

# LANCASTER COUNTY TREATMENT COURTS

## ACKNOWLEDGMENT AND WAIVER OF DUE PROCESS RIGHTS

I acknowledge that I have read and understand all of the written documents that are part of my entry into Treatment Court. I know that I have the following constitutional and due process rights, and I waive these rights as a condition of my acceptance into Treatment Court.

I acknowledge that I have read and understand all of the Treatment Court conditions and accept them as conditions that I must comply with while in Treatment Court.

I understand and accept that the Presiding Judge of the Treatment Court program may impose sanctions up to and including discharge from the program upon me if I am found in violation of any term or condition of the Treatment Court program.

The rights that I waive are:

- A. The right to advance notice, either written or verbal, of any violation of a term or condition of my requirements in the program;
- B. The right to have an evidentiary hearing to establish a violation of a term or condition of my requirements in this program;
- C. The right to be represented by an attorney in any proceeding involving a violation of any term or condition of my requirements of this program;
- D. The right to attend or my attorney to attend staffing and discussion by treatment court staff of my treatment status;
- E. The right to remain silent;
- F. The right to assert any privilege as set forth in the Pennsylvania statutes with respect to any treatment concerning my involvement in treatment court.

I have discussed with my attorney the above waiver and fully understand and accept the waiver as evidenced by my signature below.

Date \_\_\_\_\_ Name \_\_\_\_\_

I, counsel for \_\_\_\_\_, have explained the waiver and it's meaning to my client and he/she is making a knowing, intelligent and voluntary waiver of his/her rights as set forth above.

Date \_\_\_\_\_ Name \_\_\_\_\_