CODE 1270

COUNSEL NAME:

BAR #:

COUNSEL ADDRESS:

COUNSEL PHONE NUMBER:

ATTORNEY FOR: DEFENDANT

IN THE SECOND JUDICIAL DISTRICT COURT OF
THE STATE OF NEVADA IN AND FOR THE
COUNTY OF WASHOE

STATE OF NEVADA,

Plaintiff,

vs. **Case No.**

, **Dept. No.**

Defendant.

_____/

APPLICATION TO UNDERGO A TREATMENT PROGRAM

COMES NOW, INSERT DEFENDANT NAME, by and through counsel, INSERT ATTORNEY NAME, and hereby requests that this Court accept this APPLICATION TO UNDERGO A TREATMENT PROGRAM.

TREATMENT PROGRAM

Since my concentration of alcohol was 0.18 or more in my blood or breath, I understand I may apply to the Court to undergo a program of treatment for alcohol or substance use disorder. I understand such a program will be for at least six (6) months. I understand for me to be admitted to such program:

1. I must be diagnosed with an alcohol or substance use disorder by:
    a. A licensed or certified alcohol and drug abuse counselor licensed to make that diagnosis; or,
    b. A clinical alcohol and drug counselor licensed to make that diagnosis; or
    c. A physician certified by the Board of Medical Examiners to make that diagnosis; or,
    d. An advanced practice registered nurse certified by the State Board of Nursing to make that diagnosis; and,
2. I agree to pay all costs of such program of treatment, to the extent of my financial resources.
3. I agree to serve, if I have not already, a term of imprisonment in jail for 48 hours.

I understand the prosecuting attorney may, within ten (10) days after receiving notice of this Application, request a hearing on the question of whether I am eligible to undergo a treatment program for alcohol or other substance use disorder. The Court shall order such a hearing, if requested by the prosecuting attorney, and may order such a hearing on its own motion. At the hearing, the prosecuting attorney may present any relevant information on this matter.

I understand it is entirely within the discretion of the Court to permit such participation on whether I am allowed to participate in a treatment program.

I further understand to participate in such a program requires the treatment facility that administers such a program to accept me for treatment, and it is not required to accept me.

PROCEDURE IF PERMITTED TO UNDERGO TREATMENT PROGRAM

I understand if I am permitted by the Court to undergo and participate in a treatment program, and if accepted into such a program by the treatment facility, further proceedings in this case will be suspended, and no adjudication of guilt will be entered.

I understand I will be placed upon a period of probation not to exceed five (5) years, upon the conditions I am accepted into a treatment program designated by the Court, and I satisfactorily complete that program.

I understand the Court may impose other conditions of probation, and I will be required to comply with any condition imposed by the Court.

I understand and agree if I am accepted for treatment I may be placed under the supervision of the treatment facility for not more than five (5) years, and that during such period of supervision I may be confined in an institution or, at the discretion of the treatment facility, be released for supervised treatment or aftercare in the community.

I understand and agree I must serve at least six (6) months of residential confinement. And, pursuant to NRS 424C.340(6)(c), I understand and agree I must install, at my own expense, and approved breath ignition interlock device in any vehicle I own or operate, and I may not drive any vehicle unless it is equipped with such a device.

I understand and agree to periodic testing for the use of alcohol or controlled substances.

PROCEDURE IF NOT ACCEPTED BY TREATMENT FACILTY

I understand if I am not accepted by the treatment facility, the Court shall immediately enter a judgment of conviction for a violation of DRIVING UNDER THE INFLUENCE, a violation of NRS 484C.400(1)(c), a felony. I understand any sentence of imprisonment must be reduced by a time equal to that I served before beginning treatment.

PROCEDURE IF TREATMENT PROGRAM SUCCESSFULLY COMPLETED

I understand if I successfully complete the treatment program, the Court shall enter a judgment of conviction for a violation of DRIVING UNDER THE INFLUENCE, SECOND OFFENSE a violation of NRS 484C.400(1)(b), a misdemeanor. I understand such a disposition, even though a misdemeanor, is and shall be considered a felony violation if I should be convicted of any subsequent offense, regardless of when incurred, upon conviction shall be a felony punishable by imprisonment for a minimum of one (1) and a maximum of six (6) years, and a fine of not less than $2,000.00 nor more than $5,000.00, and imprisonment shall not be suspended nor shall the fine be excused.

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PROCEDURE IF TREATMENT PROGRAM NOT SUCCESFULLY COMPLETED

I understand and agree if I fail to complete the treatment program successfully, the Court shall immediately enter a judgment of conviction for a violation of DRIVING UNDER THE INFLUENCE NRS 484C.400(1)(c), a felony. I understand any sentence of imprisonment must be reduced by a time equal to that I served before beginning treatment. Pursuant to NRS 484C.320(5)(b), proceed to sentencing if I violate any condition ordered by the Court.

Dated this _____ day of 20_____.

_____
Defendant

_____
Witness of Defendant's Signature

AFFIRMATION PURSUANT TO NRS 239B.030

The undersigned does herby affirm that the preceding document does not contain the social security number of any person.

Dated this _____ day of 20_____.

_____
Attorney for the Defendant