

CITY OF YUMA MUNICIPAL COURT

1515 S. 2nd Ave. Yuma, AZ 85364 (928) 373-4800

STATE OF ARIZONA Plaintiff, Vs _____ Defendant	DOCKET NO. _____ 	NOTICE AND REQUEST BY DEFENDANT TO BE ALLOWED ALCOHOL OR OTHER DRUG SCREENING, EDUCATION AND/OR TREATMENT PROGRAM FROM AN AGENCY/FACILITY OTHER THAN AS ORDERED BY THE COURT'S PREVIOUS ORDER
--	-------------------------	--

NOTICE

Comes now the defendant in the above entitled action and acknowledges that defendant has been ordered to an alcohol or other drug screening and/or treatment program.

Defendant further acknowledges having received an order from the court to complete said counseling at a local agency/facility; however, defendant wishes to complete said counseling at an agency/facility other than as ordered by the court's previous order and has requested the Yuma Municipal Court, to approve said request. In this regard defendant acknowledges that the burden and responsibility to complete any such counseling is the sole responsibility of the defendant, and that if defendant does not complete the counseling at the court-ordered agency/facility pursuant to the present order now in effect or any subsequent order allowing defendant to complete said counseling at another agency/facility, a complaint and warrant may be issued by the court for defendant to be arrested for violating the court order for not completing said alcohol or other drug screening and/or treatment program.

DEFENDANT FURTHER ACKNOWLEDGES THAT IF DEFENDANT WAS CONVICTED OF A DUI (DRIVING UNDER THE INFLUENCE OF ALCOHOL, ANY DRUG OR VAPOR RELEASING SUBSTANCES), CHARGE THAT IS THE BASIS FOR THE COURT ORDERING SAID ALCOHOL OR OTHER DRUG SCREENING AND/OR TREATMENT PROGRAM AND DEFENDANT HAS NOT BEEN PLACED ON PROBATION, AND DEFENDANT DOES NOT COMPLETE THE COUNSELING AT THE COURT-ORDERED AGENCY/FACILITY PURSUANT TO THE PRESENT ORDER NOW IN EFFECT OR ANY SUBSEQUENT ORDER ALLOWING DEFENDANT TO COMPLETE SAID COUNSELING AT ANOTHER AGENCY/FACILITY, THEN THE COURT SHALL ISSUE AN ORDER TO SHOW CAUSE TO THE DEFENDANT AS TO WHY THE REMAINING JAIL SENTENCE THAT WAS SUSPENDED SHOULD NOT BE SERVED.

REQUEST

In this regard defendant is requesting to complete the said alcohol or other drug screening, education and/or treatment program at an agency/facility other than as ordered by the court's previous order. This request is made for the following reason[s]: _____

Defendant acknowledges that defendant is obligated to contact such an agency/facility and obtain from said agency/facility their name, address, phone number and name of contact person and to make arrangements to complete said alcohol or other drug screening, education and/or treatment program at said agency/facility upon further order of this court. Defendant further acknowledges that defendant is solely responsible to obtain said order from this court and to pay any and all fees or charges for such services from said agency/facility.

Defendant acknowledges responsibility to keep the court informed of defendant's address and telephone number at all times during the pendency of any order issued by the court. DEFENDANT FURTHER ACKNOWLEDGES BY SIGNING BELOW THAT DEFENDANT HAS RECEIVED A COPY OF THIS DOCUMENT AND A NOTICE FORM THAT SAID PROPOSED AGENCY/FACILITY IS TO FILL OUT AND SEND TO THE COURT FOR SAID AGENCY/FACILITY TO BE APPOINTED BY ORDER OF THIS COURT.

DATE: _____

Defendant's Signature

Mailing Address

City State Zip Code

Telephone No.: _____

CITY OF YUMA MUNICIPAL COURT
 1515 S. 2nd Ave. Yuma, AZ 85364 (928) 373-4800

STATE OF ARIZONA Plaintiff, Vs <hr style="width: 80%; margin: 0 auto;"/> Defendant	DOCKET NO. <hr style="width: 80%; margin: 0 auto;"/>	NOTICE BY AGENCY/FACILITY OF WILLINGNESS TO ACCEPT DEFENDANT INTO A COURT- ORDERED ALCOHOL OR DRUG SCREENING, EDUCATION AND/OR TREATMENT PROGRAM
---	---	--

NOTICE IS HEREBY GIVEN by the following agency/facility:

(Agency/Facility)	(Address)	(City)	(State)	(Zip Code)
-------------------	-----------	--------	---------	------------

(Telephone Number)	(Fax Number)	(Contact Person's Name)
--------------------	--------------	-------------------------

that it was contacted by the above named defendant on the _____ day of _____, 20____ and has consented for defendant to complete said court-ordered alcohol or drug screening, education and/or treatment program at said agency/facility.

It is understood that defendant is responsible for the payment of all fees and costs or charges for said services.

IT IS FURTHER UNDERSTOOD THAT THIS FORM MUST BE COMPLETED, SIGNED AND MAILED/RETURNED TO THE COURT AT THE ABOVE ADDRESS BEFORE THE COURT CAN ISSUE THE ORDER APPOINTING SAID AGENCY/FACILITY AS THE COUNSELOR FOR DEFENDANT. UPON RECEIPT OF THIS FORM, COMPLETED AND SIGNED BY SAID AGENCY/FACILITY, THE COURT WILL ISSUE THE ORDER AND MAIL A COPY TO AGENCY/FACILITY AND TO DEFENDANT.

DATED: _____

Printed Name/Signature/Title of Authorized Person