

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY,  
PENNSYLVANIA  
CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA :

vs. :

No. \_\_\_\_\_ of 20\_\_\_\_

TREATMENT COURT PROBATION/PAROLE VIOLATION STIPULATION COLLOQUY

*You are before the Court because you and your lawyer have stated that you wish to admit / stipulate to Parole / Probation violation(s) with which you have been charged.*

*This form is ONLY to be used for Beaver County Treatment Court.*

1. Can you read, write, speak and understand the English language? \_\_\_\_\_

2. Within the last twenty-four (24) hours have you ingested any alcohol or drug, prescription or otherwise?

\_\_\_\_\_ If yes, are you in any way under the influence of alcohol or drugs, including prescription medications?

3. Do you understand that you are here today to stipulate/admit to the violations filed against you? \_\_\_\_\_

4. Do you understand that the admission/stipulation is a condition of participation in the Beaver County Treatment Court? \_\_\_\_\_

5. Do you understand that if you are terminated from the Treatment Court Program, you will NOT be permitted to withdraw your stipulation/admission, unless that termination is based on facts which should have been known to the prosecutor PRIOR to admission, or is based upon Constitutional grounds? \_\_\_\_\_

6. Do you understand that if it becomes necessary to sentence you pursuant to your stipulation/ admission, then the sentencing may NOT occur within the ninety (90) days as proscribed by Pa. Rule of Criminal Procedure 704? \_\_\_\_\_

Do you agree to waive the ninety (90) days sentencing limitation due to your participation in the Treatment Court Program? \_\_\_\_\_

7. Do you understand that this is an open plea stipulation and should it become necessary to sentence you, it is the Treatment Court Judge who will determine the sentence (in other words, this is an open plea)? \_\_\_\_\_

8. Do you understand that upon sentencing (should that be necessary) the Treatment Court Judge in fashioning

your sentence, in addition to considering the statutory maximum sentences proscribed by law for the underlying offense(s) upon which you are admitting/stipulating violation of your probation and/or parole as indicated below, will consider your prior criminal history, including juvenile adjudications and the sentencing guidelines. The statutory maximum sentence(s) you may face for the underlying offense(s) you are now admitting to or stipulating to the violations of your parole/probation are as follows:

Case Number	Date of Violation	Violations Alleged

Case Number	Charge(s) and Grading	Maximum Confinement	Maximum Fine

9. Do you understand that if you are being sentenced on more than one underlying offense, and/or more than one count of an offense, the sentences could be consecutive to each other? \_\_\_\_\_
10. Do you understand that you are presumed innocent until proven guilty by the Commonwealth beyond a reasonable doubt? \_\_\_\_\_
11. Do you understand that if the judge declines to accept your admission/stipulation, you will be permitted to withdraw it and you will be in the same position as it had not taken place? \_\_\_\_\_
12. Do you understand the terms and conditions of the Treatment Court Program? \_\_\_\_\_
13. Is it your decision to plead admit/stipulation to the violation(s)? \_\_\_\_\_
14. Have you been threatened or forced, in any way, to admit/stipulate? \_\_\_\_\_

15. Have any promises been made to you to enter an admission/stipulation, other than the terms of the Treatment Court Program as agreed to by you in the Participant Contract? \_\_\_\_\_

16. Do you understand that an admission/stipulation has the same effect as a conviction by a judge hearing the case? \_\_\_\_\_

17. Have you discussed your admission/stipulation and your entry into the Treatment Court Program with your attorney? \_\_\_\_\_

18. Are you satisfied that you understand the responsibilities and consequences of your admission/stipulation? \_\_\_\_\_

19. And, are you entering this admission/stipulation, freely and voluntarily? \_\_\_\_\_

20. Do you have any questions that have not been addressed by your attorney or this Court that you wish to have addressed at this time? \_\_\_\_\_

If so, please indicate:

I, \_\_\_\_\_, having been fully informed of my rights, voluntarily and knowingly agree to waive these rights and ADMIT/STIPULATE to the violations listed and the maximum sentences you could face for these violations as listed above at paragraph 8, by signing this TREATMENT COURT GU/LTY PLEA COLLOQUY.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

I have reviewed this Treatment Court Violation Admission/Stipulation Colloquy with my client, and acknowledge that he/she has been fully informed of the Adult Court Program and the consequences of entering an admission/stipulation. I further certify that he/she is signing freely and voluntarily.

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

\_\_\_\_\_  
Date