

**WASHINGTON COUNTY CIRCUIT COURT DOMESTIC VIOLENCE DEFERRED  
SENTENCING AGREEMENT**

STATE OF OREGON vs. \_\_\_\_\_ CASE NO: \_\_\_\_\_

I understand that I am entering into an eighteen (18) month Domestic Violence Deferred Sentencing Program (DVDS). This document summarizes the requirements of the program as well as my agreement to obey the conditions of the program and the related release agreement.

I am \_\_\_\_\_ years of age. I have read this form or had it read to me in its entirety. I have gone to school through \_\_\_\_\_. My mental and physical health are satisfactory. I am not under the influence of any drugs or intoxicants except \_\_\_\_\_.

1. I am pleading guilty to the offense(s) set forth in the charging instrument as reflected in my Petition to enter plea and Order entering plea. I understand that by entering the Deferred Sentencing Program I am giving up the rights explained in the Petition to enter plea and Order entering plea.
  
2. I meet all the qualifications to enter DVDS because:
  - a. I am charged with a misdemeanor or a Felony Assault IV (child witness) (ORS 163.160(3)(c)) in which an alleged victim is an intimate partner.
  - b. I have not previously participated in a domestic violence deferred sentencing program, and I am not currently participating in such a program.
  - c. There is not another case pending alleging that I have committed a person crime, harassment or a weapon offense. A “person” crime includes, but is not limited to, assault, menacing and other offenses in which the victim has suffered physical injury or threatened with physical harm.
  - d. This incident did not involve a dangerous or deadly weapon.
  - e. The current charging document does not allege crimes involving more than one victim who is an intimate partner. The current charging document does not allege a person crime and/or harassment against more than one victim.
  - f. I have had no conviction(s), for harassment, person crimes or weapon offenses within the past ten (10) years.
  - g. I have no more than three (3) non-traffic criminal convictions within the past ten (10) years.
  - h. I have not been revoked from probation or post-prison supervision within the past ten (10) years.
  - i. I am not alleged to be in violation of my release agreement in this case other than by self-report.
  - j. There was not a protective order defined as a Family Abuse Prevention Act Restraining Order, an Elder Abuse Restraining Order, a Disabled Person Restraining Order, a civil stalking order, or an equivalent protective order from a different jurisdiction against me at the time of my arrest. I have had no adjudications for violation of a protective order.
  - k. I have no history of repeated violence defined as two or more prior documented incidents

alleging assaultive behavior. "Documented" includes but is not limited to information reported in police reports, DHS reports, protective order petitions. "Documented" does include reported information regarding an incident that resulted in a no complaint, dismissal of a complaint upon the State's motion, or a Not Guilty finding by a trier of fact. "Documented" does not include reported information regarding an incident which resulted in an acquittal at trial by the granting of a motion for judgment of acquittal.

1. I have no hold or detainer from any other jurisdiction.
  
3. I understand that even if I meet the eligibility requirements outlined in Section 2, the court may in its discretion decline to accept me into the program if the court determines any of the following:
  - that I will not cooperate with or successfully complete the treatment required in the program;
  - that the program will not benefit me or the community; or
  - that I pose too great a risk to be safely monitored in the program.

An objection to entry raised by a victim may be assessed under this discretionary mechanism or other substantive provision if appropriate.

4. I understand, that for the purposes of United States immigration law(s), if the Court accepts my guilty plea;
  - A. I will have a conviction for the crime(s) to which I am pleading guilty, and
  - B. This conviction will stay on my record forever, even if the state charge(s) is/are dismissed by this Court.
  
5. I understand that my release agreement is modified to include the rules of DVDS as well as this agreement. I understand that I must comply with all terms of the Deferred Sentencing Program. I agree and understand that the Court has the discretion to revoke my release and terminate me from the program or modify my treatment requirements or release conditions for: (1) violation of any term of this Deferred Sentencing Agreement or my release agreement; (2) for violation of any Court Order including a protective order; (3) for failing to appear at any hearing, failing to maintain contact with the Court or the program coordinator, for failing to keep the DVDS coordinator, the court, and treatment providers informed of address and phone number at all times, for failing to report to the DVDS coordinator as directed by the Coordinator or the court or (4) for commission of a new crime. I have a right to a formal hearing before the Court terminates me from the Deferred Sentencing Program. However, if I fail to appear at a court hearing without good cause, I am waiving my right to be present at a formal revocation hearing.

If I violate a court order including an order to obey the conditions of the Deferred Sentencing Program, the State can elect to file contempt charges. If I am found in contempt for violating a court order or a recognizance agreement, the court may impose sanctions which may include community service, a fine, or jail time.

6. I agree to fully participate in and successfully complete a Court approved Domestic Violence Intervention treatment program. I understand I may be required to attend a Domestic Violence Victims Panel as part of my treatment program. I agree to complete the treatment

program within eighteen (18) months of the date of this Agreement. I agree to pay all required fees of the treatment program in a timely manner.

7. I understand a diagnostic evaluation may be recommended to determine the need for drug and alcohol treatment. I agree to fully participate in and successfully complete any recommended alcohol and/or controlled substance treatment program to the satisfaction of the Court. I will not use or possess alcohol, marijuana, or illegal controlled substances. I will not enter upon the premises of bars, taverns, or liquor stores. I agree to submit to urinalysis or intoxilyzer as requested by the DVDS coordinator. I agree to pay the cost of the assessment and treatment, including costs of urinalysis and intoxilyzer.
8. I agree to submit to polygraph testing as required by the DVDS coordinator. I agree to pay the costs of any polygraph testing.
9. I understand the Court may require me to complete a parenting program if I am the parent of a child or reside in a household where children reside. If required by the Court, I agree to fully participate in and successfully complete a parenting program to the satisfaction of the Court. I agree to pay all required fees to the parenting program.
10. I understand "Full Participation" means abiding by the rules and requirements of the treatment provider, including the timely payment of all required program fees to the treatment providers and actively participating in and attending all sessions. I understand my full participation is required for successful completion.
11. I agree not to attempt to contact and not to have contact with the alleged victim(s) or any minor children who were present at or witnessed the alleged crime regardless of whether the alleged crime is a Felony Assault IV (ORS 163.160 (3) or another offense, unless authorized in writing by the Court or approved by the Coordinator as authorized below. I understand the victim(s) cannot authorize contact. No one, except the Court, can authorize direct contact with the adult victim(s) or minor children who were present at or witnessed the alleged crime. The DVDS Coordinator may authorize a neutral third party to relay messages only regarding scheduling visitation with children, health issues of children, financial obligations, and property exchanges. Subject to subsequent Court review, the DVDS Coordinator may suspend contact that has been previously granted.

I agree not to have contact with the victim's family, excluding joint, minor children.

12. I agree to not intimidate, menace or have offensive contact, including language, with my victim(s) or any other person. I agree to disclose any potential intimate relationships (prior to intimacy) to the DVDS Coordinator. Defendant shall consent to the Coordinator communicating with others about the defendant's domestic violence history.
13. I agree that I may be required to pay restitution in an amount to be determined by the court.
14. I agree I will not possess any firearms during the Deferred Sentencing Program. Further, I shall not obtain a concealed handgun license, and if I have a concealed handgun license, I agree to immediately surrender it to my probation officer. If I possess firearms, I agree to

make arrangements approved by the DVDS coordinator for safekeeping with another.

15. I agree to pay a \$600.00 monitoring fee to the probation office as well as any other court-ordered financial obligations in a time frame to be determined by the court.
16. If I successfully complete the Deferred Sentencing Program and otherwise comply with all terms of the Deferred Sentencing Agreement, the Court will dismiss the charge(s), and the District Attorney may not prosecute the charge(s) in the future. I agree I will not seek to expunge the record of my arrest for five (5) years after the charge(s) is/are dismissed.
17. I understand that the Deferred Sentencing Program must be successfully completed within eighteen (18) months, and the duration of this Deferred Sentencing Program will not be extended beyond 18 months from the date of this Agreement to allow me additional time to complete the Deferred Sentencing Program.
18. I understand that some of the things I am agreeing to, such as not using alcohol or not seeking expungement for a period of time could not be ordered by the court, except for my voluntary consent given upon my requesting entry into the program.
19. My plea and agreement is based on what is written on my petition to enter a plea of guilty and this Deferred Sentencing Agreement. No other promises have been made to me by my attorney, the advisory attorney provided by the Court, or any officer or agent of any branch of government (federal, state or local) that I will receive a particular sentence or form of treatment from this or any other court, on these or any other charges, other than as set forth in the petition to enter a plea of guilty and this Deferred Sentencing Agreement.
20. I understand that if I fail to complete the Deferred Sentencing Program and/or am terminated from the Deferred Sentencing Program, based upon this guilty plea alone, I will be sentenced for the crime(s) to which I pled guilty and a Judgment of Conviction will be entered. The sentence is up to the Court to decide. The District Attorney has not made any promises to me about recommendations to the Court about my sentence if I am terminated from the Deferred Sentencing Program.
21. I have told the undersigned attorney all the facts and circumstances known to me about the charges against me. The undersigned lawyer has counseled and advised me on the nature of each charge, on any lesser-included charges, and on defenses that I might have in this case. I am satisfied with the advice and help the lawyer has given me.
22. I am asking the Court to accept me into the Deferred Sentencing Program. I pled guilty and entered into this Agreement voluntarily, intelligently, knowingly, and with full understanding of my rights and responsibilities as set forth in this Agreement, THE PETITION TO ENTER PLEA AND ORDER ENTERING PLEA, and the NOTICE AND ADVICE OF RIGHT OF APPEAL which are attached.
23. The court hereby orders that the defendant pay \$\_\_\_\_\_ for court-appointed attorney fees to be paid within twelve months or such other time as the court shall set.

24. Other: \_\_\_\_\_

*Being duly sworn to tell the truth, I hereby swear or affirm that I am eligible to participate in the Deferred Sentencing Program and that the criminal history in the PETITION TO ENTER PLEA AND ORDER ENTERING PLEA is complete and accurate. I understand I may be revoked from the Deferred Sentencing Program and in addition prosecuted for a separate criminal offense if I make a false statement.*

Petitioner's Printed Name: \_\_\_\_\_

Petitioner's Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*SUBSCRIBED, SWORN AND DATED* \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Court Clerk/Judge

Attorney for Petitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy District Attorney: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that I have the opportunity to consult with an attorney before entering the Deferred Sentencing Program. I was advised by the Court and understand the dangers and disadvantages of pleading guilty and entering the Deferred Sentencing Program without the advice of an attorney. I voluntarily, intelligently and knowingly choose to proceed without the advice of an attorney.

Petitioner's Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

THIS PETITION IS ALLOWED AND THE TREATMENT PROGRAM SHALL BEGIN

ON \_\_\_\_\_ AND END ON \_\_\_\_\_.

Dated: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Circuit Court Judge

White: Court Yellow: Defendant Pink: DA