 24. Attend and successfully complete parenting class.



STATE OF MARYLAND

*

v.

*

*

*

CASE NO.:

* * * * *

MOTION FOR EVALUATION PURSUANT TO HEALTH GENERAL 8-505 AND COMMITMENT PURSUANT TO HEALTH GENERAL 8-507

The defendant, _____, by and through his/her attorney, _____, and pursuant to Health General §§ 8-505 and 8-507 moves.

1. On the _____, day of _____, 20__ , the defendant was charged with _____.
2. The defendant requests that the Court order an evaluation pursuant to Health General Article § 8-505 and placement pursuant to § 8-507.
3. To the best of my knowledge and belief, there are no unserved warrants or detainers or concurrent or consecutive sentences that would prevent the defendant from entering a residential treatment facility.
4. The defendant consents to treatment and the release of any information necessary for the evaluation and referral (See attached Consent Form and Release of Information Form).

WHEREFORE, the defendant requests the following relief:

- a) Order an evaluation pursuant to HG 8-505 and placement pursuant to 8-507.
- b) Schedule a hearing on the Motion upon receipt of the evaluation report.

Date

attorney address block

CERTIFICATE OF SERVICE

LEGAL IMPEDIMENTS
EXIST

FORM 14B



STATE OF MARYLAND

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v.

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CASE NO.:

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**MOTION FOR EVALUATION PURSUANT TO HEALTH GENERAL 8-505 AND COMMITMENT
PURSUANT TO HEALTH GENERAL 8-507**

The defendant, _____, by and through his/her attorney,
_____, and pursuant to Health General §§ 8-505 and 8-507 moves.

1. On the _____, day of _____, 20__ , the defendant was charged with _____.
2. The defendant requests that the Court order an evaluation pursuant to Health General Article § 8-505 and placement pursuant to § 8-507.
3. Defendant is currently under sentence in Case No. (or case Nos.), in ____ court, etc. Defense counsel is negotiating with the State to resolve those cases in order for defendant to receive drug treatment pursuant to Health-General § 8-507. To the best of my knowledge and belief, the aforementioned cases will be resolved in order for the defendant to receive drug treatment pursuant to § 8-507.

4. The defendant consents to treatment and the release of any information necessary for the evaluation and referral (See attached Consent Form and Release of Information Form).

WHEREFORE, the defendant requests the following relief:

- c) Order an evaluation pursuant to HG 8-505 and placement pursuant to 8-507.
- d) Schedule a hearing on the Motion upon receipt of the evaluation report.

Date

attorney address block

CERTIFICATE OF SERVICE



STATE OF MARYLAND

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v.

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CASE NO.:

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MOTION FOR MODIFICATION OF SENTENCE

The defendant, _____, by and through his/her attorney, _____, and pursuant to Health General 8-505 et. seq. moves.

1. On the _____, day of _____, 20__ , the defendant was found guilty of _____ by the Honorable _____ and was sentenced to _____.

2. The defendant requests that the Court order an evaluation pursuant to Health General Article 8-505 and placement pursuant to 8-507.

3. To the best of my knowledge and belief, there are no unserved warrants or detainers or concurrent or consecutive sentences that would prevent the defendant from entering a residential treatment facility.

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4. The defendant consents to treatment and the release of any information necessary for the evaluation and referral (See attached Consent Form and Release of Information Form).

WHEREFORE, the defendant requests the following relief:

- e) Order an evaluation pursuant to HG 8-505 and placement pursuant to 8-507.
- f) Schedule a hearing on the Motion upon receipt of the evaluation report.

Date

Judge



STATE OF MARYLAND

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v.

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CASE NO.:

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MOTION FOR MODIFICATION OF SENTENCE

The defendant, _____, by his/her attorney,
_____, and pursuant to Health General 8-505 et. seq. moves.

1. On the _____, day of _____, 20__ , the defendant was found guilty of
_____ by the Honorable
_____ and was sentenced to
_____.

2. The defendant requests that the Court order an evaluation pursuant to Health General Article 8-505 and
placement pursuant to 8-507.

3. The defendant is currently pending trial on Case No. _____.

The defendant is currently serving a sentence on Case No. _____.

A consecutive sentence has been imposed on the defendant in Case No. _____.

There is an unserved warrant for the defendant for the defendant in Case No. _____.

Defense counsel is negotiating with the State to resolve those cases in order for defendant to receive drug treatment pursuant to Health General 8-507. To the best of my knowledge and belief, the aforementioned cases will be resolved in order for the defendant to receive drug treatment pursuant to HG 8-507.

4. The defendant consents to treatment and the release of any information necessary for the evaluation and referral (See attached Consent Form and Release of Information Form).

WHEREFORE, the defendant prays for the following relief:

- g) Order an evaluation pursuant to HG 8-505 and placement pursuant to 8-507.
- h) Schedule a hearing on the Motion upon receipt of the evaluation report.

Date

Judge

STATE OF MARYLAND

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v.

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CASE NO:

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ORDER FOR TERMINATION OF HG ARTICLE 8-507 COMMITMENT

It is this _____ day of _____, 2006, by the Circuit/District Court of

_____ City/County:

ORDERED, that the commitment of the defendant pursuant to Health General Article 8-507 to the Alcohol and Drug Abuse Administration of the Department of Health and Mental Hygiene for inpatient treatment is terminated.

Judge

- cc: Alcohol and Drug Abuse Administration
55 Wade Avenue
Catonsville, MD 21228
- Division of Corrections – Headquarters
C/o Mary Flohr
6776 Reisterstown Road
Baltimore, MD 21215
- Division of Parole and Probation
- Local Detention Center
Counsel
- Court file

STATE OF MARYLAND

* IN THE CIRCUIT/DISTRICT COURT

Vs.

* FOR

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CASE NO:

* * * * *

ORDER FOR EXTENSION OF HG ARTICLE 8-507 COMMITMENT

Upon a finding of good cause, it is this ____ day of _____, 20____, by the
Circuit/District Court of _____.

ORDERED, that the commitment of the defendant to the Alcohol and Drug Abuse
Administration for treatment pursuant to Health General Article 8-507 be extended for six months as
of this date.

Judge

cc: Alcohol and Drug Abuse Administration
55 Wade Avenue
Catonsville, MD 21228

Division of Corrections – Headquarters
C/o Mary Flohr
6776 Reisterstown Road
Baltimore, MD 21215

Local Detention Center
Counsel
Court file

