

IN THE CRIMINAL COURT OF HAMILTON COUNTY, TENNESSEE

STATE OF TENNESSEE,)	
)	
<i>Plaintiff,</i>)	SECOND DIVISION
)	
vs.)	
)	NO(s).
_____)	
)	
<i>Defendant.</i>)	

LIMITED WAIVER OF FOURTH AMENDMENT RIGHTS AS PART OF PARTICIPATION IN DRUG RECOVERY COURT PROGRAM

Comes now the Defendant in the above styled case(s), and states to the Court the following:

1. **Nature of the Rights I have:** I understand that I have constitutional and statutory rights that protect me from unreasonable searches and seizures.

I understand that these rights are guaranteed by, among other law, the Fourth Amendment to the United States Constitution and Article I, section 7 of the Tennessee Constitution.

I also understand that I can voluntarily give up these rights as part of a negotiated plea agreement or negotiated resolution of a probation or community corrections violation as an acceptable alternative to serving a sentence of incarceration. *See, e.g., United States v. Knights*, 534 U.S. 112 (2001); *State v. Turner*, 297 S.W.3d 155 (Tenn. 2009).

2. **Waiver of Rights:** For so long as I am a participant in the Hamilton County Drug Recovery Court program, or subject to a probationary order from the Hamilton County Drug Recovery Court, I do hereby waive and give up the rights listed above.
3. **Consent to Random Drug Screens Without Any Level of Suspicion:** I understand that I will be subject to random drug screens to detect the use of unlawful and prohibited substances and drugs, including through the taking of samples of urine, blood, or hair. Although I understand that such drug screens constitute a “search,” I fully consent to such searches and random drug screens without probable cause or any level of suspicion of use while I am a participant in the Drug Recovery Court program.
4. **Consent to Search Upon Reasonable Suspicion:** In addition, I hereby consent to a search of my person, papers, personal effects, residence, cell phone, computer, or other electronic devices, vehicles, and other effects upon reasonable suspicion that I have committed a crime or violated the Rules of the Drug Recovery Court, as those rules are

set forth in the Participant Handbook, Participant Contract, and orders of the Drug Recovery Court.

I further consent that any such search may be conducted by a member of the Hamilton County Drug Recovery Court team, by any treatment provider, by any probation or community corrections officer, or by any law enforcement officer.

For as long as I am a participant in the Hamilton County Drug Recovery Court program or subject to a probationary order from the Hamilton County Drug Recovery Court, I agree that that the above searches may be conducted without a warrant and without probable cause, provided that reasonable suspicion is otherwise present.

5. **Use of Seized Evidence:** In granting this consent, I understand that the State may use any evidence seized during such a search as a basis for any later prosecution of me that may arise from said search. I also understand that the Drug Recovery Court may use any evidence seized during such a search as the basis for any sanction imposed by the Drug Recovery Court program, including incarceration or removal from the program.
6. **Voluntary Waiver:** No person has threatened me or coerced me into granting this limited waiver of my Fourth Amendment rights.
7. **Advice of Legal Counsel:** I have spoken with my lawyer about the rights guaranteed me by the Fourth Amendment and the consequences of waiving those rights, as well as any advantages or disadvantages to agreeing to this waiver of rights. I understand the consequences and possible disadvantages of agreeing to this waiver, and I voluntarily agree to this waiver of my Fourth Amendment rights as set forth herein as a condition of my participation in the Hamilton County Drug Recovery Court program.
8. **Reclaiming My Rights:** I understand that this waiver of rights will no longer be effective, and that I will be able to reassert fully my Fourth Amendment rights, if I am removed from the Drug Recovery Court program.

Participant's Signature

Date

Participant's Attorney

Date

Assistant District Attorney General

Date