

SHAKER HEIGHTS MUNICIPAL COURT

REQUEST FOR PLACEMENT IN THE FIRST OFFENDER'S PROGRAM

I am a defendant in a criminal case and would like to be considered for placement on the court's First Offender's Program (FOP). I understand that I am eligible for FOP only if I have never been convicted of another criminal offense and have never completed an FOP program in the past.

To be placed onto the program, I must plead "no contest" to the charge thereby indicating that the facts stated in the charge against me are true. I must accept responsibility for the fact that I have violated/broken the law with which I have been charged. I understand that FOP will last one (1) year unless otherwise specified by the court. For high school and college students, FOP will last at least through the end of the current academic school year.

I also understand that FOP is an extraordinary opportunity because upon completing FOP requirements with proper attitude and respect for the process, the criminal charge will be dismissed. I will NOT be convicted of a criminal offense. However, if I fail to complete FOP properly I will be found guilty, have a criminal conviction placed onto my record and be sentenced to appropriate criminal penalties which could include jail by the court.

By entering FOP, I understand that I will be required to do ALL of the following:

1. Report to my Probation Officer (PO) as often as weekly. The reporting requirements will be determined by my PO.
2. Obey all local, state, and federal laws. I will contact my PO within 24 hours if I am arrested, convicted or contacted by a law enforcement agency (or by campus security if I am a college student). I will not incur new criminal charges during FOP.
3. Consume NO alcohol or non-prescriptive drugs. If requested by my PO, I will submit to a breath, urine or blood sample to test for the presence of these substances in my system. I understand that failure to timely and properly submit to such tests will cause my removal from this program.
4. Remain in Ohio unless I receive permission to leave from my PO.
5. Perform such community service work as directed by my PO. For the community service work, I will be on time, dress appropriately, display a positive attitude and perform good quality work on which I will be graded by the work supervisor.
6.
 - a) Pay the First Offender's Program costs in addition to court costs.
 - b) Pay police response costs (see 13) and restitution (see 11), if applicable.
 - c) Pay costs to erase or seal my records about this case.Total costs are estimated to be \$600-\$800 (including police response costs – see #10 and restitution – see #11, if applicable). As a participant in FOP, I agree to pay installments of a **minimum** of \$50 per month.

7. Not purchase, own, possess, use, or have under my control any deadly weapon, dangerous ordnance or firearm as defined in the Ohio Revised Code.
8. Attend 0 to 7 AA/NA meetings per week, if required by my PO.
9. Follow all FOP terms and court orders generally or specifically pertaining to my case. I acknowledge that this may include evaluation, testing and treatment for substance abuse, mental health, anger management, domestic violence, parenting or special classes at an educational facility. It may also include taking medication or attending counseling. If asked, I will authorize the release of medical information to my PO and the court.
10. Pay any and all charges incurred by the municipality that charged me with this offense including the costs of police response, as permitted by law, if applicable.
11. Make restitution for damages done in connection with my criminal charge in an amount determined by my PO and based upon proof of repair costs, if applicable.
12. SERVE AS MANY AS 5 JAIL DAYS TO BE SCHEDULED WITH MY PO.
13. Attend a class about stealing if I am charged with a theft or receiving stolen property offense.
14. Complete the process to seal or erase my arrest records concerning this case.
15. OTHER: _____

I acknowledge that I have read or had read to me this information about the First Offender's Program. I understand the requirements of FOP and, if chosen for FOP, I am willing and able to complete these requirements including jail days, if required. I will perform what is expected of me with sincere effort and with respect for the court and this legal process. I understand that placement into FOP is an opportunity and not a right.

I hereby request that the prosecutor recommend to the judge my placement into the Shaker Heights Municipal Court First Offender's Program.

Date _____

 Defendant Signature

 Daytime Telephone Number Where I Can Be Reached

 Case Number

 Defendant (printed name)