

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF SIERRA 100 Courthouse Square, 2nd Floor P.O. Box 476 Downieville, CA 95936 (530) 289-3698	FOR COURT USE ONLY
People of the State of California, Plaintiff, vs. Defendant.	
HEALTH & SAFETY CODE, § 11395 DEFERRED ENTRY OF JUDGMENT ADDENDUM TO CHANGE OF PLEA	CASE NUMBER:

I, _____, the defendant in the above-entitled case, understand and agree as follows:

1. _____ In lieu of a grant of probation or a sentence, I agree to enter a plea in this case and participate in and complete a detailed treatment program developed by a drug addiction expert and approved by the court during a period of Deferred Entry of Judgment ("DEJ").
2. _____ I understand I have a right to be sentenced within 20 court days of my plea, and I agree to waive time for sentencing and the pronouncement of judgment.
3. _____ While participating in DEJ, I understand that I may be placed under the supervision of the Sierra County Probation ("Probation"). I consent to any such supervision.
4. _____ I understand I will be screened for eligibility for Medi-Cal, Medicare, or any relevant benefits for the evaluation or any programs related to my treatment.
5. _____ I understand that a substance abuse and mental health evaluation will be conducted by a drug addiction expert. Their evaluation may be based on an interview of me or other individuals with relevant knowledge and a review of records, including medical records, criminal history, prior treatment history, and records pertaining to the current offense.
6. _____ I agree to sign a release of information so that the drug addiction expert can conduct the evaluation. I understand the evaluation will be provided to the Court, my attorney, the prosecutor, any treatment provider(s), as well as Probation. I understand this will be a confidential evaluation, and no other individuals will be able to access the materials without a court order.
7. _____ I understand that Probation will prepare a report informing the court of its recommendations on an appropriate level of supervision, appropriate conditions of supervision, as well as recommendations on appropriate aspects of a treatment plan. I further understand the report will be provided to the Court, my attorney, the prosecutor, and treatment provider(s). I understand the Court may adopt the recommendations of Probation with or without modifications.
8. _____ I understand I may not fully know the details of the treatment program at this time, but I agree to abide by the treatment program, including any modifications. I understand that my treatment program may include, but is not limited to, residential and/or outpatient treatment; mental health treatment; recovery services; community service; education; job training; and self-improvement courses such as anger management, parenting, relationship counseling, cognitive behavioral therapy, or any other conditions the Court or Probation deems necessary for treatment or a successful outcome.

9. _____ I understand I am to remain sober during the period of DEJ. I understand I will be prohibited from possessing or consuming controlled substances, marijuana, and alcohol during this period.
10. _____ I understand I am to remain law-abiding. I also understand I will be bound by orders and regulations of the Court, Probation, and any treatment provider(s), including any sober living facility. I agree to comply with all directives and orders from the Court, Probation, and treatment provider(s) and I agree to participate in my treatment program as expected.
11. _____ I agree to submit my person/residence/vehicle/personal property to search and seizure by any peace officer or supervision officer at any time, day or night, with or without a warrant and with or without reasonable suspicion or probable cause for controlled substances or controlled substance paraphernalia and alcohol.
12. _____ I agree to submit to chemical testing of my blood/breath/urine/saliva for the detection of controlled substances, marijuana, and alcohol at the request of my treatment provider(s), a peace officer, or a supervision officer. The type of test shall be in their discretion. I further understand the testing may be done at random times. A positive test result for a controlled substance or alcohol may result in termination from DEJ and sentence being imposed.
13. _____ I specifically consent, within the meaning of Penal Code § 1546 et seq. (the California Electronic Communications Privacy Act), to the search and seizure of my electronic devices by whatever government entity is seeking electronic information, including but not limited to, cell phones, computers, computer hard drives, laptops, gaming consoles, mobile devices, tablets, storage media devices, thumb drives, Micro SD cards, external hard drives, or any other electronic storage devices. The government entity may examine call logs, text and voicemail messages, photographs, emails, and social media account contents contained on any device or cloud or internet connected storage owned, operated, or controlled by me. I specifically agree to disclose all passwords, passcodes, password patterns, fingerprints, or other information required to gain access into any of the aforementioned devices or social media accounts for the purpose of determining my compliance with DEJ terms.
14. _____ I agree to take all medications as prescribed by a physician and will not discontinue taking these medications without an order from my physician.
15. _____ I understand I am prohibited from owning, purchasing, receiving, possessing, or having under my custody or control any firearms, ammunition, ammunition feeding devices (including but not limited to magazines), tear gas or tear gas weapon, and body armor. I agree to relinquish all listed items in my possession.
16. _____ I understand that, if I am not in compliance with the terms of DEJ, Probation will request DEJ be summarily revoked and a "no bail" warrant issue for my arrest. Upon arrest, I understand I may be required to remain in custody until the next scheduled Mandated Treatment Court for appropriate disposition, sanctions, and/or modifications to my treatment plan.
17. _____ I understand successful completion of DEJ requires completion of the treatment program as ordered by the Court, and a period of DEJ of no less than six months and no more than 24 months.
18. _____ I understand that, upon successful completion of the treatment program, a positive recommendation from the treatment provider(s), along with a motion from either myself, the prosecuting attorney, or the Court, the Court will dismiss the charge(s) and the arrest upon which I was deferred will be deemed to have never occurred. I also understand that the benefits of Penal Code, § 1000.4 will apply.
19. _____ I understand that if I choose not to participate in the substance abuse and mental health evaluation or decline to participate in the treatment program, I will not be eligible for DEJ and will instead be placed on probation or sentenced.

I have read, reviewed, understand, and agree to the above-initialed information.

Date

Signature of Defendant

Phone number

Address

Email address

City, State Zip Code

Date

Signature of Defense Counsel

Date

Signature of Deputy District Attorney