ADAA TREATMENT AND EVALUATION PROCEDURE

APPENDIX

Form No.	<u>Description</u>
1	DPSCS/Division of Parole and Probation Pre-Sentence Investigation/Order for Investigation
2	Order for Presentence Psychiatric Evaluation CC-DC 20 (Rev. 3/2003) Available on-line at Courtnet/district/index/html. Go to Quick Links and click on Forms Index. Choose a form type, e.g., DC, and scroll down to the correct number.
3	Order for Detainer Report
4A	HG 8-505 Commitment for In-Custody Evaluation for Drug or Alcohol Treatment (To be used when evaluation report is to be submitted within 7 days) CC-DC/CR 102 (Rev. 10/2004) Available on-line at Courtnet and sample follows.
4B	HG 8-505 Commitment for In-Custody Evaluation for Drug or Alcohol Treatment (To be used when there is no hurry for placement) CC-DC/CR 102 (Rev. 4/2002) Available on-line at Courtnet and sample follows.
5	Consent to Treatment CC-DC/CR 109 (Rev. 10/2004) Available on-line at Courtnet.
6	Consent to the Release of Confidential Information CC-DC/CR 110 (3/2003) Available on-line at Courtnet.
7A	HG 8-506 Commitment to the Department of Health and Mental Hygiene for Drug or Alcohol Treatment (To be used when the defendant is too vulnerable for evaluation in the detention center) CC-DCCR 103 (Rev. 10/2004) Available on-line at Courtnet.
7B	HG 8-506 Extended Commitment to the Department of Health and Mental Hygiene for Evaluation for Drug or Alcohol Treatment CC-DC/CR 104 (Rev. 10/2004) Available on-line at Courtnet.
8	Order for Out-Patient Evaluation for Drug or Alcohol Treatment CC-DC/CR 101 (Rev. 10/2004) Available on-line at Courtnet.
9	Court Clerk's Checklist for Evaluations and Commitments to ADAA (HG 8-505 or 8-507)
10	District/Circuit Criminal Hearing Sheet

11A	HG 8-507 Commitment to the Department of Health and Mental Hygiene for Drug or Alcohol Treatment (Specific date of admission) CC-DC/CR 105 (Rev. 10/2004) Available on-line at Courtnet and sample follows.
11B	HG 8-507 Commitment to the Department of Health and Mental Hygiene for Drug or Alcohol Treatment (Admission "on or before") CC-DC/CR 105 (Rev. 10/2004) Available on-line at Courtnet and sample follows.
12	Health General 8-507 Progress Report
13A	Probation/Supervision Order (Sentence imposed immediately after trial and before completion of HG 8-505 evaluation) CC-DC 26 (Rev. 6/2005) Available on-line at Courtnet and sample follows.
13B	Probation/Supervision Order (Sentence imposed after HG 8-505 evaluation <u>but</u> before admission to treatment program-probation commences immediately) CC-DC 26 (Rev. 6/2005) Available on-line at Courtnet and sample follows.
13C	Probation/Supervision Order (Motion for modification granted prior to admission to treatment program-probation to commence upon admission) CC-DC 26 (Rev. 6/2005) Available on-line at Courtnet and sample follows.
14A	Motion for Evaluation Pursuant to Health General 8-505 and Commitment Pursuant to Health General 8-507 (No legal impediments)
14B	Motion for Evaluation Pursuant to Health General 8-505 and Commitment Pursuant to Health General 8-507 (Legal impediments exist)
15A	Motion for Modification of Sentence (No legal impediments)
15B	Motion for Modification of Sentence (Legal impediments exist)
16	Order for Termination of HG Article 8-507 Commitment
17	Order for Extension of HG Article 8-507 Commitment

DPSCS/DIVISION OF PAROLE AND PROBATION PRESENTENCE INVESTIGATION

NAMI	E:	CASE NUMBER:
JUDG	GE:	COURT:
BY:		DATE:
		FOR INVESTIGATION
IDEN	TIFYING INFORMATION	CASE NUMBER:
NAMI	E:	DATE ORDERED:
ALIAS	SES:	DISPOSITION DATE:
DATE	OF BIRTH:	COURT:
RACE	≣:	JUDGE:
SEX:		OFFENSE:
ADDF	RESS:	PLEA:
НОМ	E TELEPHONE:	DEFENSE ATTORNEY:
INCA	RCERATED: YES NO	STATE'S ATTORNEY:
PLAC	CE OF CONFINEMENT:	
REFE	ERRED TO COURT MEDICAL SERVICE: YES	□ NO □
TYPE	OF INVESTIGATION	
	STANDARD PRE-SENTENCE INVESTIGAT ADDITIONAL INSTRUCTIONS/DIRECTIONS	TION S
		IMPACT STATEMENT (REQUIRED BY ANNOTATED CODE OI) WHERE THE DEALTH PENALTY IS REQUESTED)
	POST-SENTENCE INVESTIGATION	
	SPECIAL COURT INVESTIGATION	
INFO	RMATION REQUESTED	
	_ Criminal history	Adjustment on probation
	Open warrants, detainers, pending charges	Alcohol, substance, and/or psychiatric history
	_ Concurrent or consecutive sentences	Psychiatric hospitalizations
	_ Institutional adjustment	All of the above
	JUDGE:	DATE:

FORM 2

ORDER FOR PRESENTENCE PSYCHIATRIC EVALUATION

CC-DC 20 (Rev. 3/2003)

Available on-line at Courtnet/district/index/html.

On the Courtnet page, go to Quick Links and click on Forms Index.

Choose a form type, e.g., DC, DC/CR, and scroll down to the correct number.



STAT	E OF N	IARYLA	ND		*							
	v.				*							
					*							
					*	CASE	NO.:					
	*	*	*	*	* *	*	*	* :	* *	*	*	
				<u>OR</u>	DER FOR	R DETA	INER RI	<u>EPORT</u>				
							·,	20, k	by the C	circuit/Distri	ct Cou	rt of
		RED, th				Abuse .	Adminis	tration pre	epare a r	eport of an	y detai	ners
lodge	d, outst	anding v	varrants,	or cor	secutive	or conc	urrent se	entences	imposed	on the defe	endant	and
that	the	report	shall	be	submit	ted to	o the	Court	and	counsel	on	or
before	e				<u>-</u>							
						(Name	e) Judge	<u> </u>				
						(e, saag	•				

CC:

TO BE USED WHEN EVALUATION REPORT IS TO BE SUBMITTED WITHIN 7 DAYS

FORM 4A

☐ CIRCUIT COURT ☐ DISTRIC	T COURT OF M	MARYLAND FO	ORCity/C	
Located at	Court Address		C	'ase No
STATE OF MARYLAND	vs.	Defendant		DOB
				Address
		City, State, ZIP		Telephone
	MITMENT FOR OR DRUG OR (Healt)		REATMENT	ION
for the health and safety of the because of the apparent sever. Court has found that the Def Hygiene shall either place the conduct an evaluation of the promptly to the Court after each of the promptly to the Court of the promptly to the Court of July 12, send a complete report of the findings to to the court of the findings to the	Insert name of lone Defendant, the I rity of the alcohol endant would be e Defendant. Unless examination. at the defendant shapped unless for go he Court, the State count, the Defendant at Insert and at Department of the Defendant of the Defen	ocal detention cent Defendant shall be or drug dependence indangered by confing examination, i is the Department i all be seen at od cause the Cour is AttorneyInseefendant within see	2006 Year held in a medical ey or other medical finement in a jail. In an appropriate heretains the Defendent in a properties of the extends the time of the extends the time of the extends of the exte	and held without bail. wing or an isolated and secure unit. l or psychiatric complications, the The Department of Health and Mental health care facility, or immediately lant, the Defendant shall be returned evaluation onJuly 5, 2006 for evaluation. The Department shall, and Defense Counsel s Order unless the Court for good shall transport the Defendant ant to the Court.
IT IS FURTHER ORDERED, th program able to provide the treatment and				
Send to: Alcohol and Drug Abuse Admini Phone: (410) 402-8650 Fax: (410) 402-8603 Division of Corrections, or Phone: (410) Local Detention Center Court file	istration, and desig	gnee	Judge	ID Number Address City, State, ZIP

TO BE USED WHEN THERE IS NO HURRY FOR PLACEMENT

FORM 4B

☐ CIRCUIT COURT ☐ D	DISTRICT COURT	OF MARYLAND FOR	City/County
Located at			,
	rt Address		. Case No.
STATE OF MARYLAND	vs.	Defendant	DOB
		Address	
		City, State, ZIP	Telephone
	R DRUG OR ALC	CUSTODY EVALUAT COHOL TREATMENT neral § 8-505)	
It appears to the Court that the De dependency. It is, therefore, this			fendant alleges an alcohol or drug
for the health and safety of the because of the apparent sever. Court has found that the Defe Hygiene shall either place the	e Defendant, the Defendant of the alcohol or drugendant would be endang to Defendant, pending experience that the ID of the Defendant. Unless the ID of the Defendant.	dant shall be held in a medica g dependency or other medic ered by confinement in a jail amination, in an appropriate	and held without bail. If wing or an isolated and secure unit. If all or psychiatric complications, the If the Department of Health and Mental health care facility, or immediately dant, the Defendant shall be returned
IT IS FURTHER ORDERED, that shall be returned to Court on Insert date, send a complete report of the findings to the Defense Counsel Insert full name	unless for good cause ne Court, the State's Atte	e the Court extends the time to orney <u>Insert full name</u>	, and
IT IS FURTHER ORDERED, that when notified by the Department to do so a			shall transport the Defendant lant to the Court.
Send to: Alcohol and Drug Abuse Adminis Phone: (410) 402-8650	stration, and designee	Judge	ID Number
Fax: (410) 402-8603 Division of Corrections, or Phone: (410)		·	Address
Local Detention Center Court file			City, State, ZIP

CONSENT TO TREATMENT

CC-DC/CR 109 (Rev. 10/204)

CONSENT TO THE RELEASE OF CONFIDENTIAL INFORMATON

CC-DC/CR 110 (3/2003)

COMMITMENT TO THE DEPARTMENTOF HEALTH AND MENTAL HYGIENE FOR DRUG OR ALCOHOL TREATMENT

(Health General § 8-506)

CC-DC/CR 103 (Rev. 10/2004)

EXTENDED COMMITMENT TO THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR EVALUATION FOR DRUG OR ALCOHOL TREATMENT

(Health General § 8-506)

CC-DC/CR 104 (Rev. 10/2004)

ORDER FOR OUT-PATIENT EVALUATION FOR DRUG OR ALCOHOL TREATMENT

(Health General § 8-505)

CC-DC/CR 101 (Rev. 10/2004)

COURT CLERK'S CHECKLIST FOR EVALUATIONS AND COMMITMENTS TO ADAA (8-505 or 8-507)

NAME:	CASE NO.:
Print judge's name under his/her signature on DHMH Order	
1 Printout of defendant address screen, and write case no. on the page	
1 Copy of Statement of Charges	
4 (*5 if def is at DOC) <u>True Test</u> copies of DHMH Order: 1 to SAO 1 to defense attorney 1 for ADAA 1 for local detention center (*or 1 for DOC institution) (*1 for Mary Flohr)	
FAX, with cover receipt, THEN MAIL to ADAA: Copy of DHMH Order Copy of Statement of Charges Defendant address printout KEEP CONFIRMATION IN FILE!	
ADAA address: Alcohol and Drug Abuse Administration 55 Wade Avenue Catonsville, MD 21228	
FAX to local detention center (*or, if def is incarcerated at DOC, FAX to I MAIL to the specific institution): Cover receipt Copy of DHMH Order Copy of witness information sheet (if appropriate) KEEP CONFIRMATION IN FILE!	DOC and
*If def is at DOC, MAIL 1 copy of ADAA Order to:	
Department of Corrections, Headquarters Attn: Mary Flohr 6776 Reisterstown Road Baltimore, MD 21215 (Phone: 410-585-3342)	
If Def is on probation, FAX a copy to Division of Parole and Probation	

DISTRICT/CIRCUIT COURT CRIMINAL HEARING SHEET

FORM 10

Case No.		Date:		
Defendant's Name:				
JUDGE:		Prosecutor:		
Case called for: <u>MODIFICATION HEARING</u>		Def. Atty:		
		Clerk:		Ctrm:
Postponement request by: State Defendant	☐ Granted	☐ Denied	☐ Good Cause Found to Go Beyo	nd Hicks
New trial/Hrg/Date:	icks Waived	•	: Complied w/10 days to comply (Modi	fication)
□ All Motions to be Heard Prior to Trial □ Advised of Rights (Rule 4-213) □ Defendant not present □ Bench Warrant Issued for Defendant's failure to appear □ Bond forfeited □ NISI □ Bond set at	☐ Counsel Waived ☐ DNA Testing by		fied	
 □ Defendant appeared later same day; Bench Warrant with □ Bond forfeiture stricken and bond reinstated □ Bond set at 			t received 8-505 nation and Recommendation	
Defendant released on		3 4 5 (Cour		
☐ Statement of Facts presented ☐ Testi	mony taken			
Motion for Judgment of Acquittal: Granted	Denied			
FINDING: COURT/JURY Not guilty to Counts Guilty to Counts Case/Counts/Citations Entry of Judgment Stay under Criminal Procedu				lle Prossed/Stetted
 □ Disposition continued to: □ P. S. I. ordered □ Records check □ Prior proba □ Psychiatric evaluation w/Dr. McDermott 		☐ Recommenda	ntion	
Bond: Revoked Remain on Same Bond Disposition: County Detention Center For a period of Court Granted Modification. Court signed DHMH 8-507 Order	☐ Increased to ☐ Commissioner of	of Corrections Suspend	all but	
for long-term inpatient treatment as a condition of Probation. Sentence to begin on		All previously ord	ared conditions	
☑ Balance of sentence suspended upon written verific ☑ PROBATION: (Balance of Ordered Probation) or if ☑ Successfully complete any drug/alcohol counseling, ☑ Court signed 8-507 Order for long-term treatment ☑ New Condition of probation: Complete all treatme ☐ Live-in-Work-out Ordered/Recommended ☐ Fine \$	ation that Defendant *New 5 years treatment, education as a condition of prob nt and aftercare as or Probation agent No credit for tir Waived (excep	has entered treatm (Un/Supervised) , NA/AA, random to action; consent sign dered under 8-507 to calculate balan ne absconded or in	nent per 8-507 urine per P&P ned in open court Order ce of probation carcerated	
A copy of this hearing sheet is to be sent to: ADA Advised of Rights: □ 10 Days to File Mtn for Nev NEXT REVIEW DATE: June 30, 2006 @ 9:00 a.m. Review Hearing is not to act as a detainer to placen	w Trial	☐ 3 Judge panel		
DHMH (Placement Status)				
(<u></u>			T., J	
			Judge	

SPECIFIC DATE OF ADMISSI	ION		FORM 11A		
☐ CIRCUIT COURT ☐ DISTRIC	CT COURT OF MA	RYLAND FOR			
Located at		C	City/County		
	ourt Address	Ca	se No		
STATE OF MARYLAND	VS.	Defendant	DOB		
		Address			
		City, State, ZIP	Telephone		
	OR DRUG OR A	ENT OF HEALTH AND ME LCOHOL TREATMENT General § 8-507)	NTAL HYGIENE		
The Court having found that the Defendant's evaluation, having found the obtained the written consent of the Defen	at the treatment that the adant to obtain treatme	nt and permit reporting back to the	propriate and necessary, and having		
ORDERED, that the Defendant ☐ inpatient ☐ residential ☐ outpatien	Month is committed to the Dent treatment at	Year epartment of Health and Mental Hy	beginning on		
IT IS FURTHER ORDERED, the shall be promptly reported to the Court at		fendant withdraws consent for treat be returned to the Court within sev			
IT IS FURTHER ORDERED, the Division of Parole and Probation The Department of Health and Menta	a pretrial release agence in that the Defendant	cy in that the Defendant is released is released on probation.			
IT IS FURTHER ORDERED, tl for treatment on Insert specific to Court for review on	shall tran dateatInsert s		sert name of program rn the Defendant		
IT IS FURTHER ORDERED, the contact the treatment facility, the Commit possible and;		fendant leaves the treatment facility and the Department shall notify the			
IT IS FURTHER ORDERED, the program.	hat the Department sha	ll notify the Court immediately upo	on the Defendant's admission to the		
IT IS FURTHER ORDERED, the shall provide the Court with the discharge		ll notify the Court upon the Defend	ant's completion of treatment and		
IT IS FURTHER ORDERED, the Defendant when notified by the Departm		Department's direction shall return			
		Judge	ID Number		
		Addı	ress		
CC-DC/CR 105 (Rev. 10/2004) RETY	/PED	City, State	o, ZIP		

ADMISSION "ON OR BEFORE	E		FORM 11B
☐ CIRCUIT COURT ☐ DISTRIC	CT COURT OF MA	RYLAND FOR	City/County
Located at			Case No
	ourt Address		
STATE OF MARYLAND	VS.	Defendant	DOB
		Address	
		City, State, ZIP	Telephone
	OR DRUG OR A	ENT OF HEALTH AN LCOHOL TREATME General § 8-507)	D MENTAL HYGIENE NT
obtained the written consent of the Defen Day of	the treatment that the dant to obtain treatme, Month is committed to the Dot treatment at	e Department recommends to ent and permit reporting back ; Year epartment of Health and Med Insert name of program	o be appropriate and necessary, and having to the Court, it is this ntal Hygiene for beginning on or before
	nd the Defendant shall nat supervision for the a pretrial release agen- in that the Defendant	Defendant shall be provided cy in that the Defendant is re is released on probation.	eleased pending trial.
IT IS FURTHER ORDERED, the sum of	shall tran	sport the Defendant to	Insert name of program
IT IS FURTHER ORDERED, the program.	nat the Department sha	all notify the Court immedian	tely upon the defendant's admission to the
IT IS FURTHER ORDERED, the contact the treatment facility, the Commit possible and;			facility without authorization or does not tify the Court as soon as reasonably
IT IS FURTHER ORDERED, the shall provide the Court with the discharge		all notify the Court upon the	Defendant's completion of treatment and
		Judge	ID Number
			Address
			Address

HEALTH GENERAL 8-507 PROGRESS REPORT

FORM 12

The progress report should be forwarded to ______(Monitoring agency) by the 5th of every month. In addition, a current report must be submitted to ______ (Monitoring agency) two (2) days prior to the date of any Court hearing. The report should summarize the defendant's progress during the previous month. Please type or print your responses HEARING DATE: _____ DEFENDANT'S NAME: ADMISSION DATE: _____ PROJECTED DISCHARGE DATE: PROGRESS REPORT FOR PERIOD FROM ______ TO _____PHONE: _____ PROGRAM: COUNSELOR: FAX:_____ LEVEL OF COMPLIANCE Excellent Very Good Fair Poor SUBSTANCE ABUSE TREATMENT LEVEL OF INSIGHT INTO SUBSTANCE PROBLEM Denies illness Minimizes illness Increasing-insight Changing behavior TREATMENT STRATEGY EMPLOYED TO IMPROVE INSIGHT ATTENDANCE AND PARTICIPATION **URINANALYSIS** Attended ___ out of ___ individual sessions Submitted Out of Samples Attended out of group sessions Positive tests Compared to last report, attendance & participation is: ____ Improving ___ Declining ___ No change Plan to address problem:

MENTAL HEALTH TREATMENT FORM 12 – PAGE 2

Diagnosis: Schizophrenia Bipolar Mood disorder Other (Specify)
Medication prescribed:
Medication Compliance: Compliant Noncompliant NA Plan to address any compliance problems:
Type of treatment Integrated Parallel Sequential Treatment modality Individual Group Both Other (Describe)
Treatment provided by: Psychiatrist Psychologist Clinical Social Worker Substance Abuse Counselor Psychiatric Nurse Other
Psychiatrist provides medication management only Frequency
Treatment Compliance: Attended out of Individual sessions Attended out of group sessions Plan to address any compliance problems:
AFTERCARE PLAN
Living arrangement: Halfway house Recovery house With relative Independent Will reside with: Address: Will be available on:
Employment: Name of business: Address: Address:
Educational or vocational training Where: Will begin on:
Finances: Public Assistance (MA, AFDC, Pharmacy Assistance, Food stamps) Will receive on:

SSI Will receive on:	Social Security Will receive	on:
Substance Abuse Treatment:		
Name of Program	Will begin on:	
Psychiatric Treatment:		
Name of Program Case management services to be provided by _ Case manager met with counselor and defenda Trauma Counseling		_Will begin on:
Name of program	Will begin on	NA
Parenting Counseling:		
Name of program	Will begin on	NA
Other Counseling (Describe):		
CONTACTS WITH DEFENDANT'S	S SUPERVISING/MONITORIN	IG AGENT
Name of Agent/Monitor:		<u> </u>
Agency:		
Telephone Communication on:		
Meeting on:		
Plan reviewed on:		
REQUEST FOR (COURT INTERVENTION	
On and off grounds privileges Sanction	Meeting with Supervising/N	Monitoring Agent
(PTS, Probation, FAST, ADAA or designee)	Termination due to noncor	npliance
Permission to transport defendant to Court	Postpone due to excellent	compliance
COMMENTS		

SENTENCE IMPOSED IMMEDIATELY AFTER TRIAL AND BEFORE COMPLETION OF HG 8-505 EVALUATION

FORM 13A

	☐ CIRCUIT COURT ☐ DISTRI	ICT COURT OF N	MARYLAND FOR	
	Located at		Case	No
	STATE OF MARYLAND	vs.	Defendant	
	(IF AVAILABLE PLACE LABEL HI OR AT TOP OF PAGE)	ERE	Tracking Number	г
Convic	ted Court(s):			
Senten	ce:			
Part of	Sentence Executed:		Suspended	:
Credit 1	for Time Served:			
	PR	ROBATION/SU	PERVISION ORE	DER
☐ Pro	bation before Judgment (Criminal Proce	dure Article § 6-2	(20)	
	ORDERED THAT the above-named Def	_	-,	
Be	Unsupervised			
⊠ Be :	Supervised by: Drinking Driving Mo	onitor Program 🔀	Parole and Probatio	n
Cor	nmunity Service			
Length	of Probation: mo/y	r(s) Probation beg	gins at	Insert trial date
Your fi	rst appointment with the Supervising Ag	gency is	•••••	and the place to report is
		Your failui	re to report could resu	ult in your arrest.
A. Stan	dard Conditions: All Standard Con-	ditions	andard Conditions ex	xcept Nos.
1.	Report as directed and follow your sup	pervising agent's l	awful instructions	
2.	Work and/or attend school regularly as	s directed and pro	vide verification to ye	our supervising agent.
3.	Get permission from your supervising	agent before: char	nging your home add	lress, changing your job, and/or leaving the State
	of Maryland.			
4.	Obey all laws.			
5.	Notify your supervising agent at once	if charged with a	criminal offense, incl	uding jailable traffic offenses.
6.	Get permission from the court before of	owning, possessing	g, using, or having u	nder your control any dangerous weapon or
	firearm of any description.			
7.	Permit your supervising agent to visit	your home.		
8.	Do not illegally possess, use, or sell ar	ny narcotic drug, c	controlled substance,	counterfeit substance, or related paraphernalia.

9. Appear in court when notified to do so.

FORM 13A - PAGE 2

Case No....

10. Pay all fines, costs, restitutions, and fees as ordered by the court or as directed by your supervising agent through a payment
schedule.
☐ Fine(s) of \$ Paid through ☐ Parole and Probation ☐ Clerk's Office ☐ Sheriff's Office
☐ Court costs of \$ paid through ☐ Parole and Probation ☐ Clerk's Office
☐ Supervision fee of \$40/month paid through Parole and Probation ☐ Supervision fee waived
Restitution of \$ To
Paid through Parole and Probation State's Attorney's Office by
Public Defender fees of \$
Pay the following fees through Parole and Probation or
☐ Victims of Crime Fund \$
CICF costs \$
LET costs \$
Other Costs (Specify) \$
☐ The Division of Parole and Probation is hereby granted the discretion to refer the collection of funds it is authorized to
collect to the State's Central Collection Unit without the need of further court approval.
B. Special Conditions;
11. Provide DNA sample as required by law by
12. Submit to and pay for random urinalysis as directed by Supervising Agent.
13. Submit to, successfully complete, and pay required costs for alcohol drug alcohol and drug
evaluation testing treatment education, as directed by your supervising agent.
14. Attend self-help group meetings per week for weeks. Attendance may be modified
by your supervising agent after Weeks.
15. Attend and successfully complete alcohol drug alcohol and drug
☐ treatment ☐ education program
16. Totally abstain from alcohol, illegal substances, and abuse use of any prescription drug.
17. Apply for alcohol restriction on driver's license within 10 days of trial date for year(s)/month(s)
18. Refrain from driving and/or attempting to drive after consuming alcohol
19. Attend Victim Impact Panel meetings when notified.
20. Attend and successfully complete MVA Driver Improvement Program.
21. Have Ignition Interlock installed for
22. Submit to evaluation and attend and successfully complete mental health treatment as directed by your supervising
agent.
23. Attend and successfully complete Special Health Education Program – Project SASOE.
24. Attend and successfully complete parenting class.

FORM 13A - PAGE 3

Case No.

25. Complete hours of community service		
Direction of	At	nd pay required fees.
26. Enroll in, pay any required costs for, and successfu	lly complete treatment at	
27. Attend and successfully complete domestic violence	e counseling at	
by(Date)	and pay required costs.	
28. Have no contact with		
29. Do not enter or be found near		
30. Home confinement/detention to		formonths
☐ Special Conditions (e.g., doctor's appointments	, attending classes, etc.)	
31. Register as offender child sexual offender	sexually violent offender	sexually violent predator
under the provisions of Criminal Procedure Article	, Title 11, Subtitle 7.	
32. Other		
C. Recommendations to the Supervising Agency:		
33. Transfer supervision to		
		State under Interstate Compact
Other 1. Defendant shall keep appointment for HG 8-5		
upon admission. 2. Defendant shall complete the program a	and comply with terms of the	e aftercare plan
Judge:	Date:	
I have read, or have had read to me, the above condition	ONSENT ons of probation Lunderstar	nd these conditions and agree to follow
them. I understand that if I do not follow these conditions, I co		
If I fail to abide by the above conditions, the court cou	ld enter judgment against m	e and proceed with disposition as if I had
not been placed on probation. I have been notified and understa	and that by consenting to and	d receiving a stay of judgment under
Criminal Procedure Article § 6-220, I waive my right to appeal	from a judgment of guilty b	y the court in this case.
I understand that my failure to comply with Condition Collection Unit, resulting in an additional collection fee as permanent		eing referred to the State's Central
Defendant's Signature	Date of Birth	Date
Defendant's Address		
Witnesses' Signature		

SENTENCE IMPOSED AFTER HG 8-505 EVALUATION BUT BEFORE ADMISSION TO TREATMENT PROGRAM (PROBATION COMMENCES IMMEDIATELY)

FORM 13B

	☐ CIRCUIT COURT ☐ DISTR	RICT COURT OF MA	RYLAND FOR	
	Located at		Case No	
	STATE OF MARYLAND	vs.	Defendant	
	(IF AVAILABLE PLACE LABEL F OR AT TOP OF PAGE)	IERE	Tracking Number	
Convic	ted Court(s):			
Senten	ce:			
	Sentence Executed:			
Credit	for Time Served:			
	P	ROBATION/SUPI	ERVISION ORDER	
Pro	bation before Judgment (Criminal Proc	cedure Article § 6-220)	
	ORDERED THAT the above-named De			
Ве	Unsupervised			
Be	Supervised by: Drinking Driving M	Monitor Program ⊠ P	arole and Probation Alternative	;
	mmunity Service	_		
Length	of Probation: mo/	yr(s) Probation begin	s atInsert trial dat	<u>e</u>
	erst appointment with the Supervising A			
			_	_
	ndard Conditions: All Standard Co			
1.	Report as directed and follow your su	upervising agent's law	ful instructions	
2.	Work and/or attend school regularly	as directed and provid	e verification to your supervising a	gent.
3.	Get permission from your supervising	g agent before: changi	ng your home address, changing yo	our job, and/or leaving the State
	of Maryland.			
4.	Obey all laws.			
5.	Notify your supervising agent at once	e if charged with a cri	minal offense, including jailable tra	ffic offenses.
6.	Get permission from the court before	e owning, possessing,	using, or having under your control	any dangerous weapon or
	firearm of any description.			
7.	Permit your supervising agent to visi	t your home.		
8.	Do not illegally possess, use, or sell a	any narcotic drug, con	trolled substance, counterfeit subst	ance, or related paraphernalia.

9. Appear in court when notified to do so.

FORM 13B - PAGE 2

Case No
10. Pay all fines, costs, restitutions, and fees as ordered by the court or as directed by your supervising agent through a payment
schedule.
☐ Fine(s) of \$ Paid through ☐ Parole and Probation ☐ Clerk's Office ☐ Sheriff's Office
☐ Court costs of \$ paid through ☐ Parole and Probation ☐ Clerk's Office
☐ Supervision fee of \$40/month paid through Parole and Probation ☐ Supervision fee waived
Restitution of \$ To
Paid through Parole and Probation State's Attorney's Office by
Public Defender fees of \$
Pay the following fees through Parole and Probation or
☐ Victims of Crime Fund \$
CICF costs \$
LET costs \$
Other Costs (Specify) \$
☐ The Division of Parole and Probation is hereby granted the discretion to refer the collection of funds it is authorized to
collect to the State's Central Collection Unit without the need of further court approval.
B. Special Conditions;
11. Provide DNA sample as required by law by
12. Submit to and pay for random urinalysis as directed by Supervising Agent.
13. Submit to, successfully complete, and pay required costs for alcohol drug alcohol and drug
evaluation testing treatment education, as directed by your supervising agent.
14. Attend self-help group meetings per week for weeks. Attendance may be modified
by your supervising agent after Weeks.
15. Attend and successfully complete alcohol drug alcohol and drug
☐ treatment ☐ education program
16. Totally abstain from alcohol, illegal substances, and abuse use of any prescription drug.
17. Apply for alcohol restriction on driver's license within 10 days of trial date for year(s)/month(s)
18. Refrain from driving and/or attempting to drive after consuming alcohol
19. Attend Victim Impact Panel meetings when notified.
20. Attend and successfully complete MVA Driver Improvement Program.
21. Have Ignition Interlock installed for
22. Submit to evaluation and attend and successfully complete mental health treatment as directed by your supervising
agent.
23. Attend and successfully complete Special Health Education Program – Project SASOE.
24. Attend and successfully complete parenting class.

FORM 13B - PAGE 3

Case No.

27. Attend and successfully complete domestic		
by		
29. Do not enter or be found near		
30. Home confinement/detention to		formonths
Special Conditions (e.g., doctor's appoi	ntments, attending classes, etc.)	
31. Register as offender child sexual off	Fender sexually violent offender	sexually violent predator
under the provisions of Criminal Procedure	e Article, Title 11, Subtitle 7.	
32. Other		
C. Recommendations to the Supervising Agency:		
33. Transfer supervision to		• •
33. Transfer supervision to		State under Interstate Compact
33. Transfer supervision to	n immediately upon admission. 2. E	State under Interstate Compact Defendant shall complete treatment program
33. Transfer supervision to	n immediately upon admission. 2. E	State under Interstate Compact Defendant shall complete treatment program
33. Transfer supervision to	n immediately upon admission. 2. E	State under Interstate Compact Defendant shall complete treatment program
33. Transfer supervision to	n immediately upon admission. 2. E	State under Interstate Compact Defendant shall complete treatment program
33. Transfer supervision to	n immediately upon admission. 2. E	State under Interstate Compact Defendant shall complete treatment program
33. Transfer supervision to	n immediately upon admission. 2. E	State under Interstate Compact Defendant shall complete treatment program
33. Transfer supervision to	n immediately upon admission. 2. E	State under Interstate Compact Defendant shall complete treatment program
33. Transfer supervision to	Date: CONSENT conditions of probation. I understand ons, I could be returned to court characteristics of the court could enter judgment against munderstand that by consenting to an	State under Interstate Compact Defendant shall complete treatment program and these conditions and agree to follow reged with a violation of probation. e and proceed with disposition as if I had d receiving a stay of judgment under
33. Transfer supervision to	Date: CONSENT conditions of probation. I understant ons, I could be returned to court characteristical to an expectation and purpose of the probation of guilty be conditioned to may result in my case be conditioned to may result in my case be conditioned.	nd these conditions and agree to follow reed with a violation of probation. e and proceed with disposition as if I had d receiving a stay of judgment under by the court in this case.
33. Transfer supervision to	CONSENT conditions of probation. I understant ons, I could be returned to court charmon appeal from a judgment against munderstand that by consenting to an appeal from a judgment of guilty be ondition 10 may result in my case be as permitted by law.	nd these conditions and agree to follow reed with a violation of probation. e and proceed with disposition as if I had d receiving a stay of judgment under by the court in this case.

MOTION FOR MODIFICATION GRANTED PRIOR TO ADMISSION TO TREATMENT PROGRAM (PROBATION TO COMMENCE UPON ADMISSION)

FORM 13C

☐ CIRCUIT COURT ☐ DISTRICT (COURT OF MARYLAND FOR
Located at	Case No.
STATE OF MARYLAND	VS
(IF AVAILABLE PLACE LABEL HERE OR AT TOP OF PAGE)	Tracking Number
Convicted Court(s):	
Sentence:	
Credit for Time Served:	
PROB	ATION/SUPERVISION ORDER
☐ Probation before Judgment (Criminal Procedure	Article § 6-220)
T IS ORDERED THAT the above-named Defenda	nt:
Be Unsupervised	
☐ Be Supervised by: ☐ Drinking Driving Monito	r Program 🔀 Parole and Probation 🗌 Alternative
Community Service	Other
Length of Probation: mo/yr(s)	Probation begins at <u>Upon admission to residential substance abuse program</u>
Your first appointment with the Supervising Agency	y is and the place to report is
	Your failure to report could result in your arrest.
A. Standard Conditions: All Standard Condition	ns All Standard Conditions except Nos.
1. Report as directed and follow your supervision	sing agent's lawful instructions
2. Work and/or attend school regularly as dire	ected and provide verification to your supervising agent.
Get permission from your supervising ager of Maryland.	nt before: changing your home address, changing your job, and/or leaving the State
4. Obey all laws.	
•	arged with a criminal offense, including jailable traffic offenses.
1 00	ng, possessing, using, or having under your control any dangerous weapon or
firearm of any description.	ng, possessing, asing, or having ander your contact any amagerous weapon or
7. Permit your supervising agent to visit your	home.
	rcotic drug, controlled substance, counterfeit substance, or related paraphernalia.

9. Appear in court when notified to do so.

FORM 13C - PAGE 2

	Case No
Λ	Day all fines pasts martifulians and face as and mad by the count on as directed by your symamicine agent through a necessary

10. Pay an times, costs, restitutions, and fees as ordered by the court of as directed by your supervising agent through a payment
schedule.
☐ Fine(s) of \$ Paid through ☐ Parole and Probation ☐ Clerk's Office ☐ Sheriff's Office
☐ Court costs of \$ paid through ☐ Parole and Probation ☐ Clerk's Office
☐ Supervision fee of \$40/month paid through Parole and Probation ☐ Supervision fee waived
Restitution of \$ To
Paid through Parole and Probation State's Attorney's Office by(Date)
Public Defender fees of \$
Pay the following fees through Parole and Probation or
☐ Victims of Crime Fund \$
CICF costs \$
LET costs \$
Other Costs (Specify) \$
☐ The Division of Parole and Probation is hereby granted the discretion to refer the collection of funds it is authorized to
collect to the State's Central Collection Unit without the need of further court approval.
B. Special Conditions;
11. Provide DNA sample as required by law by
12. Submit to and pay for random urinalysis as directed by Supervising Agent.
13. Submit to, successfully complete, and pay required costs for alcohol drug alcohol and drug
evaluation testing treatment education, as directed by your supervising agent.
14. Attend self-help group meetings per week for weeks. Attendance may be modified
by your supervising agent after Weeks.
15. Attend and successfully complete alcohol ard drug alcohol and drug
☐ treatment ☐ education program
16. Totally abstain from alcohol, illegal substances, and abuse use of any prescription drug.
17. Apply for alcohol restriction on driver's license within 10 days of trial date for year(s)/month(s)
18. Refrain from driving and/or attempting to drive after consuming alcohol
19. Attend Victim Impact Panel meetings when notified.
20. Attend and successfully complete MVA Driver Improvement Program.
21. Have Ignition Interlock installed for Months and pay costs. Employment vehicle exempted.
22. Submit to evaluation and attend and successfully complete mental health treatment as directed by your supervising
agent.
23. Attend and successfully complete Special Health Education Program – Project SASOE.
24. Attend and successfully complete parenting class.

FORM 13C - PAGE 3

	Case No	
25. Complete hours of community service	e by	(Date), under the
Direction of	And	l pay required fees.
26. Enroll in, pay any required costs for, and successfull	ly complete treatment at	
27. Attend and successfully complete domestic violence		
by(Date) a	nd pay required costs.	
28. Have no contact with		
29. Do not enter or be found near		
30. Home confinement/detention to		
Special Conditions (e.g., doctor's appointments,		
special conditions (e.g., decree a appendiments,	_	
31. Register as offender child sexual offender	sexually violent offender	sexually violent predator
under the provisions of Criminal Procedure Article,	•	_ contains , rosent products
32. Other		
52. Guide		
C. Recommendations to the Supervising Agency:		
33. Transfer supervision to		County/City State of Maryland
<u>-</u>		State under Interstate Compact
☐ Other 1. Defendant shall successfully complete treatmen		•
Other 1. Detendant shan successionly complete treatment	it program. 2. Detendant sna	ar compry with terms of aftercare plan.
Judge:	Date:	
CO	NSENT	
I have read, or have had read to me, the above condition them. I understand that if I do not follow these conditions, I could	ns of probation. I understand	
If I fail to abide by the above conditions, the court could not been placed on probation. I have been notified and understand Criminal Procedure Article § 6-220, I waive my right to appeal for	nd that by consenting to and	receiving a stay of judgment under
I understand that my failure to comply with Condition 1 Collection Unit, resulting in an additional collection fee as permi		ng referred to the State's Central
Defendant's Signature	Date of Birth	Date
Defendant's Address		
Witnesses' Signature		



FORM 14A

STATE OF MARYLAND			*								
v.			*								
			*								
			*	CASE	NO.:						
* * *	*	*	*	*	*	*	*	*	*	*	

MOTION FOR EVALUATION PURSUANT TO HEALTH GENERAL 8-505 AND COMMITMENT PURSUANT TO HEALTH GENERAL 8-507

	The defendant,, by and through his/her attorney.
	, and pursuant to Health General §§ 8-505 and 8-507 moves.
1.	On the, day of, 20, the defendant was charged with
	·
2.	The defendant requests that the Court order an evaluation pursuant to Health General Article § 8-505
	and placement pursuant to § 8-507.
3.	To the best of my knowledge and belief, there are no unserved warrants or detainers or concurrent or

- 3. To the best of my knowledge and belief, there are no unserved warrants or detainers or concurrent or consecutive sentences that would prevent the defendant from entering a residential treatment facility.
- 4. The defendant consents to treatment and the release of any information necessary for the evaluation and referral (See attached Consent Form and Release of Information Form).

FORM 14A - PAGE 2

	WHE	REFORE, the defendant requests the following relief:
	a)	Order an evaluation pursuant to HG 8-505 and placement pursuant to 8-507.
	b)	Schedule a hearing on the Motion upon receipt of the evaluation report.
Date		attorney address block

CERTIFICATE OF SERVICE

LEGAL IMPEDIMENTS EXIST



STATE (OF MAI	RYLAN	ND			*							
	v.					*							
						*							
						*	CASE NO	0.:					
	*	*	*	*	*	*	*	*	*	*	*	*	*

MOTION FOR EVALUATION PURSUANT TO HEALTH GENERAL 8-505 AND COMMITMENT PURSUANT TO HEALTH GENERAL 8-507

	The defendant,, by and through his/her attorney,
	, and pursuant to Health General §§ 8-505 and 8-507 moves.
1.	On the $___$, day of $___$, the defendant was charged with
	·
2.	The defendant requests that the Court order an evaluation pursuant to Health General Article § 8-505
	and placement pursuant to § 8-507.
3.	Defendant is currently under sentence in Case No. (or case Nos.), in court, etc. Defense counsel is
	negotiating with the State to resolve those cases in order for defendant to receive drug treatment
	pursuant to Health-General § 8-507. To the best of my knowledge and belief, the aforementioned cases
	will be resolved in order for the defendant to receive drug treatment pursuant to § 8-507.

FORM 14B - PAGE 2

4.	The defendant consents to treatment and the release of any information necessary for the evaluation and
	referral (See attached Consent Form and Release of Information Form).
	WHEREFORE, the defendant requests the following relief:
	c) Order an evaluation pursuant to HG 8-505 and placement pursuant to 8-507.
	d) Schedule a hearing on the Motion upon receipt of the evaluation report.
Date	attorney address block

CERTIFICATE OF SERVICE

placement pursuant to 8-507.



CASE NO.:		
* * *	* *	* *
	-	
		Honorable
and	was	sentenced to
1	* * * DIFICATION OF SE nant to Health General by .	* * * * * * * DIFICATION OF SENTENCE

3. To the best of my knowledge and belief, there are no unserved warrants or detainers or concurrent or

consecutive sentences that would prevent the defendant from entering a residential treatment facility.

FORM 15A – PAGE 2

4.	The defendant consents to treatment and the release of any information necessary for the evaluation and
	referral (See attached Consent Form and Release of Information Form).
	WHEREFORE, the defendant requests the following relief:
	e) Order an evaluation pursuant to HG 8-505 and placement pursuant to 8-507.
	f) Schedule a hearing on the Motion upon receipt of the evaluation report.
Data	Tudos
Date	Judge

STATE OF MARYLAND

 \mathbf{v}_{ullet}



FORM 15B

	* CASE NO.:												
	*	*	*	*	*	*	*	*	*	*	*	*	*
	MOTION FOR MODIFICATION OF SENTENCE												
	The d	efendant,	,								_ , b	y his/h	er attorney,
	, and pursuant to Health General 8-505 et. seq. moves.												
1.	On the		_ , day	y of				· · ·	20	the def	endant	was fou	and guilty of
								b	y		the		Honorable
							-	and		was	:	sentence	d to
									·				
2.	The def	fendant re	equests	that the	e Court	order	an eval	uation p	ursuant	to Heal	th Gene	eral Artic	ele 8-505 and
	placeme	ent pursu	ant to 8	8-507.									
3.	The def	endant is	currer	ntly pend	ding tria	al on C	ase No.	·				_•	
	The def	endant is	currer	ntly serv	ing a se	entence	e on Cas	se No				·	
	A conse	ecutive se	entence	has bee	en impo	sed on	the def	endant i	in Case	No			·

FORM 15B - PAGE 2

	There is an unserved warrant for the defendant for the defendant in Case No
	Defense counsel is negotiating with the State to resolve those cases in order for defendant to receive
	drug treatment pursuant to Health General 8-507. To the best of my knowledge and belief, the
	aforementioned cases will be resolved in order for the defendant to receive drug treatment pursuant to
	HG 8-507.
4.	The defendant consents to treatment and the release of any information necessary for the evaluation and
	referral (See attached Consent Form and Release of Information Form).
	WHEREFORE, the defendant prays for the following relief:
	g) Order an evaluation pursuant to HG 8-505 and placement pursuant to 8-507.
	h) Schedule a hearing on the Motion upon receipt of the evaluation report.
	
Date	Judge

STATE OF MARYLAND	FORM 16 *
	*
V.	*
	• CASE NO:
* * * * * * *	* * * * * * *
ORDER FOR TERMINAT	TION OF HG ARTICLE 8-507 COMMITMENT
It is this day of	, 2006, by the Circuit/District Court of
City	/County:
ORDERED , that the commitment of	of the defendant pursuant to Health General Article 8-507 to
the Alcohol and Drug Abuse Administration	on of the Department of Health and Mental Hygiene for
inpatient treatment is terminated.	
	 Judge
	oudge

cc: Alcohol and Drug Abuse Administration 55 Wade Avenue Catonsville, MD 21228

> Division of Corrections – Headquarters C/o Mary Flohr 6776 Reisterstown Road Baltimore, MD 21215

Division of Parole and Probation

Local Detention Center Counsel

Court file

	STATE OF MARYLAND	* IN THE CIRCUIT/DISTRICT COURT							
	Vs.	* FOR							
		*							
		CASE	NO:						
*	* * * * * *	* *	* *	* *					
	ORDER FOR EXTENSION OF HG ARTICLE 8-507 COMMITMENT								
	Upon a finding of good cause, it is this _	da	y of	, 20, by the					
Circuit	t/District Court of		_•						
	ORDERED , that the commitment of the	defenda	nt to the Alcohol a	nd Drug Abuse					
Admin	nistration for treatment pursuant to Health	Genera	I Article 8-507 be	extended for six months as					
of this	date.								
			Judge						
CC:	Alcohol and Drug Abuse Administration 55 Wade Avenue Catonsville, MD 21228								
	Division of Corrections – Headquarters C/o Mary Flohr 6776 Reisterstown Road Baltimore, MD 21215								

Local Detention Center

Counsel Court file