

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	<i>FOR COURT USE ONLY</i>
PLAINTIFF PEOPLE OF THE STATE OF CALIFORNIA	
DEFENDANT	SUPERIOR COURT CASE NUMBER
DEFERRED ENTRY OF JUDGMENT (HEALTH & SAF. CODE § 11395) ADDENDUM TO CHANGE OF PLEA	DA/CA CASE NUMBER

I, the defendant in the above-entitled case, understand and agree as follows:

1. _____ In lieu of a grant of probation or a sentence, I agree to participate in and complete a detailed treatment program developed by a drug addiction expert and approved by the court.
2. _____ I agree to waive time for sentencing and the pronouncement of judgment.
3. _____ I understand that a substance abuse and mental health evaluation will be conducted by an independent drug addiction expert and that all evaluation materials will remain in the possession of the expert, who will conduct and prepare the detailed treatment program. This will be a confidential evaluation, and no other party or individual will be able to access the materials without a court order. The recommended individualized treatment plan will be provided to the court, my attorney, the prosecutor, any treatment provider, and to me.
4. _____ I understand I will be screened for eligibility for Medi-Cal, Medicare, or any relevant benefits for the evaluation or any programs related to my treatment.
5. _____ If I choose not to participate in the evaluation(s) or decline the proposed treatment plan, I understand I will not be eligible for Health & Saf. Code § 11395 Deferred Entry of Judgment (DEOJ) and will instead be placed on probation or sentenced.
6. _____ I understand that successful completion of DEOJ requires completion of the treatment plan as ordered by the court, and a period of DEOJ of no less than six months and no more than 18 months.
7. _____ While participating in DEOJ, I understand I will be required to attend court and treatment sessions, submit to random drug testing, remain sober, and remain law abiding. I agree to comply with all directives from the court and treatment provider and understand that noncompliance may result in sanctions or termination from DEOJ.
8. _____ I agree to abide by the treatment plan ordered by the court and understand that my treatment plan may include, but is not limited to, residential and/or outpatient treatment; mental health treatment; recovery services; community service; education; job training; and self-improvement courses such as anger management, parenting, relationship counseling, cognitive behavioral therapy, or any other conditions the court deems necessary for treatment or a successful outcome.
9. _____ I understand that I will be bound by the rules and regulations of the court-ordered treatment program and any required sober living facility, in addition to any other conditions ordered by the court. I agree to comply with all directives of my treatment provider and participate as expected.
10. _____ I agree to appear in court as ordered, including for review hearings.
11. _____ I agree to be tested for alcohol or controlled substances at any time by a police officer, treatment provider, or any agency designated by the court, according to procedures established by the treatment provider. I will be provided with the location and time for the test and understand that it is my responsibility to report to the assigned location at the specified time. A positive test result for alcohol or a controlled substance may result in termination from DEOJ.

12. _____ I agree to submit my person, vehicle, residence, property, and personal effects to search at any time with or without warrant, and with or without reasonable cause, when required by a law enforcement officer.
13. _____ While participating in DEOJ, I understand I may not knowingly own, transport, sell, or possess any weapon, firearm, replica firearm or weapon, body armor, ammunition, ammunition feeding device, ghost gun, or any instrument used as a weapon and I agree to relinquish all listed items in my possession. I understand that failure to relinquish said items may result in termination from DEOJ and possible prosecution for the unlawful possession of any firearm or ammunition.
14. _____ Upon successful completion of the treatment program and all other terms of DEOJ, a positive recommendation from the treatment provider, along with a motion from either myself, the prosecuting attorney, or the court, I understand that the court will dismiss the charges. The provisions of Pen. Code § 1000.4, as it read on the effective date of Health & Saf. Code § 11395, will apply, including the provision that states the arrest upon which I was deferred will be deemed to have never occurred.

I have read, reviewed, understand, and agree to the above-initialed information.

Date: _____

 Signature of Defendant

Telephone number _____ Address _____
 Email address _____ City _____ State _____ Zip Code _____

Date: _____

 Signature of Defense Counsel

Date: _____

 Signature of Deputy City Attorney/Deputy District Attorney

Future Court Date
 DEOJ Hearing scheduled on _____ (date) at _____ a.m. p.m in Dept. _____.

Evaluation(s)
 A representative from Behavioral Health Services will contact you directly to schedule an in-person or remote evaluation(s). Please ensure the contact information you have provided above is correct. If you are currently in custody, BHS will conduct the evaluation in the facility in which you are housed.
 The evaluation should be completed before the DEOJ hearing. If you are unable to attend the evaluation, you are still required to return to court for the DEOJ hearing, where a new evaluation will be scheduled. Failure to appear for your DEOJ hearing may result in the issuance of a bench warrant.

Distribution by: _____ on _____ to: Def. BHS Evaluator