

**OFFICE OF THE STATE ATTORNEY SEVENTH JUDICIAL CIRCUIT**  
**SUBSTANCE ABUSE OFFENDER REFERRAL AGREEMENT**

DEFENDANT: \_\_\_\_\_

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

It is alleged that you have committed an offense against the State of Florida on the \_\_\_ day of \_\_\_\_\_, 20\_\_\_ in violation of Fla. Stat. \_\_\_\_\_. After a review of the offense and your background, it appears that the interest of the State of Florida, and your own interest will best be served by the following agreement, therefore:

On the authority of John Tanner, State Attorney, in and for the Seventh Judicial Circuit, Volusia County, Florida, the undersigned Assistant State Attorney will defer prosecution in this matter for a period of six (6) weeks from this date provided you abide by the following conditions:

- (1) You shall refrain from violation of any law (Federal, State and Local). In the event of a criminal arrest, while on this Referral, you are subject to reinstatement of your drug charge.
- (2) You shall enroll in and successfully complete the approved First Offender Drug Intervention Program Level I.
- (3) You shall:
  - (a) Maintain or actively seek gainful employment or pursue a course of study as a full time student.
  - (b) Not possess or carry any firearms or weapons during the Program.
  - (c) Support dependants to the best of your ability.
- (4) You shall immediately inform the program counselor of any change in residence, employment or arrest.
- (5) You will participate in an assessment of your personal background with your program counselor. You must attend and complete each program session as scheduled.
- (6) You will pay the counseling program costs of \$400 upon enrollment.
- (7) You will not use alcohol or illegal drugs and will be required to submit to urinalysis as directed by your program counselor. You must submit four (4) clean random urine specimens.
- (8) You must attend each program session as scheduled.

It is understood that this agreement is a deferral of prosecution. It is agreed between the parties that if the terms of this agreement are violated, specifically including failure to successfully complete the counseling program, this prosecution will be pursued. If you successfully complete your obligation under this agreement, the criminal prosecution against you in this case will be dismissed by the State Attorney's Office. It is also understood and agreed that if this agreement is revoked you will not be given any credit for time spent in this referral program toward any sentence received in this case, and all fees paid are forfeited.

I, \_\_\_\_\_, HEREBY STATE THAT THE ABOVE HAS BEEN READ TO ME, THAT I UNDERSTAND THE TERMS AND CONDITIONS OF THIS AGREEMENT, AND I WISH TO ENROLL IN THE STATE ATTORNEY SUBSTANCE ABUSE REFERRAL PROGRAM. I AGREE TO COMPLY WITH ALL OF THE TERMS AND CONDITIONS OF THIS AGREEMENT.

**PROGRAM LOCATIONS:**

SMC Outpatient Services Center  
702 South Ridgewood Avenue  
Daytona Beach, FL 32114  
(386) 947-2450

SMC Outpatient Services Center  
307 North Orange Street  
New Smyrna Beach, FL 32169  
(386) 424-2381

Four Townes Care Center  
356 Englenook Drive  
DeBarry, FL 32713  
(386) 668-3570

\_\_\_\_\_  
NAME DATE

\_\_\_\_\_  
ASSISTANT STATE ATTORNEY DATE

\_\_\_\_\_  
DEFENSE ATTORNEY DATE

\_\_\_\_\_  
SUBSTANCE ABUSE PROG. COUNSELOR DATE

YOU HAVE SEVEN DAYS FROM TO ACCEPT THIS OFFER