

1 CODE:  
ATTORNEY NAME:  
2 BAR NUMBER:  
3 ADDRESS:  
CITY, STATE, ZIP CODE:  
4 PHONE NUMBER  
ATTORNEY FOR:  
5

6 **IN THE SECOND JUDICIAL DISTRICT COURT OF**  
7 **THE STATE OF NEVADA IN AND FOR THE**  
8 **COUNTY OF WASHOE**  
9

10 THE STATE OF NEVADA,  
11 Plaintiff,

12 vs.

CASE NO.: CR

13 \_\_\_\_\_,  
14  
15 Defendant.

DEPT. NO.:

16  
17  
18 **CONSENT TO DEFER JUDGMENT AND PLACE ON PROBATION**  
19

20 I, \_\_\_\_\_ (Defendant's name) agree to the Court deferring judgment and  
21 placing me on probation upon the Court's terms and conditions, pursuant to NRS 176.211(1), if the  
22 Court determines I am eligible to participate in a treatment program for substance use disorder or  
23 other co-occurring disorder.  
24

25  
26 Dated this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

27  
28 \_\_\_\_\_  
Defendant