

BRYAN COUNTY STATE COURT OVERVIEW OF FAMILY VIOLENCE PROGRAM

Applications for acceptance into the Bryan County State Court Family Violence Court must be made pursuant to the instruction contained in this document.

The Bryan County State Court Family Violence Court is an opportunity for first-time offenders of a family/domestic violence charge to earn a dismissal of their eligible charges upon completion of special terms and conditions. Under the terms of the Program, Participants must enter a plea of guilty to one or more of the charges at the time of entering the program; however, sentencing will be withheld. Participants who successfully abide by and fulfill the special conditions, which are set forth in written Participant Agreement/Special Conditions, will return to court and the State will, on the record, move to withdraw the plea of guilty and dismiss the eligible charges and the record for those charges will be restricted. However, should a Participant be arrested for a criminal offense during the term of the program or fail to fully complete the Program terms and conditions, he/she will come back to court and be sentenced by the court on the plea of guilty.

Participants entering this Program will be required to waive their right to withdraw their guilty plea; therefore, any Participant may speak to an attorney before entering this Program.

**BRYAN COUNTY STATE COURT
FAMILY VIOLENCE PROGRAM (FVP)**

PARTICIPANT APPLICATION

Date of Referral: _____ Requested By: _____
 Indictment or Warrant Number: _____ Date of Arrest: _____
 Solicitor: _____ Defense Attorney: _____
 Case Status: _____ Restitution: _____

APPLICANT INFORMATION

Applicant's Full Name: _____ Race/Gender: _____

DOB: _____ SSN: _____ County of Residence: _____

Current Residential Address: _____

Is Applicant currently incarcerated? Y/N Where: _____

Is Applicant currently on probation? Y/N If so, what and where: _____

Current Employer Name and Address: _____

Has Applicant participated in any Family Violence program? Y/N

If so, when: _____ Where: _____ Offense: _____

Was program completed? Y/N Completion Date: _____

No. of previous arrests: _____ No. of misdemeanor convictions: _____ No. of felony convictions: Any pending charges? Y/N If so, what and where: _____

Any previous history of substance abuse? Y/N If so, list all substances: _____

Any previous treatment? Y/N If so, when and where: _____

Currently taking medication? Y/N If so:

Medication	Dosage/Frequency	Reason for Medication

Last date of usage of any marijuana, CBD, hemp, alcohol, or controlled substance:

Substance	Last Usage Date	How long have you been using the substance?

**IN THE STATE COURT OF BRYAN COUNTY
STATE OF GEORGIA**

THE STATE OF GEORGIA

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CASE NO. /WARRANT NO.

v.

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Defendant

PETITION FOR FAMILY VIOLENCE PROGRAM

Comes now, _____, defendant in the above-styled case, and shows the Court the following:

1.

Defendant is charged with the offense(s) of _____.

2.

Defendant further shows he/she is _____ years of age and has never plead guilty to nor been adjudicated guilty of a felony.

3.

Defendant has been advised of the Bryan County State Court's Family Violence Program and is able and willing to meet all criteria necessary to enter said program. The defendant has further been advised that he/she will be required to enter a plea of guilty to one or more of the eligible charges at the time of entering the program; however, sentencing will be withheld. Defendant has been advised that upon successful completion of the program, the defendant will return to Court and the State will, on the record, move to withdraw the plea of guilty and dismiss the eligible charges and the record for those charges will be restricted, except a charge of Driving Under the Influence. The defendant has been advised that if he/she fails to successfully complete the program, he/she will come back to court and be sentenced by the court on the plea of guilty.

4.

The defendant understands that if he/she is not accepted into the program, prior to entry of a plea, this case will be returned to the normal criminal justice system for prosecution.

5.

The defendant understands his/her constitutional rights outlined below and understands that he/she is required to waive certain of these rights in order to enter the program.

- The defendant understands that he/she has a right to assistance of counsel during a trial.
- The defendant understands that he/she has a right to plead **NOT GUILTY** to every charge filed against him/her.
- Defendant understand that if he/she plead **NOT GUILTY** he/she would have a right to a speedy and public trial by a judge and jury.
- Defendant understands that if he/she plead **NOT GUILTY** he/she would have a right to confront, that is to see, hear, question, and cross examine, the witnesses called to testify against him/her at trial.
- Defendant understands that if he/she plead **NOT GUILTY** he/she would have a right to use the subpoena power of the Court to require the attendance of any witnesses on his/her behalf, whether they want to come or not.
- Defendant understands that if he/she plead **NOT GUILTY** he/she would have the right to testify or not testify, as he/she chose, that he/she could not be required to testify and that if he/she does not testify the jury cannot take that as evidence against him/her.
- Defendant understands that if he/she plead **NOT GUILTY** he/she would be presumed to be innocent and that before he/she could be convicted the prosecution will have the duty of proving his/her guilt beyond a reasonable doubt.
- Defendant understands that in the event he/she was convicted in a trial he/she would have the right to appeal his/her conviction.

So moved this _____ day of _____, 20__.

Defendant

Defense Attorney

**IN THE STATE COURT OF BRYAN COUNTY
STATE OF GEORGIA**

STATE OF GEORGIA

v.

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IND/ACC NO. _____

WAIVER OF RIGHTS

I, _____, understand that I am guaranteed by the United States and Georgia Constitutions the following rights:

1. A speedy trial;
2. A trial by jury;
3. The right to confront the witnesses against me;
4. The right not to incriminate myself or give any information which could be used against me;
5. The right to call witnesses and present evidence on my own behalf, and to use the power and process of the court to compel the attendance of such witnesses and evidence;
6. The right to have an attorney represent me at all stages of the criminal process,

and that as a condition of acceptance into, and participation in, the Family Violence Program, I hereby expressly waive (that is, give up) those rights.

I also understand that if I am not accepted in the Family Violence Program, or voluntarily withdraw from it, my waiver of the rights listed above will also be withdrawn. I also understand that any statements given by me as part of the Family Violence assessment process will not be used against me in later court proceedings should I voluntarily withdraw from the program.

This the _____ day of _____, 20____.

Defendant

Attorney for Defendant

**FAMILY VIOLENCE PROGRAM
SOLICITOR GENERAL'S OFFICE
BRYAN COUNTY STATE COURT**

STATE OF GEORGIA

v.

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IND/ACC NO. _____

RELEASE AND WAIVER

I, _____, hereby authorize the release of such confidential information as may be necessary for the Solicitor General's Office to determine eligibility for the Family Violence Program. I agree to hold harmless and relieve and release from any liability with regard to such information, the Family Violence Program Coordinator and/or any other authorized representative of the Solicitor General's Office.

I understand that the Family Violence Program is operated under the supervision of a sworn Assistant Solicitor General, and that my acceptance into and participation in this program may require interaction with such person and other representatives of the Solicitor General's Office without the presence of my attorney. I hereby expressly waive my right to have my attorney present during such interaction for the limited purpose of completing a program orientation, periodic status reports, and such other interaction as may be necessary to facilitate my participation in this program.

I also understand that any statements given by me as part of the Family Violence assessment process will not be used against me in later court proceedings should I voluntarily withdraw from the program.

This the _____ day of _____, 20 ____.

Defendant

Attorney for Defendant

**FAMILY VIOLENCE PROGRAM
SOLICITOR GENERAL'S OFFICE
BRYAN COUNTY STATE COURT**

STATE OF GEORGIA

v.

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IND/ACC NO. _____

ACKNOWLEDGMENT WAIVER OF FOURTH AMENDMENT RIGHTS

I, _____, having requested to participate in the Family Violence Program, and in consideration of the agreement by the State to allow such participation in lieu of traditional prosecution of my charged offense/s, hereby state the following:

- I understand that I have rights that protect me from unreasonable search and seizure.
- I understand that these rights are guaranteed by the Fourth Amendment to the United States Constitution, as well as the Constitution of the State of Georgia.
- I also understand that I can voluntarily give up these rights as part of an agreement to provide an alternative to traditional prosecution or incarceration.

As a condition of my participation in the Family Violence Program, I agree to the search of my person, property, place of residence, vehicle or personal effects at any time with or without a warrant, and with or without reasonable cause, when required by any law enforcement officer at any time during my participation in this program. I hereby give permission for such individuals to remove, forcibly if necessary, any locks or other hindrances which may prevent access to such places and property for the purpose of any such search. I consent to the use of any evidence seized during such a search in any prosecution that may arise from said search.

This the _____ day of _____, 20__.

Defendant

Attorney for Defendant

**FAMILY VIOLENCE PROGRAM
SOLICITOR GENERAL'S OFFICE
BRYAN COUNTY STATE COURT**

STATE OF GEORGIA

v.

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IND/ACC NO. _____

CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

I, _____, having requested to participate in the Family Violence Program, hereby consent to communication, within or outside my presence, regarding my medical, psychological, or substance abuse history among any of the following individuals: any evaluator or counselor, physician, psychiatrist, or psychologist who participates in any counseling or treatment required as a condition of this program, any representative of the Solicitor General's Office designated by the Solicitor General, and my attorney. I further consent to the release of the results of any drug testing required as a condition of this program to the individuals described above, and that such results may be made part of the public record of my case in the event that such testing results in my termination from the program.

I understand and agree that the purpose and need for this disclosure is to assist the Solicitor General's Office in evaluating and determining my eligibility to participate in the Family Violence Program as well as my counseling needs, compliance, and progress in accordance with program criteria. I hereby agree to hold such individuals harmless and relieve and release such individuals from any and all liability regarding any such communication.

Recipients of this information may not re-disclose it except in connection with my counseling or treatment, or otherwise as permitted by federal law and rules. I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Family Violence Program, and/or a formal discontinuation of court proceedings regarding my case.

This the _____ day of _____, 20__.

Defendant

Attorney for Defendant

**IN THE STATE COURT OF BRYAN COUNTY STATE OF
GEORGIA**

STATE OF GEORGIA

v.

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IND/ACC NO. _____

WAIVER OF RIGHT TO WITHDRAW GUILTY PLEA

COMES NOW, _____, Defendant in the above-styled case and waives his/her right to withdraw his/her plea of guilty.

The Defendant acknowledges that pursuant to O.C.G.A. § 17-7-93(b), the Defendant has a right at any time before judgment is pronounced to withdraw a plea of guilty. By entering into a plea of guilty in the above-styled case and consenting to enter into the Bryan County State Court Family Violence Program as to Count(s) _____, the Defendant hereby waives the right to withdraw his/her plea of guilty and consents to the Court withholding sentencing while the Defendant is a participant in the Bryan County State Court Family Violence Program.

The Defendant acknowledges that if he/she violates the terms and conditions of the Bryan County State Court Family Violence Program or is terminated from the Bryan County State Court Family Violence Program for any reason, the Defendant will be brought before the Court for a sentencing hearing. The Court will have discretion in imposing a sentence that could be up to the maximum punishment authorized by law for the offense to which the Defendant has pled guilty. The Defendant also acknowledges that he/she is not entitled to credit from the date the plea of guilty was entered towards the sentence for time served in the Bryan County State Court Family Violence Program.

The Defendant further acknowledges that upon successful completion of the Bryan County State Court Family Violence Program, the State of Georgia, by and through the Solicitor General, consents to the Defendant being allowed to withdraw the plea of guilty, as to those counts subject to this agreement, whereby the State will present a nolle prosequi to the Court dismissing those eligible counts and restricting the record in the above-styled case. However, this agreement will not apply to any charge of driving under the influence (D. U. I) or other charges excepted from this agreement as those charges will not be dismissed.

This the _____ day of _____, 20__.

Judge, State Court Bryan
County State Court

Consented to:

Defendant

Solicitor General

Defense Attorney

***** ATTENTION *****

IN THE STATE COURT OF BRYAN COUNTY
STATE OF GEORGIA

STATE OF GEORGIA

v.

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IND/ACC NO. _____

ORDER WITHHOLDING SENTENCE

The defendant has entered a plea of guilty to (count(s)_____) (all counts) of the above-styled Indictment/Accusation, and has been accepted as a pre-adjudication participant in the Family Violence Program. IT IS THEREFORE ORDERED that sentencing as to (count(s)_____) (all counts) is WITHHELD pending the defendant's completion of said program and **said case shall not appear on any trial calendars.** The State has stated its intention, should the defendant successfully complete said program, to move that this guilty plea be withdrawn and request an order of nolle prosequi be entered as to those eligible counts and the record restricted. However, should the defendant fail to successfully complete the Family Violence Program for any reason, this case shall be placed on the active calendar of this court for sentencing through a rule nisi issued from the CalendarClerk, without further Order from this Court.

SO ORDERED this the ____ day of _____, 20 ____.

Judge, State Court
Bryan County State Court

Consented to:

Defendant

Assistant Solicitor General

Attorney for Defendant

**IN THE STATE COURT OF BRYAN COUNTY
STATE OF GEORGIA**

STATE OF GEORGIA

v.

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IND/ACC NO. _____

WAIVER OF JURY TRIAL

NOW COMES the defendant, _____, and herewith waives his/her right to a jury trial and agrees to proceed with this case before the judge and without a jury.

This _____ day of _____, 20____.

Consented to:

Solicitor General

Attorney for the Defendant

Defendant

Judge, State Court
Bryan County State Court