

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

**IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR JACKSON COUNTY**

State of Oregon  
vs.  
Click here to enter text.,

**CASE NUMBER:** Click here to enter text.  
**ORDER OF ACCEPTANCE  
INTO COMMUNITY  
FAMILY COURT**

\_\_\_\_\_ is hereby notified of acceptance  
participant in the Community Family Court (CFC). All further proceedings in their circuit  
court cases shall be heard by, and at the discretion of Judge \_\_\_\_\_  
or his/her designee. The terms and conditions of acceptance are as follows:

You are HEREBY ORDERED to appear for review hearings as scheduled unless  
otherwise notified by the Court, to refrain from possessing, using or consuming illegal  
controlled substances, alcohol or prescription drugs without a prescription; to submit to  
drug testing as required; to comply with all conditions of any probation; to obtain a  
diagnostic alcohol and other drug evaluation and follow the recommended treatment plan;  
and to cooperate fully with the Community Family Court Team. Failure to comply could  
result in a finding of contempt by the Court, wherein detention/jail time, community service,  
dismissal from Community Family Court or any other appropriate sanction may be imposed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Circuit Court Judge

1 I HEREBY CERTIFY that I have read the above Order and agree to all of its terms and  
2 conditions.

3 \_\_\_\_\_  
Date

\_\_\_\_\_ Client signature

4 \_\_\_\_\_  
Print Name

5 \_\_\_\_\_  
Date

\_\_\_\_\_ Parent/Guardian Signature (if a minor)

6 \_\_\_\_\_  
Date

\_\_\_\_\_ Attorney/Representative for State Signature

7  
8  
9  
10 **CERTIFICATE OF ATTORNEY**

11 I HEREBY CERTIFY that as the attorney representing the client, I have explained the  
12 foregoing Order and other conditions of participation in the Community Family Court and I  
13 believe the client's plea and stipulation is knowingly, voluntarily and intelligently made.

14 \_\_\_\_\_  
Date

\_\_\_\_\_ Attorney of Record for Client Signature

15  
16  
17 **CERTIFICATE OF CLIENT IF UNREPRESENTED BY COUNSEL**

18 I HEREBY CERTIFY that I have been advised that I have the right to have an attorney  
19 represent me in this matter and explain this document to me, and that I further understand  
20 that if I cannot afford an attorney, the Court would appoint an attorney to represent me at  
21 no cost to myself. I hereby WAIVE MY RIGHT TO AN ATTORNEY and agree that I am  
22 signing this document knowingly, voluntarily, and that I understand its contents.

23  
24 \_\_\_\_\_  
Date

\_\_\_\_\_ Client Signature