

Court Diversion/Tamarack Initial Agreement

I, _____ **UNDERSTAND THAT:**

I have been referred by the State's Attorney to the Court Diversion/Tamarack Program.
I take responsibility for my unlawful actions.

Rights

Diversion/Tamarack is a **voluntary** alternative to the court process. I have the **right to withdraw from the program at any time** and resume my case in Court.

I have the **right to an attorney** at any time during the Diversion/Tamarack process.

I have the **right to be treated with respect.**

I have the **right to information** about the Diversion/Tamarack Program, including information about alternatives and possible outcomes of each option.

I have the **right to ask questions** at any time.

I have the **right to be heard.** If I am dissatisfied with the services received as a participant of the Diversion/Tamarack Program, I have the right to talk with my case manager and to speak with a supervisor if problems are not resolved.

I have a **right to privacy.** Information about my case or me can only be released as outlined in the section below or with my prior written consent.

I have the right to actively participate in the development of my restorative agreement.

By participating in Court Diversion/Tamarack, I **waive my right to a speedy trial.**

_____ Initials

Information About Me and My Case

Anything I say to Diversion/Tamarack program staff or volunteers is strictly **confidential** and cannot be used against me if my case is resumed in court. However, the fact of my participation and success or reasons for failure may become part of the prosecutor's records.

Diversion/Tamarack staff will create a file regarding my case, and information in the file may be shared with a volunteer Restorative Panel. I consent to the preparation of the file. All the information gathered is **confidential.**

Diversion/Tamarack will attempt to contact any victims named in the case and others impacted to obtain input. Victims and others harmed will be offered the opportunity to actively participate in my Diversion/Tamarack process. They can choose to be informed of my name, the status of contract conditions related to them, and the outcome of my case. Diversion/Tamarack will inform me of the victims and others impacted whom they are contacting.

Diversion/Tamarack staff have the right to discuss my case and its outcomes with law enforcement officers involved in my case.

Diversion/Tamarack staff have the responsibility to report suspected abuse or neglect of children and vulnerable adults.

_____ Initials

Responsibilities

If accepted into Diversion/Tamarack, I will be asked to take part in identifying tasks that aim to repair the harm done and reduce the likelihood of re-offense. These tasks will become part of a contract. I need to complete each task in order to complete Diversion/Tamarack.

I agree to **attend scheduled meetings**. If I cannot attend, I agree to contact Diversion/Tamarack **before** the meeting to reschedule.

I agree to **stay in contact** with my case manager. I understand that I must remain in contact with Diversion/Tamarack or my case may be returned to the State’s Attorney’s Office.

I agree to **immediately notify Diversion/Tamarack** of any address or telephone number changes.

I understand that I am required to **inform Diversion/Tamarack of any new criminal charges(s)** I receive while I am participating in Diversion/Tamarack.

I understand that if I do not fulfill any of these responsibilities, my case may be returned to the State’s Attorney’s Office.

_____ Initials

Fees and Other Costs

I am required to pay a fee. I realize this fee is **NOT** a fine and has no relationship to my restorative agreement.

- ◆ *Criminal Division:* \$175 misdemeanor \$300 felony or multiple dockets
- ◆ *Family Division:* \$100.00 delinquency charge (Maximum of \$150 if multiple dockets)

Vermont law states that if I do not pay my fee, I will have failed Diversion/Tamarack and my case may be sent back to the State’s Attorney’s Office. I understand that I may talk with my case manager about how and when to pay this fee.

I am responsible for any and all costs associated with completing the program (e.g. counseling, evaluations, etc.)

_____ Initials

Completing the Program

Upon successful completion of the Diversion/Tamarack program, the State’s Attorney and Court will be notified and the charge(s) against me will be dismissed. Two years from date of charges being dismissed, if I have committed no other crimes within that period of time, my record will be expunged.

If I do not successfully complete my restorative agreement, my case may be returned to court.

_____ Initials

My signature affirms that I have read and understand this initial agreement. I have an opportunity to ask questions about this agreement.

_____ Participant

_____ Date

_____ Parent/Guardian

_____ Date

_____ Diversion/Tamarack Staff

_____ Date