

STATE OF ALABAMA  
IN THE TWENTY-THIRD JUDICIAL CIRCUIT  
MADISON COUNTY

**AFFIDAVIT OF:** \_\_\_\_\_

Before me, a Notary Public, in and for said State, personally appeared  
\_\_\_\_\_, to me personally known and who being by me  
first duly sworn and on this oath does say as follows:

1. That I am over the age of nineteen years and make this affidavit of my own free will and all the information contained herein is true and correct to the best of my knowledge, information and belief.
2. That I am voluntarily requesting consideration and enrollment in the Madison County Adult Drug Court (ADC) in lieu of continued prosecution of my current felony offenses and do understand that I must adhere to the rules of said Drug Court and to follow said rules as they apply to me.
3. That I admit the root cause of my criminal activity is substance abuse.
4. That I have no arrests for crimes of danger against another (and that I have been advised by my attorney of the definition of the same as found in Alabama Code § 13A-6-1, et seq. and § 13A-8-1, et. seq.), crimes which involve the use of weapons or any crime that has involved a child as a victim, or any crime involving the distribution or trafficking of a controlled substance.
5. That I have not been diagnosed with a mental disease or defect which shall include, but not be limited to, bipolar disorder, schizophrenia, down syndrome, mental retardation, manic depression, dual personality disorder, attention deficit disorder or other psychotic conditions that will prevent me from completing the requirements of the ADC or require me to take medication that would be in violation of the ADC requirements.
6. That I do not have a medical condition that would interfere with my ability to complete the ADC requirements or require the taking of medication that would not be allowed under the ADC requirement.

7. That I am currently not on and understand that I will not be allowed to use methadone or derivatives thereof as treatment in lieu of other substances that I have illegally used.
8. That I understand that I will have to gain and/or main employment, have available to me reliable transportation and access to phone communications in order to keep open lines of communication during my ADC treatment.

I understand that if accepted into the ADC program, on my assertions herein and if any of my assertions are untrue, that this may result in immediate expulsion from the Drug Court program and subject me to a sentence of penitentiary time for my untruthfulness.

I have read and understand the rules and regulations of the Madison County Drug Court and have consulted with my legal counsel and understand the gravity of my signature below, and the information contained herein is correct to the best of my knowledge, information and belief. That I realize that any falsification of this information can subject me to removal from the Drug Court program and subject me to the charge of perjury.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Attorney Attested

\_\_\_\_\_  
Affiant

Sworn to and subscribed before me, the undersigned Notary Public on this

the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_