# MIDDLE JUDICIAL CIRCUIT EARLY INTERVENTION PROGRAM

## FORM 3: EARLY INTERVENTION AGREEMENT

Case No: District Attorney File No:

Participant Name: DOB: Age:

Offense(s) Charged: _____

Arrest Date: Program Entry Date:

Risk Assessment Score: ___ / 20 Risk Category:

- ☐ Low
- ☐ Moderate
- ☐ High

## PART 1: PARTIES AND AUTHORITY

This Agreement is entered into this ___ day of ___, 20___. _____

PARTICIPANT: ___ (hereinafter 'Participant') _____

PROSECUTING AUTHORITY: District Attorney, Middle Judicial Circuit of Georgia, by and through the undersigned Assistant District Attorney.

SUPERVISING COURT: Superior Court of [County Name], Middle Judicial Circuit

JUDGE: Case Manager:

*This Early Intervention Program is authorized under O.C.G.A. § 15-18-80 (Pretrial Diversion Programs).*

## PART 2: PROGRAM DESCRIPTION

The Participant voluntarily agrees to enter the Early Intervention Program as an alternative to prosecution. Upon successful completion of all conditions set forth herein, the charges will be dismissed. The Participant understands that:

1. This is not a finding of guilt or innocence
2. The Participant is giving up the right to trial
3. Failure to comply with conditions may result in prosecution
4. All information developed during the program assessment and case management may be used as evidence if the case is prosecuted
5. This program is based on O.C.G.A. § 15-18-80 which allows pretrial diversion under prosecutorial discretion

## PART 3: PROGRAM DURATION

Program Start Date: _____

Expected Completion Date: ___ (typically 12 months from start date) _____

Court Appearance Schedule:

- ☐ Monthly court appearances on ___ (day/time) at ___ (location)
- ☐ Appearance on ___ (first specific date)
- ☐ Other schedule: ___

Participant Must Notify Court Immediately If Unable to Appear Due to:

- Hospitalization or serious illness
- Job-related emergency
- Transportation emergency
- Other legitimate emergency (approved in advance when possible)

## PART 4: GENERAL PROGRAM REQUIREMENTS

The Participant agrees to comply with the following requirements throughout the program:

### Reporting and Communication

- ☐ Report to case manager monthly in person (or as directed)
- ☐ Report to case manager by phone weekly (or as directed)
- ☐ Provide case manager current phone number address and employment information
- ☐ Notify case manager within 24 hours of any address change
- ☐ Notify case manager within 24 hours of any employment change
- ☐ Respond to all contact attempts by case manager (phone mail in-person)

### Legal Compliance

- ☐ Obey all federal state and local laws
- ☐ Not engage in any criminal activity
- ☐ Immediately notify case manager and prosecutor if arrested questioned or cited for any offense
- ☐ Report any pending criminal charges in other jurisdictions
- ☐ Not leave the state of Georgia without written permission from prosecutor/case manager

### Court Compliance

- ☐ Appear at all scheduled court dates and times
- ☐ Arrive at court 15 minutes early

- [ ] Dress in neat clean and presentable clothing (business casual or better)
- [ ] Treat the court judge prosecutor and court staff with respect
- [ ] Follow all instructions from the judge and case manager

### General Conduct

- [ ] Maintain residence within the Middle Judicial Circuit (unless authorized otherwise)
- [ ] Use no abusive profane or disrespectful language
- [ ] Comply promptly with all lawful instructions from case manager
- [ ] Maintain documentation of all program activities (receipts certificates etc.)
- [ ] Be honest and truthful in all dealings with program staff

## PART 5: INDIVIDUALIZED CONDITIONS

The Participant is required to complete the following conditions based on individual risk assessment and identified needs:

### SECTION A: SUPERVISION LEVEL

Supervision Level Assigned:

- [ ] LEVEL 1 (Low Risk): Monthly in-person reporting + case manager availability
- [ ] LEVEL 2 (Moderate Risk): Bi-weekly in-person reporting + case manager availability + phone contact
- [ ] LEVEL 3 (High Risk): Weekly in-person reporting + intensive case management + frequent phone contact

Case Manager Name: Phone:

Case Manager Office Address: _____

### SECTION B: COMMUNITY SERVICE

- [ ] Community Service Required: Yes
- [ ] No (skip to next section)

Total Hours Required: ___ hours _____

Deadline for Completion: By ___ (typically month 11 of program) _____

Type of Community Service:

- [ ] Specified agency: ___ (Contact: ___)
- [ ] Court-ordered community work
- [ ] Victim restitution service (if applicable)

- [ ] Other: ___

Community Service Verification: Participant must obtain written documentation of hours completed. Time sheets must be signed by supervisor and turned in to case manager monthly.

**Failure to Complete: Failure to complete community service hours by deadline will result in a strike.**

## SECTION C: DRUG TESTING

- [ ] Drug Testing Required: Yes
- [ ] No (skip to next section)

Testing Frequency:

- [ ] Random (unannounced) tests
- [ ] Scheduled: ___ (e.g. weekly bi-weekly monthly)
- [ ] Combination: ___

Testing Provider:

- [ ] Court-ordered provider: ___ (Contact: ___)
- [ ] Participant's choice (approved by case manager)
- [ ] Other: ___

Substance Tested:

- [ ] Drugs and alcohol
- [ ] Drugs only
- [ ] Alcohol only
- [ ] Other: ___

Cost of Testing:

- [ ] Court pays all costs
- [ ] Participant pays: $___ per test
- [ ] Sliding scale based on income
- [ ] Cost-sharing arrangement: ___

Drug Testing Rules:

1. Participant must appear within 24 hours of notification (or as specified)
2. Participant must provide an adequate specimen
3. Refusal to test = Automatic strike
4. Positive test result = 1 Strike + notification to counselor/treatment provider
5. Participant may request independent verification at own cost

Substances That Will Result in Positive:

• Illegal drugs (marijuana cocaine methamphetamine heroin etc.)
• Prescription medications not prescribed to participant

• Alcohol (if substance abuse is concern in case)

## SECTION D: EMPLOYMENT/EDUCATION

- ☐ Employment or Education Required: Yes
- ☐ No (skip to next section)

Select applicable option(s):

### Option 1: Employment

- ☐ Participant must obtain and maintain employment
- ☐ Minimum hours per week: ___ hours
- ☐ Participant must provide proof of employment (pay stubs employment letter)
- ☐ Verification required: Monthly / Quarterly / As requested

Employer contact: Phone:

Start date for employment: _____

### Option 2: Full-Time Education

- ☐ Participant must be enrolled full-time (12+ credit hours per term)

School/Program: Phone:

Expected completion date: _____

- ☐ Participant must maintain minimum GPA of: ___
- ☐ Verification required: Monthly
- ☐ At end of term

### Option 3: GED/High School Diploma

- ☐ Participant must obtain GED or high school diploma

Program/Provider: Contact:

Start date: Expected completion:

- ☐ Verification of attendance: Monthly

GED test to be completed by: _____

Barriers/Accommodations:

If participant faces barriers (childcare, transportation, health issues), note them here:

## SECTION E: SUBSTANCE ABUSE ASSESSMENT/TREATMENT

- [ ] Substance Abuse Services Required: Yes
- [ ] No (skip to next section)

### Level 1: Assessment Only

- [ ] Participant must complete comprehensive substance abuse evaluation

Provider: Contact:

- [ ] Assessment must be completed by: ___
- [ ] Cost: Paid by Court
- [ ] Participant
- [ ] Insurance
- [ ] Participant must follow provider recommendations

### Level 2: Outpatient Treatment

- [ ] Participant must participate in outpatient substance abuse treatment

Provider: Contact:

- [ ] Frequency: Once weekly
- [ ] Twice weekly
- [ ] Other: ___

Duration: ___ months

- [ ] Modality: Individual counseling
- [ ] Group counseling
- [ ] Both
- [ ] Program type: 12-step (AA/NA)
- [ ] Cognitive-behavioral
- [ ] Other: ___
- [ ] Cost: Paid by Court

- [ ] Participant
- [ ] Insurance

### Level 3: Intensive Treatment

- [ ] Participant may be required to participate in intensive outpatient (IOP) or inpatient treatment

Provider: Contact:

- [ ] Program type: IOP (daily)
- [ ] Inpatient/Residential

Duration: _____

- [ ] Cost: Paid by Court
- [ ] Participant
- [ ] Insurance
- [ ] Other: ___

Treatment Verification:

- Provider must submit monthly attendance/progress reports to case manager
- Failure to attend treatment = 1 Strike
- Non-compliance with treatment recommendations = potential strike
- Positive drug test while in treatment = 1 Strike + notification to treatment provider

## SECTION F: MENTAL HEALTH COUNSELING

- [ ] Mental Health Services Required: Yes
- [ ] No (skip to next section)

### Individual Counseling

- [ ] Participant must participate in individual mental health counseling

Provider: Contact:

Counselor/Therapist Name: _____

- [ ] Frequency: Weekly
- [ ] Bi-weekly
- [ ] Monthly
- [ ] Other: ___

Expected duration: ___ months _____

- ☐ Focus areas: Depression
- ☐ Anxiety
- ☐ Trauma/PTSD
- ☐ Other: ___
- ☐ Cost: Paid by Court
- ☐ Participant
- ☐ Insurance
- ☐ Sliding scale

## Psychiatric Medication Management

- ☐ Participant must maintain psychiatric medication management

Prescriber: Contact:

- ☐ Frequency of appointments: Monthly
- ☐ As needed
- ☐ Other: ___

Medications: ___ (Participant must take as prescribed) _____

- ☐ Medication monitoring: Case manager will verify compliance

Mental Health Verification:

- Provider must submit treatment progress reports quarterly
- Failure to attend counseling = 1 Strike
- Refusal to take prescribed medications = potential strike
- Non-compliance with treatment = potential strike

## SECTION G: RESTITUTION

- ☐ Restitution Required: Yes
- ☐ No (skip to next section)

Victim: Loss Amount: $

Description of Loss: _____

Total Restitution Owed: $ _____

Payment Schedule:

- [ ] Lump sum payment by: ___ (date)
- [ ] Monthly payments of: $___ beginning ___ (date)
- [ ] Upon completion of program: $___
- [ ] Sliding scale based on income: Starting $___ per month reviewed monthly

Payment Instructions:

- Make checks payable to: ___
- Mail to: ___
- Or pay in person at: ___ on ___ (days/times)

Documentation: Participant must maintain copies of all restitution payments and present documentation at each court appearance.

*Failure to Pay: Failure to make restitution payments as scheduled may result in a strike or modification of payment plan.*

## SECTION H: PROGRAM/PROBATION FEES

- [ ] Program Fees Required: Yes
- [ ] No (skip to next section)

Monthly Supervision Fee: $ _____

Court Processing Fee: $ ___ (due at start of program) _____

Total Program Fee Obligation: $ _____

Payment Schedule: Monthly payments of $___ due by ___ (date each month) _____

Waiver/Reduction: Fee may be waived or reduced based on demonstrated financial hardship. Contact case manager to request fee reduction.

- [ ] Payment Method: Pay in person
- [ ] Mail
- [ ] Automatic deduction (if employed)

## SECTION I: ADDITIONAL SPECIAL CONDITIONS

Other Conditions Specific to This Case:

- [ ] **No Contact with Victim**
  - Participant must not contact communicate with or approach:

Victim name: ___ _____

  - Method: No phone text email social media third-party communication
  - Violation: Any contact = Automatic strike + possible criminal charge

☐ **Anger Management Counseling**

Provider: Contact:

Frequency: Duration:

☐ **Domestic Violence Intervention Program**

Provider: Contact:

Frequency: Duration:

☐ **Parenting Classes**

Provider: Contact:

Duration: Completion date:

☐ **Victim-Offender Mediation**

- Participant agrees/declines to participate in mediation with victim

If agreed: Mediation provider: ___ _____

☐ **Firearms/Weapons Prohibition**

- Participant must not possess any firearms ammunition or weapons
- Current weapons must be surrendered to: ___

☐ **Specified Location Restriction**

- Participant must not frequent: ___
- Reason: ___

☐ **Curfew**

- Participant must be home between ___ AM/PM and ___ AM/PM
- Days: Daily / Weekdays only / Weekends only / Other: ___
- Verification: Case manager check-ins / Electronic monitoring

☐ **Other:** ___

Description: ___ _____

## PART 6: STRIKES AND CONSEQUENCES

### Strikes System Explained

A "strike" is issued when you violate program rules. Three strikes result in termination from the program and prosecution of the original charges.

## Automatic Strikes (One Strike Each)

The following violations result in automatic one-strike consequences:

- [ ] 1. Failure to appear in court without legitimate excuse
- [ ] 2. Failure to appear for drug test within 24 hours of notification
- [ ] 3. Positive drug/alcohol test result
- [ ] 4. Failure to maintain employment/education without documented barrier
- [ ] 5. Failure to complete community service hours by deadline
- [ ] 6. Failure to attend substance abuse treatment appointment
- [ ] 7. Refusal to comply with case manager lawful instruction
- [ ] 8. Disrespectful or abusive behavior toward judge prosecutor case manager or court staff
- [ ] 9. Being arrested for any new crime or violation
- [ ] 10. Failure to notify case manager of address/employment change within 24 hours
- [ ] 11. Failure to pay court-ordered fees or restitution when due
- [ ] 12. Any other violation of this Agreement as determined by prosecutor

## Discretionary Strikes (One Strike Each, Case-by-Case)

The following may result in a strike depending on circumstances:

- Violation of special conditions (curfew no-contact order location restrictions)
- Repeated minor violations
- Non-compliance with counseling recommendations (if issue is serious pattern)
- Failure to provide documentation/verification of compliance

## Due Process Before Strike

Before issuing a strike, you have the right to:

1. Written Notice: You will be notified in writing of the alleged violation
2. Explanation of Violation: The specific behavior that violated the Agreement
3. Opportunity to Respond: You have 3 business days to respond in writing or meet with the case manager and prosecutor
4. Fair Hearing: You can explain your side of the situation
5. Consideration of Circumstances: The prosecutor will consider whether you had a legitimate reason for the violation

*Exception: If you are arrested or commit a new crime, the strike is automatic without hearing.*

## Strike Notification Process

You will receive written notice of each strike that includes:

- What rule was violated
- When it was violated
- What you can do if you disagree

- Your remaining strikes before termination

### Three-Strike Termination

When you receive your third strike:

- You will be immediately terminated from the program
- The original charges will be reinstated
- The case will be prosecuted
- All information from the program can be used against you
- You may face jail time fines and a criminal conviction

## PART 7: PROGRAM COMPLETION

Upon successful completion of all conditions:

- The prosecutor will file a motion to dismiss the charges
- The court will dismiss the case
- You will NOT have a criminal conviction for this offense
- The arrest record will remain but with a dismissal notation

**Successful completion requires:**

- [ ] All court appearances completed
- [ ] All community service hours completed
- [ ] All treatment/counseling requirements completed
- [ ] All restitution paid
- [ ] All fees paid
- [ ] No active (unresolved) strikes
- [ ] Positive case manager report
- [ ] Compliance with all special conditions

## PART 8: SIGNATURES AND ACKNOWLEDGMENT

### Participant Acknowledgment

*I have read this Agreement (or it has been read to me). I understand all of the conditions. I agree to follow them. I understand that failure to comply may result in prosecution. I am entering this program voluntarily.*

Participant Signature: Date:

Printed Name: _____

## Defense Attorney (if applicable)

*I have reviewed this Agreement with my client. My client understands the conditions and consequences.*

Attorney Signature: Date:

Printed Name: Bar Number:

## Prosecutor

*I have explained this Agreement to the Participant and answered all questions.*

Prosecutor Signature: Date:

Printed Name: Title:

## Judge (if required for court approval)

*The Court approves this Early Intervention Agreement.*

Judge Signature: Date:

Printed Name: Court:

**END OF FORM 3**