

Ellen S. Golden  
Judge, State Court

# STATE OF GEORGIA



**DUI Court Team**  
Cynthia Welch, Prosecutor  
Richard Shelton, Defense  
Attorney  
Kyle White, Law Enforcement  
Kayla Porter, Probation Officer  
Laci Rankhorn, Treatment  
Provider

**Stacey Bass**  
DUI Court Coordinator  
sbass@lowndescounty.c  
om

**Lowndes County DUI Court**  
327 North Ashley Street  
Valdosta, GA 31601  
Phone: 229-671-2895 Fax: 229-671-  
3441

## **PRE-SENTENCING AGREEMENT**

*The Lowndes County DUI Court is an opportunity to participate in a **sober** substance abuse treatment program. Participants who are placed into the Lowndes County DUI Court **agree to comply with specific conditions**. Failure to comply with these conditions may lead to termination from the DUI Court and the revocation of the probationary sentence imposed by the Court.*

***To be eligible to participate in the Lowndes County DUI Court, all defendants must agree to the following:***

1. While participating in the Lowndes County DUI Court, I am under the jurisdiction of the State Court of Lowndes County.
2. My participation in the Lowndes County DUI Court will involve a commitment of my time and money and will not be solely at my convenience (see # 4 and #5 below)
3. I will be required to attend meetings at various locations in Valdosta, GA., including but not limited to counseling at Redirect Counseling Services, Inc. and court sessions at the Lowndes County Judicial Complex.
4. I will be required to pay a \$100.00 participation fee to enter the program. Payment arrangements can be made at the scheduled orientation meeting with the Court Coordinator.
5. I will be required to attend substance abuse treatment for a minimum of 12 months and that any non-compliance may affect my treatment completion date.
6. I will be required to pay treatment fees at the current rate of \$50.00 per week. If I do not, or cannot pay the fees, I will not be allowed to attend group or have the required urine drug screens and will be reported noncompliant with the court, which could result in sanctions and delayed completion of the program.
7. I must not use, possess or consume alcohol and/or illegal or harmful drugs. Abstinence is a necessity if I am to remain involved in DUI Court. I must ensure that any item(s) that I consume do not contain any substance that may jeopardize my sobriety or treatment. If in doubt, I will consult with a DUI Court staff member prior to consuming the item(s).
8. I will be required to pay for any drug screen lab confirmation test requested if the lab results come back that the sample was in fact positive or dilute. If the lab does not confirm the positive or dilute result, I will not be required to pay the lab fee.
9. I understand that any prescription medication should only be used if prescribed to me and then only with prior permission from the treatment provider, except in a medical emergency where I am unable to communicate to physicians that I am participating in a program that prohibits the use of mood or mind altering medications.
10. I hereby waive my right to be present at any pre-court hearing staffing conference and waive any claims that the Judge has heard any staffing matter ex parte.

**I have read and fully understand the above.**

\_\_\_\_\_  
**Signature of Defendant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**