

**RECOVERY COURT COLLOQUY ADDENDUM**

*MUST BE COMPLETED BY ALL RECOVERY COURT CANDIDATES*

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

TERM NO(S): \_\_\_\_\_ OTN(S): \_\_\_\_\_

*Respond by answering “Yes” you understand and agree or “No” you do not, and then **initial** each response. If you do not agree to all the terms and conditions set forth in this colloquy you will not be admitted to the program.*

1. I understand and agree that my criminal case will be transferred to the presiding Chester County Recovery Court Judge for all proceedings.

\_\_\_\_\_

2. I agree that I have reviewed the Recovery Court Program Description and the General Rules for the Recovery Court Program; that I have had the opportunity to confer with counsel and/or an adult probation officer familiar with the program and that I understand the material in those documents.

\_\_\_\_\_

3. I understand and agree that I have entered a guilty plea to or been convicted of the charges set out in this colloquy or in the record and that the Chester County Recovery Court is a restrictive intermediate punishment sentencing alternative to which I agree and accept.

\_\_\_\_\_

4. I understand and agree that, should I fail to comply with the agreed sentence contained in this colloquy or imposed by the court, I will be subject to being re-sentenced by the presiding Chester County Recovery Court Judge for the offenses for which I have entered my plea of guilty.

\_\_\_\_\_

5. I acknowledge that there is no agreement between myself and the Commonwealth as to the re-sentence to be imposed should my participation in the Chester County Recovery Court be terminated or should I request to terminate my participation in Recovery Court supervision.

\_\_\_\_\_

6. I understand that if the offense(s) for which I entered my plea or of which I was convicted is subject to a mandatory sentence or multiple mandatory sentences, upon my termination from the Chester County Recovery Court and re-sentencing, I will be subject to the imposition of the mandatory sentence(s), either concurrently or consecutively.

\_\_\_\_\_

7. I agree and understand that, as a part of Chester County Recovery Court, I will be subject to regular and ongoing supervision by the Court in an addiction treatment court capacity. This supervision will include court reviews that will not be stenographically or otherwise recorded. I fully understand and agree that I have no right to a stenographically or otherwise recorded Recovery Court review.

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8. I agree and understand that during such review I may be subject to Court imposed sanctions, including incarceration, which have been previously described to me, for infractions during my supervision. I fully understand and agree that there are no rights of appeal to any court of any kind for any condition imposed during Recovery Court supervision or as a result of any sanction imposed as a result of a program infraction.

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9. I fully agree and understand that I may voluntarily request in writing, at any time after the Restrictive Intermediate Punishment (RIP) sentence is imposed, to be removed from the terms and conditions of supervision in Recovery Court. Such a request will constitute an automatic violation of the RIP sentence and subject me to a re-sentencing before the presiding Recovery Court Judge subject to the Rules of Criminal Procedure.

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10. I agree and understand that infractions of my Chester County Recovery Court supervision may be dealt with immediately by the imposition of sanctions by the Court without the formalities of a sentence violation hearing.

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11. I agree and understand that some individual infractions may not be considered a violation of my sentence contained in this colloquy, but may be considered by the court as part of a course of conduct resulting in termination of my participation in the Chester County Recovery Court. However, some conduct in violation of the Chester County Recovery Court, such as the commission of additional criminal offenses, may be of such severity that the Commonwealth will petition for my termination from Recovery Court for that conduct alone.

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12. I understand that I may have counsel appear at any court review or any meeting pertaining to my participation in the Recovery Court Program. However, as I am already sentenced, and as this is a treatment oriented court, the court will not entertain motions by counsel and counsel's participation will be limited. I further understand that, while I may have counsel present, the unavailability of counsel shall not be sufficient cause for the continuance or delay of a court review.

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13. I understand and agree that proceedings to terminate my participation in the Chester County Recovery Court will be conducted with all of the procedural formalities of a sentence violation hearing, including my right to a full hearing and representation by counsel.

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14. I understand and agree that should my participation in the Chester County Recovery Court be terminated for any reason, I will be subject to the imposition of a re-sentence. My case will remain before the presiding Chester County Recovery Court Judge, who shall conduct a re-sentencing hearing, subject to all formal sentencing procedures, and impose sentence.

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15. I understand that should the Commonwealth petition the Court to terminate my participation in the Chester County Recovery Court as the result of my being charged with a new offense and I request that termination proceedings be delayed until the disposition of my new charges in the Court of Common Pleas, my participation in the Chester County Recovery Court may, in the discretion of the Court, be suspended until the termination hearing is held. During any period of suspension, I will not receive treatment services or credit toward the completion of my Recovery Court Sentence, which is held in abeyance pending the outcome of the termination proceedings.

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16. **I understand that I will be charged for the mandatory 90 day SCRAM (Secure Continuous Random Alcohol Monitor) based upon a sliding scale that is provided to me.**

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\_\_\_\_\_  
*Defendant Signature*

\_\_\_\_\_  
*Date*

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