



Cobb County DUI Court  
State Court of Cobb County

**DUI COURT APPLICATION PACKET - ELIGIBILITY CHECKLIST & INSTRUCTIONS**

**Defense attorneys:** Before taking the time to complete these forms, please review the eligibility checklist below. If your client does not meet the stated criteria, he or she may not be eligible for the program. You should contact the DUI Court Coordinator or Prosecutor for information before proceeding. **Applicants must:**

- RESIDE IN COBB COUNTY (*non-residents may be able to transfer to the DUI Court in their county of residence or get prior approval for out of county residence; contact DUI Court for information before completing forms*);
- be charged with and be willing to plead guilty to their 2nd DUI in ten years, 3rd or more lifetime, or 1<sup>st</sup> DUI with a history of Reckless Driving Conviction(s);
- have sufficient charges to support a (minimum) 36-month sentence;
- have no prior convictions for violent felonies or current felony charges involving the use of force against another;
- have no out-of-state warrants;
- have a valid immigration status with no immigration holds; and
- be 17 years of age or older.

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If your client meets the above criteria, please complete all forms in this packet and return to DUI Court Staff. Only original hard copies will be accepted. **Incomplete applications may not be processed.** Please include the case number or warrant number where indicated. Copies of police/incident reports are appreciated.

***Return completed original applications to the attention of the DUI Court Office. Applications may be submitted to:***

At the DUI Court Intake Offices  
State Court of Cobb County  
Fourth Floor, Suite 4E

To Judge Brewton's office  
State Court of Cobb County  
12 E. Park Square  
Suite 4D, 4th floor  
Marietta, GA 30090

<p><b>Please complete if Defendant is in custody:</b></p> <p>Incarceration Date: _____</p> <p>Jail: _____</p> <p>Bond Amount: _____</p>
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**Questions? Call (770) 528-1762 or email: [duicourt@cobbcountry.org](mailto:duicourt@cobbcountry.org)**



Deputy Clerk

Filed in Open Court, This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

IN THE STATE COURT OF COBB COUNTY  
STATE OF GEORGIA

STATE OF GEORGIA

\*

VS.

\*

CASE NUMBER: \_\_\_\_\_

\*

ORDER OF TRANSFER TO POST V (DIVISION I) FOR DUI COURT ENTRY

The undersigned hereby consents to the transfer of this case to Post V (Division I), if and when the Defendant is approved for entry into DUI Court. If the Defendant is not approved for DUI Court, the case will remain assigned to Post \_\_\_\_\_ (Division \_\_\_\_\_). Until accepted into DUI Court, Defendant shall remain on current calendar(s). Application for DUI Court shall not delay trial except upon approval of the undersigned assigned judge.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
JUDGE, STATE COURT OF COBB COUNTY

The Defendant having been approved for entry into DUI Court, the undersigned hereby consents to the transfer of this case to Post V (Division I), for adjudication of the case as part of DUI Court and for all subsequent proceedings herein.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
JUDGE ERIC A. BREWTON  
STATE COURT OF COBB COUNTY

Presented by:

\_\_\_\_\_  
Attorney for Defendant

Consented to by:

Consented to by:

\_\_\_\_\_  
Assistant Solicitor General

\_\_\_\_\_  
Defendant

**Instructions for completion:** The original assigned judge should sign the top half of this order, indicating his or her approval for entry into DUI Court. The original assigned Assistant Solicitor should sign the bottom, as should the Defendant and Defense Attorney. The DUI Court Judge will sign the bottom half of the order when taking the plea. **THE CASE IS NOT CONSIDERED TRANSFERRED UNTIL THE TIME OF THE PLEA. THIS ORDER SHOULD NOT BE FILED UNTIL SIGNED BY BOTH JUDGES.**





# Cobb County DUI Court

**Applicant** Case number(s): \_\_\_\_\_ County/Court: \_\_\_\_\_

## Personal Information

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Length of time at current address: \_\_\_\_\_ Email address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Immigration Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

ID Marks (Tattoos): \_\_\_\_\_ Alias name(s): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ License Status: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_  
Cell Atty

Spouse's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Attorney's Name:** \_\_\_\_\_ **Attorney's Phone:** ( ) \_\_\_\_\_

## Job Information

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary per wk: \$ \_\_\_\_\_

## Emergency Contact Information

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

**CONTINUED ON REVERSE**



# Cobb County DUI Court

## Applicant Information (Continued)

### Criminal History

List your current pending charge(s): \_\_\_\_\_ Was there an accident or wreck involved? Yes No  
BAC Results: \_\_\_\_\_

For your current case, describe the circumstances of your arrest (where were you drinking, why were you pulled over, etc.): \_\_\_\_\_

Prior Arrests/Convictions: \_\_\_\_\_ Number of DUI convictions: \_\_\_\_\_ in 5 years \_\_\_\_\_ lifetime

Are you currently on Probation/Parole? Yes No Offense: \_\_\_\_\_ County: \_\_\_\_\_

Probation/Parole Officer: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Do you have any other pending cases? Yes No Offense: \_\_\_\_\_ County: \_\_\_\_\_

Do you have any cases involving DFCS? : \_\_\_\_\_

### Medical Information

Primary Care Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Do you currently have medical insurance? Yes No Insurance Company: \_\_\_\_\_

Are you currently taking prescription medication? Yes No Medication(s) and dosage: \_\_\_\_\_

Are you currently taking over-the-counter (OTC) medication? Yes No OTC Medication(s) and dosage: \_\_\_\_\_

If you were to be alcohol/drug tested today, would you be positive? Yes No For what? \_\_\_\_\_ When was the last time you used? \_\_\_\_\_

In the last 30 days, have you spent any time in the following? (Circle) Jail or Prison? Inpatient alcohol/drug treatment? Inpatient medical treatment? Inpatient psychiatric treatment? None

### Education Information

Highest level edu/ year graduated: \_\_\_\_\_ Name of school: \_\_\_\_\_ Degree: \_\_\_\_\_

Have you had any vocational training? Yes No For what skill? \_\_\_\_\_ Military Service/ Branch: \_\_\_\_\_

Do you have a GED? Yes No Date GED obtained: \_\_\_\_\_

Are you currently enrolled in school? Yes No Full-time or part-time? Name of school: \_\_\_\_\_  
*Circle one*



Cobb County DUI Court  
State Court of Cobb County

Eric Brewton  
DUI Court Judge

12 E. Park Square  
Marietta, GA 30090

**DUI COURT PARTICIPANT CONTRACT**

**Name (print):** \_\_\_\_\_ **Case Number(s):** \_\_\_\_\_  
\_\_\_\_\_

**Please Initial All:**

1. \_\_\_\_\_ I understand that the validity of this contract is conditioned upon my eligibility for the DUI Court program. If at any time after the execution of this agreement and in any phase of the DUI Court program, it is discovered that I am in fact, ineligible to participate in the program, I may be immediately terminated from the program and traditional criminal proceedings will resume.
2. \_\_\_\_\_ I understand that if I enter this program and fail to complete it, I may be barred from future participation.
3. \_\_\_\_\_ I understand that participation in DUI Court involves a **minimum** time commitment of twelve months, which will include treatment, supervision, and aftercare. I understand that the program may take longer than twelve months in my case due to my own treatment needs and sanctions that I may incur.
4. \_\_\_\_\_ I understand that during the entire course of the DUI Court program, I will be required to attend court sessions and treatment sessions; submit to random drug testing; test negative and maintain sobriety, and be law-abiding. I agree to abide by all rules and regulations as directed by the DUI Court Team. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program.
5. \_\_\_\_\_ I understand that I may not participate in DUI Court if I am currently an affiliated gang member.

6. \_\_\_\_\_ I give consent to the DUI Court Team to view my juvenile criminal history for the purpose of assessment only. I understand that these records cannot be used against me as an adult.
  
7. \_\_\_\_\_ I will be responsible for my own transportation and will appear **ON TIME** for all court sessions, treatment sessions, and meetings as required. Lack of transportation is NOT an acceptable excuse to miss or be late for any DUI Court-related activity.
  
8. \_\_\_\_\_ I understand that sanctions may include time in custody, increased treatment episodes, increased alcohol/drug testing, increased community service, and other such sanctions deemed appropriate by the DUI Court Team. I understand that sanctions may be imposed by the DUI Court Judge following review and recommendation of the DUI Court team and an opportunity for me to be heard or explain myself according to the rules of the DUI Court Program. I understand that contesting sanctions may result in an increase in the sanction after the hearing as determined by the Judge. I understand I may waive my right to be heard and acknowledge a sanction, including jail time, as imposed by the Judge.
  
9. \_\_\_\_\_ I understand that, for the safety of the supervision officers, I may not possess any weapons while I am in DUI Court. I will dispose of any and all weapons in my possession and disclose the presence of any weapons possessed by anyone else in my household. Failure to dispose and/or disclose may result in termination from DUI Court and possible prosecution for any illegal possession of any weapon.
  
10. \_\_\_\_\_ I agree to inform any law enforcement officer with whom I come in contact that I am in DUI Court. Further, I agree to inform DUI Court staff of contact with any law enforcement officer or Court/Judicial Official.
  
11. \_\_\_\_\_ I understand that I may not work as a confidential informant with any law enforcement agency while I am in DUI Court, nor may I be made or encouraged to work as a confidential informant as a condition of my participation in the DUI Court program.
  
12. \_\_\_\_\_ For purposes of DUI Court proceedings, I may choose to waive my right to an attorney, and that if I choose to waive my right to an attorney, the Judge may proceed without any attorney present to represent me or the Prosecutor.



13. \_\_\_\_\_ I understand that I will be required to reside in Cobb County throughout the duration of my participation in the DUI Court program, including the maintenance and aftercare phase. If I reside outside of Cobb County, I must get prior approval from the DUI Court team; some out of county exceptions may be made.

14. \_\_\_\_\_ I understand that I am subject to the rules and regulations set out in the Participant Handbook and in any policy, memo, or documents given to me by the DUI Court. I understand that the Handbook may be revised from time to time, and I will be expected to read and abide by and be accountable to any revised Handbooks that may be distributed as part of my continued participation in the program.

15. \_\_\_\_\_ I understand that, once I have been accepted into this program, I will be considered a participant in this program and subject to all program rules and requirements until such time as I am formally discharged by the DUI Court Judge. Discharge will occur in the event of: 1) successful completion and graduation from the program, 2) termination from the program by order of the Court, 3) withdrawal by permission of the DUI Court Judge, or 4) expiration of my probation term. I will not at any time have the option to unilaterally withdraw from the program, even if facing a sanction.

16. \_\_\_\_\_ I understand that my graduation from this program will be contingent upon the results of a check of my criminal and driving histories and a final alcohol/drug screen, which will be administered on the day of my scheduled graduation. I understand that a positive result on this test may lead to a sanction, including termination, or to my return to active treatment.

17. \_\_\_\_\_ I agree to pay \$75 per week as a DUI Court fee throughout the program. This will cover the cost of my alcohol and drug screens and anticipated treatment and counseling. I understand that if my treatment plan is changed or if I have additional alcohol and drug screens, I will have to pay for these over and above the DUI Court fee. After graduating from the program, I understand that I will be required to pay \$39 monthly probation supervision fee. I agree to abide by any payment plans as directed by the DUI Court team and understand failure to abide by such payment plan will be considered no-adherence to the rules and expectations of DUI Court with possible sanctions up to termination, for failure to adhere to such plans.

18. \_\_\_\_\_ I understand that my failure to successfully complete and graduate from the DUI Court program may result in my probation being revoked.

19. \_\_\_\_\_ I understand that I am required to maintain (approved) full-time employment or full-time school enrollment at all times while in the program. If I am not gainfully employed or in school full-time, I may be required to provide the DUI Court Team with proof of my job search, apply to or interview with a certain number of employers on a daily basis, meet with DUI Court personnel on a daily basis, and/or complete community service on a daily basis until I secure employment and begin working or enroll in school and begin attending classes.

20. \_\_\_\_\_ I agree to keep the DUI Court Staff and treatment provider advised of my current address and phone number at all times and prior to being changed. My place of residence is subject to DUI Court approval, and I will not move or stay outside Cobb County without advance approval from the DUI Court Staff.

21. \_\_\_\_\_ I understand that I am not to purchase any alcoholic beverages or drugs or enter an establishment where alcohol sales comprise fifty percent or more of their business, even if I am of legal age to purchase alcohol.

22. \_\_\_\_\_ I understand that if/when I receive any type of driving privileges, I must provide the DUI Court Probation officer with a copy of my license and monthly interlock reports if applicable.

23. \_\_\_\_\_ I understand that during court and treatment sessions, and periods of incarceration, arrangements must be made for the care and supervision of any children I have who are under the age of 18 years old.

24. \_\_\_\_\_ I agree to allow my treatment representative, surveillance officer or other DUI Court personnel to visit me in my home or elsewhere.

25. \_\_\_\_\_ I understand that I must have a curfew each day (Phases 1-4) which requires me to be at home for 5 hours. The curfew is set at midnight to 5:00 a.m., but modifications may be requested and scheduled through proof of a work schedule or a leave request.

26. \_\_\_\_\_ I agree to avoid people or places of disreputable or harmful character. I understand that this includes people currently on probation or parole and people with felony convictions, gang members, drug users, and drug dealers.

27. \_\_\_\_\_ I agree to avoid further violations of the law; however, I understand that if I am arrested or cited, I must report such arrest or citation immediately to the DUI Court Staff. I further understand that any such arrest or citation, and/or failing to immediately disclose such arrest or citation, may subject me to sanctions up to and including jail time and/or termination from the program.

28. \_\_\_\_\_ I understand that if I am ordered to obtain a curfew monitoring service or any other type of electronic monitoring device(s), I will be financially responsible for all costs involved. I understand that if the DUI Court Team has reason to believe that I am using alcohol while in the program, I may be placed on an alcohol detection device and will be financially responsible for all costs involved.

29. \_\_\_\_\_ I understand that I will be tested for the presence of alcohol and drugs in my system on a random basis. I understand that I will be given a location and time to report for my alcohol/drug test and that it is my responsibility to report to the assigned location at the time given for testing. I understand that if I am late for a test or miss the timeframe for testing, I will be sanctioned. If I am unable to produce a urine sample by the deadline then the test will be considered missed and positive.

30. \_\_\_\_\_ I understand that substituting, diluting, altering, or trying in any way to change my body fluids for purposes of testing will be grounds for sanctions up to and including termination from DUI Court.

31. \_\_\_\_\_ I understand that participating in DUI Court requires me to be drug- and alcohol-free at all times. I will not use or possess drugs (including synthetic drugs) or alcohol, and I will not possess drug or alcohol paraphernalia; nor will I associate with people who use or possess drugs or be present while drugs or alcohol are being used by others. I will not live in a place where alcohol or drugs are present.

32. \_\_\_\_\_ I agree to be responsible for the foods I eat, the beverages I drink, and the products that I use, and I understand that these may affect alcohol/drug test results. I agree not to ingest products containing poppy seeds while participating in the DUI Court program. Before taking medication of any kind, I will check with the pharmacist to ensure that it is non-narcotic and non-addictive and that it contains no alcohol. I will pre-register any and all prescribed and over the counter medications with the DUI Court Staff.

33. \_\_\_\_\_ I agree to be alcohol/drug tested at any time by a law enforcement officer (i.e. police, sheriff, etc.), treatment provider, or DUI Court staff, or, at the request of the Court, by any agency designated by the court.

34. \_\_\_\_\_ I understand that if my urine screen, breath test, or any other form of substance testing indicates a positive result at any time while in the program, I will be sanctioned. I understand I may contest the results of such test and have an evidentiary hearing, however, following such a hearing any sanction may be increased. I understand and agree that I may waive my right to an attorney, to an evidentiary hearing, and accept a sanction, including jail time. I understand that no external or third-party laboratory or other chemical tests will be accepted by the DUI Court. I understand that the evidentiary standard required at a sanction is a preponderance of the evidence and not beyond a reasonable doubt. I understand that I will be given the opportunity to request a confirmatory test of the same sample at my own expense; however, I also understand that, should such testing confirm the positive result, my sanction will be increased.

35. \_\_\_\_\_ I agree to cooperate in an assessment/evaluation for planning an individualized alcohol/drug treatment program to satisfy my treatment needs. I understand that my plan may be modified by the treatment provider or the DUI Court Team at any time during treatment, and I agree to comply with the requirements of any such modifications. I understand that, if my individualized treatment plan calls for residential/halfway house/or similar specialized treatment, I will be financially responsible for those additional costs.

36. \_\_\_\_\_ I understand that if I am receiving psychiatric care, placed in residential treatment, or hospitalized while in the program, I am responsible for signing a Confidentiality Release of Information (ROI) form as soon as possible so Court Staff can coordinate my care prior to release and that it is my responsibility to request this form from facility staff.

37. \_\_\_\_\_ I understand that I must attend all scheduled treatment sessions and treatment appointments as required. If it is necessary to miss any sessions, I will get approval from DUI Court personnel IN ADVANCE. Also, if I am excused from program obligations I shall submit documentation and submit it immediately to Court Staff. If I fail to get approval in advance or provide proper verification as directed by DUI Court Staff, the absence will be considered unexcused. If I miss a therapy session for any reason, then I must make up the missed session.

38. \_\_\_\_\_ I will attend the court-ordered number of formal support group meetings per week and submit proof of attendance as required by the program. Only authorized signatures will be approved as explained in my Orientation.
39. \_\_\_\_\_ I understand that I will be required to find and maintain a formal support group sponsor during all phases of DUI Court and that my sponsor must verify the working relationship with my individual counselor prior to phase-up. I understand that failure on my part to get that verified or provide my counselor with sufficient time to verify my sponsor may delay my phase-up request.
40. \_\_\_\_\_ I will inform all prescribing physicians that I am an individual with the disease of addiction, and that I may not take narcotic, synthetic narcotic, or addictive medications or drugs. If a treating physician wishes to prescribe me with narcotic or addictive medication(s), I must disclose this to DUI Court Staff and get permission from the Court Staff prior to taking these medications. I understand I may be placed on medical leave from the program while taking said medications.
41. \_\_\_\_\_ I agree that I will not leave any treatment program (halfway house, inpatient facility, etc.) without prior approval of my treatment provider and the DUI Court Team.
42. \_\_\_\_\_ I understand that my individual course of treatment may include substance abuse education, and/or self-improvement courses such as anger management, parenting, financial management, relationship counseling or other as determined, and homework is expected, and I will submit my homework on time.
43. \_\_\_\_\_ I understand that all group counseling session conversations shall remain confidential and nothing discussed inside group shall be disclosed or discussed outside of group.
44. \_\_\_\_\_ I understand that if I exhibit behaviors of harm to myself or others, confidentiality will no longer apply, and the proper authorities and my emergency contact will be notified.
45. \_\_\_\_\_ I understand that if I have ever tested positive for tuberculosis, I am required to disclose this to DUI Court staff at my assessment appointment. I agree to provide the DUI Court team with any medical documentation they deem necessary to admit me into the program, and I

agree to sign all necessary waivers so that my medical records (relevant to tuberculosis) can be released to DUI Court treatment personnel.

46. \_\_\_\_\_As a condition of participation in this program, I agree to the search of my person, property, place of residence, vehicle, electronic devices, and personal effects at any time with or without a warrant, and with or without probable cause, when requested by a probation officer, treatment staff, DUI Court staff, and/or law enforcement officer. I hereby give permission for such individuals to remove—forcibly, if necessary—any locks or other hindrances that may prevent access to such places and property for the purpose of any such search.

I have read the above contract, or had it read to me, and acknowledge that I understand all the terms and conditions. I have been given the opportunity to ask any questions I may have. I hereby voluntarily enter and agree to adhere to this agreement with the Cobb County DUI Court program.

\_\_\_\_\_  
Defendant's Full Name (print)

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Defendant (print)                      Bar Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's Signature

Approved:

\_\_\_\_\_  
DUI Court Judge

\_\_\_\_\_  
Date



Cobb County DUI Court  
State Court of Cobb County

Eric Brewton  
DUI Court Judge

12 E. Park Square  
Marietta, GA 30090

**ALCOHOL/DRUG SCREENING**

I understand that I may be screened for alcohol and/or drugs during the assessment/application process. These screens are used to help determine eligibility for the DUI Court program. Unless I am on bond with drug and alcohol conditions or currently serving a case on probation, a positive test will not be held against me. If I am I test positive during the assessment/application process, I understand that the assigned Judge on my case or my probation officer may be notified.

I understand that if I use alcohol and/or drugs after being admitted to the program, I could receive sanctions up to and including jail or termination for my re-use.

\_\_\_\_\_  
DEFENDANT'S FULL NAME (PRINT)

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

\_\_\_\_\_  
DATE



Cobb County DUI Court  
State Court of Cobb County

Eric Brewton  
DUI Court Judge

12 E. Park Square  
Marietta, GA 30090

**ALCOHOL/DRUG SCREEN DRIVING POLICY**

I understand that if I test positive on any alcohol and/or drug test or have been using substances at any time during my involvement with DUI Court, then I am not to operate a motor vehicle. I will immediately surrender my automobile keys and make appropriate and responsible decisions to avoid driving. I will further disclose my use to Staff immediately. Failure to comply may result in termination from the program.

\_\_\_\_\_  
DEFENDANT'S FULL NAME (PRINT)

\_\_\_\_\_  
DRIVERS' LICENSE NUMBER

\_\_\_\_\_  
STATE

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

\_\_\_\_\_  
DATE





Cobb County DUI Court  
State Court of Cobb County

Eric Brewton  
DUI Court Judge

12 E. Park Square  
Marietta, GA 30090

**SOCIAL CONTRACT**

I, \_\_\_\_\_, having requested to participate in the Cobb County DUI Court program, understand and agree to the following:

- Social contact with any DUI Court participant, or group of participants, of the opposite sex or same sexual orientation outside of group treatment, formal support group meetings, or Court is prohibited unless approved by a DUI Court Team member or by the Court. This includes personal contact (one-on-one or in a group setting), phone contact, electronic or Internet contact, written contact, and any other form of communication.
- Any sexual involvement with any DUI Court participant is prohibited under any circumstances.
- DUI Court participants may not be employed by the same employer or work together, whether paid or unpaid, without Court approval.
- Providing transportation to any participant of the opposite sex or same sexual orientation is prohibited unless advance approval is given by a DUI Court Team member or by the Court.
- DUI Court participants may not loan or exchange money, clothing, goods, or other personal items. Nor may any DUI Court participant provide any gifts to another participant or their family members without prior permission from DUI Court Staff.
- DUI Court participants may not perform, offer to perform, or solicit professional, technical, or vocational services for any other participant.

- No harassment of any kind will be tolerated while in the program. Harassment includes, but is not limited to, offensive slurs, jokes, comments, gestures, pictures, posters, objects, graffiti, or any other offensive verbal, graphic, physical touch, or conduct.
- I understand I am representing the program in any/all social situation(s) while I am a participant in DUI Court; this includes any online or digital presence, and I will not discuss anyone else's case (besides my own), nor will I speak disparagingly about other participants, staff, or the program. It is not my place to discuss other's cases and I must respect all other rules that pertain to confidentiality while in the program.
- Active DUI Court participants may not sign other participants attendance sheets for community support group meetings, nor any other documentation for the Court, such as Community Service Work, etc.

I have read this document, or had it read to me and have been given the opportunity to ask any questions I may have. I hereby agree to abide by the above rules as a condition of my participation in the DUI Court program. I understand that any violation of these rules may result in a sanction up to and including termination from the program.

This, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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DEFENDANT'S FULL NAME (PRINT)

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DEFENDANT'S SIGNATURE



Cobb County DUI Court  
State Court of Cobb County

Eric Brewton  
DUI Court Judge

12 E. Park Square  
Marietta, GA 30090

**WAIVER OF RIGHT TO ASSERT SPECIFIED GROUNDS  
AS A BASIS FOR MOTION OF RECUSAL**

The defendant and his/her counsel acknowledge that, as a condition of acceptance to and/or continued participation in the Cobb County DUI Court program:

1. The above-styled case will be assigned to the DUI Court division of State Court before the Honorable Eric Brewton; and
2. Should defendant fail to successfully complete the DUI Court program and be terminated from said program, the above-styled case will remain assigned to Judge Brewton.

Understanding that this case will be assigned to Judge Brewton throughout all proceedings, until ultimate disposition of the case, irrespective of defendant's success or failure in completing the DUI Court program, the defendant hereby waives his/her right to assert as a basis for a motion to recuse the sitting judge:

1. That judge's personal involvement with the defendant during his/her participation in the DUI Court program;
2. That judge's knowledge, both personal and otherwise, of defendant's compliance or non-compliance with the requirements of the DUI Court program; or
3. That judge's decision to terminate the defendant from the DUI Court program on the basis of his/her failure to comply with such requirements.

Defendant hereby freely, voluntarily, and knowingly waives the right to assert the foregoing as grounds for a motion to recuse and acknowledges that he/she does so having consulted with counsel.

\_\_\_\_\_  
DEFENDANT'S FULL NAME (print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

\_\_\_\_\_  
DEFENDANT'S ATTORNEY

\_\_\_\_\_  
DATE



Cobb County DUI Court  
State Court of Cobb County

Eric Brewton  
DUI Court Judge

12 E. Park Square  
Marietta, GA 30090

**MEMORANDUM OF UNDERSTANDING**  
**CONCERNING ATTORNEY-CLIENT RELATIONSHIP IN DUI COURT**

I, \_\_\_\_\_, having requested to participate in the Cobb County DUI Court program, understand that decisions concerning the administration of this program are made by a multi-disciplinary team that may include program administrators, treatment providers, probation officers, and attorneys representing both prosecution and defense, under the direction of the DUI Court judge. While attorneys, including prosecutors, take part in this process the program does not operate under the traditional adversarial model of other court proceedings. Because of this, I understand and agree to the following:

- 1.) Prior to my acceptance into the DUI Court program, I have the right to be represented by an attorney, either one chosen and retained by me or one appointed by the Cobb County Circuit Defender's Office if I otherwise qualify. This attorney can advise me, among other things, as to whether the DUI Court program is an appropriate and beneficial alternative to the traditional criminal litigation process in my particular case.
- 2.) After my acceptance into the DUI Court program, the administrator of the Cobb County Circuit Defender's Office or his designee, will act as the defense representative on the DUI Team. I will no longer have the right to have my previous attorney advise me regarding the decisions made by this team, including the imposition of sanctions where appropriate.
- 3.) During my participation in this program, the defense representative will act not as my attorney in the traditional sense, but as a member of the DUI Team. As such, he or she will join in discussions and decisions regarding my participation in the program including, but not limited to, my advancement or no-advancement through the phases of the program and the imposition of sanctions for violations of the program's rules or contract.
- 4.) The duties of the defense representative as a member of the DUI Team may not be in my best interest if I have violated any provision of the DUI Court program's rules or contract.

- 5.) I will not have the right to have an attorney represent me individually at court appearances during my participation in the DUI Court program or before the DUI Court Team. If I am the subject of a sanction, I have a right to be heard but may waive my right to an attorney or an evidentiary hearing. Further, I understand if I contest a sanction, and such hearing is determined against me, the sanction may be increased.
- 6.) Should the DUI Court Team decide to terminate my participation in the program due to a violation or violations of the program's rules or contract, I will be entitled to be represented by an attorney, either one chose and retained by me, or one appointed by the Cobb County Circuit Defender's Office if I otherwise qualify. This attorney may then represent me individually in termination proceedings and in any subsequent proceedings involving the disposition of my criminal case outside the DUI Court program.

I have read this document or had it read to me and have been given the opportunity to ask any questions I may have. I have been given the opportunity to discuss this document with my attorney and have sought his or her advice as to whether DUI Court would be beneficial for me, and I wish to be considered for participation in this program.

This, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
DEFENDANT'S FULL NAME (print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

\_\_\_\_\_  
DEFENDANT'S ATTORNEY

\_\_\_\_\_  
DATE



Cobb County DUI Court  
State Court of Cobb County

Eric Brewton  
DUI Court Judge

12 E. Park Square  
Marietta, GA 30090

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL  
SUBSTANCE ABUSE INFORMATION**

I, \_\_\_\_\_, hereby consent to communication between Cobb County DUI Court Team members, Cobb County DUI Court treatment professionals, the Solicitor General’s Office, the Cobb County Circuit Defender’s Office, Cobb County DUI Court’s alcohol/drug testing lab, and other agencies. The purpose and need for this disclosure is to assist the Court in evaluating and determining my prognosis, compliance, and progress in accordance with DUI Court criteria.

This authority extends only as necessary for and pertinent to hearings and/or reports concerning my specific DUI Court case.

Disclosure of this confidential information may be made only as necessary for and pertinent to hearings and/or reports to the DUI Court team. I understand that Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse client records, binds any disclosure made. Recipients of this information may not re-disclose it except in connection with my DUI Court treatment and then only with my written consent, except as permitted by Federal law and rules, which include bona fide medical emergencies, valid court orders, and when there is a suspicion of a danger to others, including child abuse or neglect. I understand that decisions regarding re-disclosure without my consent may be made only by my immediate DUI Court team and not by any individual or individual agency within the DUI Court program or my DUI Court team.

Any information obtained through this release is for the exclusive use of my immediate DUI Court team. All documents generated by this release shall be kept separate and apart from the case file located in the State Court Clerk’s Office.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the DUI Court.

\_\_\_\_\_  
Defendant’s Full Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant’s Signature

\_\_\_\_\_  
Attorney for Defendant



Cobb County DUI Court  
State Court of Cobb County

Eric Brewton  
DUI Court Judge

Darcy Kamau  
Coordinator

**DEFENDANT WAIVER**

TO: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the release of such confidential information as may be necessary for the Cobb County DUI Court program representative to determine eligibility for the DUI Court program and agree to hold you harmless and relieve and release you from all liability thereof.

Defendant's Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_  
(Attorney for Defendant)

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



Cobb County DUI Court  
State Court of Cobb County

Eric Brewton  
DUI Court Judge

12 E. Park Square  
Marietta, GA 30090

**WAIVER OF RIGHTS**

I, \_\_\_\_\_, understand that I am guaranteed by the United States and Georgia Constitutions the following rights:

1. A speedy trial;
2. Trial by jury;
3. The right to confront the witnesses against me;
4. The right not to incriminate myself or give any information that could be used against me,

and that as a condition of acceptance into the DUI Court program, I expressly waive (that is, give up) those rights as a condition of becoming a participant in the program. I understand that by my participation in the program I am admitting guilt to the charge(s) against me, and the Solicitor General will not consent to a future expungement of this offense from my record.

I also understand that if I am not accepted in the program, my waiver of the rights listed above will also be withdrawn. Any statements given by me as part of the DUI Court assessment process will not be used against me in the instant case.

This, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Defendant's Full Name (print)

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Attorney for Defendant





Cobb County DUI Court  
State Court of Cobb County

Eric Brewton  
DUI Court Judge

Darcy Kamau  
Coordinator

**CRIMINAL HISTORY CONSENT FORM**

I hereby authorize the Cobb County DUI Court/Cobb County Sheriff's Office to receive any criminal history information pertaining to me that may be in the files of any criminal justice agency of any state or in the files of any local criminal justice agency in the State of Georgia both now, for purposes of screening for DUI Court eligibility, and also for up to five years after my completion of the program for recidivism research, if I am accepted into the program.

\_\_\_\_\_  
FULL NAME (PRINT)

\_\_\_\_\_  
CASE #

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
SEX

\_\_\_\_\_  
RACE

\_\_\_\_\_  
DOB

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
STATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



## Clinical Evaluation

Part of our assessment process includes the “Clinical Evaluation” which will be required by DDS if you enter a guilty plea on your pending DUI.

We work with Dr. Diane Sherman, whom you may contact and let her know you have applied for Cobb DUI Court. If you come into our program, we will credit you \$110 towards your program fees after you pay for this. If you don't come into DUI Court, you can still use this evaluation to meet your DDS requirements.

If you choose to go to another DDS provider, they must be a certified evaluator according to DDS. Please provide us a copy of the completed evaluation immediately upon receipt so we can finish processing your application. We will not be able to credit you any fees for other providers.

Dr. Diane Sherman  
470.210.4622  
[dianesherman@actsconsultinginc.com](mailto:dianesherman@actsconsultinginc.com)

Other DDS certified evaluators can be located on:

<https://dbhddapps.dbhdd.ga.gov/MOPAS/ProviderSearch/SearchDUIIPProvider.aspx>

or: <https://dbhddapps.dbhdd.ga.gov/MOPAS/>

If you have any issues or questions you may call 770.528.1762  
or email: [duicourt@cobbcounty.org](mailto:duicourt@cobbcounty.org)