

PEOPLE OF THE STATE OF ILLINOIS,)
Plaintiff,)
vs,)
_____)
Defendant)

- ☐ The defendant agrees he/she/they will not use any illegal drugs or other mood-altering substances and will not consume alcohol (if under the age of 21) while on the Deferred Prosecution program. The defendant agrees to be interviewed and/or submit to drug or alcohol testing at his/her/their own expense as determined by the LaSalle County State's Attorney's Office. The defendant agrees to the disclosure of all results of such tests to the LaSalle County State's Attorney's Office by the testing entity. The defendant must have a minimum of six months sobriety prior to receiving a successful discharge from the program.
- ☐ The defendant shall notify the LaSalle County State's Attorney's Office of any job change or loss while on the Deferred Prosecution Program.
- ☐ The defendant shall not violate any criminal statute of the State of Illinois or any other State while on the Deferred Prosecution Program.
- ☐ The defendant shall not associate with any known gang members, will not wear gang colors or insignia of any kind and will not engage in any type of gang activity while on the Deferred Prosecution Program.
- ☐ The defendant is placed on the Deferred Prosecution Program for a period of 24 months. The defendant must report in to the Coordinator on a monthly basis. The Coordinator shall establish the method of reporting in.

- ☐ The defendant agrees to be present for all court dates issued on this case and to meet with the Deferred Prosecution staff at any time such a request is made.
- ☐ If any condition of this agreement is violated, the defendant will be notified in writing by the LaSalle County State's Attorney's Office. It will be at the discretion of the LaSalle County State's Attorney's office to amend the agreement to include additional requirements, or to negatively terminate the defendant from the Deferred Prosecution Program and continue prosecution of any pending case, or file any charges related to the Deferred Prosecution Program.
- ☐ The community service site must be approved by the LaSalle County State's Attorney's Office and verification of completion must be submitted to the Coordinator no later than 30 days prior to the termination date.
- ☐ Restitution due to the victim must be paid prior to the termination date. The payment plan established by the Deferred Prosecution Program Coordinator must be followed. Restitution in this matter is to be paid in the amount of \$ _____ for the benefit of _____.
- ☐ The defendant agrees to any counseling and/or treatment required by the LaSalle County State's Attorney's Office.
- ☐ The defendant agrees to state a factual basis under oath admitting to the elements of the pending charge or charges.
- ☐ The defendant agrees to provide testimony against any and all co-defendants in this matter.
- ☐ The defendant is aware that in accordance with 725 ILCS 5/113-8, if he/she/they is not a citizen of the United States, he/she/they is advised that a conviction for the offense which he/she/they have been charged may have consequences of deportation exclusion from admission to the United States, or denial of naturalization under the laws of the United States.
- ☐ This agreement sets for all agreements, understandings, and covenants between the Parties relative to the matters herein contained. This Agreement supersedes all prior agreements, negotiations, and understandings, written and oral, and shall be deemed to be a full integration of the entire agreement and understanding of the parties.

I understand the terms and conditions of this agreement and voluntarily enter into it. I understand that if I fail to comply with the conditions it could result in a negative termination from the Program and that the case may be returned to court for full prosecution.

I also understand that if I complete all the conditions and follow the terms of the agreement, the LaSalle County State's Attorney's Office will dismiss the charge(s) which are pending against me.

I also understand that by my signature, I am waiving any and all objections to the use by the State's Attorney's Office of any admission I may make concerning my offense(s) at a subsequent trial if I am terminated from the Deferred Prosecution Program.

I acknowledge that anything I say to a staff member of the Deferred Prosecution Program during my participation in the program may be used against me in further court proceedings if I am negatively terminated from the program.

Waiver of Preliminary Hearing/Grand Jury

I also understand that I, the undersigned, being fully advised of my rights to a preliminary hearing upon the current charge, hereby waive such right and consent to the entry of an order holding me to answer.

Defendant

Date

I, the attorney for the defendant, have read the above agreement and express my approval of the defendant entering into the program. Pursuant to 4.2 of the Illinois Rules of Professional Responsibility, I hereby give consent for my client to have communication/correspondence with case managers, Assistant State's Attorneys and other employees during the pendency of the Deferred Prosecution Agreement.

Attorney for Defendant

Date

I understand I have the right to be represented by an attorney in this matter. I also acknowledge the Court could appoint an attorney to represent me if I cannot afford one. I waive my right to an attorney and wish to represent myself.

Defendant

Date