



# OFFICE OF THE STATE'S ATTORNEY FOR ALLEGANY COUNTY, MARYLAND

Defendant Name: \_\_\_\_\_ Case #: \_\_\_\_\_

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COUNTY INVESTIGATOR

MAIN OFFICE:  
59 PROSPECT SQUARE, SUITE 111  
CUMBERLAND, MARYLAND 21502  
PHONE: 301-777-5962  
FAX: 301-777-5964

DISTRICT COURT DIVISION:  
123 SOUTH LIBERTY STREET  
CUMBERLAND, MARYLAND 21502  
PHONE: 301-777-5577  
FAX: 301-777-5579

## CONSENT TO STET

The undersigned, Defendant in the above-captioned case hereby consents to having the Court grant the State's motion to indefinitely postpone, or mark stet on the docket, all charges, pursuant to Maryland Rule 4-248.

I understand that by accepting a stet, I am waiving my right to a speedy trial. I understand that the charges may not be steted over my objection.

I further understand that, during the next year, a steted charge may be rescheduled at the request of either party. Permission of the Court to reschedule is not necessary if made within one year. After one year from the date the case is placed on the stet docket, the charges may be rescheduled only by order of court, for good cause shown.

I further understand that the State has attached certain conditions to the motion for a stet and by doing so has indicated its intention to exercise its right to reschedule this case for trial, pursuant to Rule 4-248, should the State's Attorney believe that the conditions are not satisfied.

The conditions imposed by the State, as a condition of the stet, are to obey all laws and to have a drug and/or alcohol evaluation by a certified provider in Allegany County, Maryland in the next 30 days. It is further required that I will comply with the recommendations of the provider, maintain abstinence, complete the program as recommended, sign a release of confidential information, provide random urinalysis as directed by the provider and not withdraw this consent while I am a participant in this program.

I understand that failure to comply with any of these conditions will result in my matter being removed from the stet docket. If this failure to comply occurs after one year of entry, by signing below, I acknowledge that this will be good cause for the matter to be rescheduled.

Defendant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Defense Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State's Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DIVERSION PROGRAM MEMORANDUM

Defendant Name: \_\_\_\_\_ Case: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

In an effort to assist defendants who are struggling with substance abuse find treatment for their addictions, the Office of the State's Attorney (SAO) has established its Diversion Program for first and second-time drug offenders, as well as defendants in some cases where drug addiction played a role in the crime(s) alleged. With the Diversion Program, it is also the goal of the SAO to reduce recidivism rates and overdoses within Allegany County, Maryland, and its surrounding areas.

As part of the Diversion Program, defendants will be evaluated by an approved service provider and will be expected to complete the treatment recommendations outlined in the evaluation. Progress will be tracked by the SAO throughout the program to determine whether or not the defendant is in compliance with the recommended treatment. All treatment costs are the sole responsibility of the defendant, whether using private insurance or paying out-of-pocket. A majority of service providers do accept insurance, but it will be the defendant's responsibility to set this up through their insurance carrier.

**If accepted into the Diversion Program, the defendant will be expected to:**

- Complete the Release of Confidential Information Form for the SAO to obtain records from the treatment provider
- Complete the Consent to Stet Form and agree to the Stet in the courtroom
- Provide the SAO with approved treatment center information no more than 30 days after accepting the Stet in the courtroom. If unable to obtain an appointment within 30 days, the defendant must provide the SAO with an explanation
- Have an evaluation completed and sent to the SAO
- Comply with the terms established by the SAO and the chosen service provider

If the defendant fails to meet any of these requirements, a warning letter will be sent, advising them of their non-compliance and the SAO's intent to reset the matter for trial should the defendant not come into compliance within a specific time period. If the defendant does not comply with the Diversion Program terms before the deadline provided in the warning letter, the case will be removed from the Stet docket and set for trial.

Defendant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State's Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit all new treatment information to:**  
Office of the State's Attorney's - District Court Division  
123 S. Liberty Street  
Cumberland, MD 21502  
Phone 301-777-5962 / Fax 301-777-5964

*Email Forms to [jelliott@alleganygov.org](mailto:jelliott@alleganygov.org)*

**\*\* APPROVED TREATMENT CENTERS \*\***

**MARYLAND**

**ADAC**

217 Glen St 4th Floor  
Cumberland, MD 21502  
301-729-0340

**Allegany County Health Department**

12501 Willowbrook Rd  
Cumberland, MD 21502  
301-759-5000  
Walk-ins available Mon.-Fri. 8:30am to 3:00pm

**Awakenings Recovery Center \***

111 South Potomac Street  
Hagerstown, MD 21740  
443-903-2511

**Fresh Start Recovery Center \***

15886 Gaither Drive B  
Gaithersburg, MD 20877  
443-903-2511

**Foundations Recovery Center \***

7131 Rutherford Road  
Windsor Mill, MD 21244  
443-903-2511

**Garrett County Health Department**

1025 Memorial Drive  
Oakland, MD 21550  
301-334-7777

**Villa Maria of Mountain Maryland**

308 Virginia Ave  
Cumberland, MD 21502  
667-600-2110

- *The 3 Maryland recovery centers are all under the same parent company. To enroll with any of those, you call the same number and complete a phone interview for placement.*

**PENNSYLVANIA**

Fayette County Drug and Alcohol Commission Inc.  
100 New Salem Rd  
Uniontown PA 15401  
(724) 438-3576

Twin Lakes Treatment Center  
9457 Lincoln Highway, Suite 105  
Bedford, PA 15522  
814-623-7658

**WEST VIRGINIA**

**Potomac Highlands Guild**

3334 New Creek Hwy  
New Creek, WV 26743  
304- 788-2241

Has offices in Keyser, Romney, and Petersburg

*Email Forms to [jelliott@alleganygov.org](mailto:jelliott@alleganygov.org)*

**ALLEGANY COUNTY MARYLAND STATE'S ATTORNEY DIVERSION PROGRAM  
CONSENT/AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ DOB: \_\_\_\_\_  
(Participant's Name) (Date of Birth)  
\_\_\_\_\_  
(Street Address) (City, State, Zip)

authorize the Diversion Program to: X Obtain: X Release information to/from: **Allegany County Parole & Probation** (Cathy Albright, Jennifer Ritchie, Brock Everline, Laurie Meredith, Rhonda O'Neal, Tricia Tressler, Ashley Dyer, Stacey Jobos, Amy Twigg, Mary Stickley, Jennifer Frankenberry, Catherine Philips, or any other agent of the Maryland Department of Parole and Probation); **Allegany County State's Attorney's Office** (James Elliott, Fred Voss, Daniel Dumproff, Sam Lane, Karen Detrick, Jacqueline Phillips, Linda Thomas, Joshua Kelty, Kelly Lysinger, Melissa Rounds, Kirsten Dixon, Cereda Robertson, Anna Durst, Rochelle Costello, Charles Goldstrom); **Allegany County Circuit and District Court** (Judge Getty, Judge Twigg, Judge Finan, Judge Long, Judge Leasure, Judge Price, Judge Bean, Judge Moylan, Judge Malloy, or any other Judge sitting in Allegany County); **Allegany County Office of Public Defender** (Jessica Colwell, David Schram) and **Defense Attorney as designated on signed paperwork.**

**The following information from my records:** All admission and discharge information for substance use disorder treatment and mental health treatment. This may include: reason for referral, discharge disposition, urinalysis and breathalyzer results, attendance, substance use disorders and mental health diagnoses, prescribed medications, insurance type, employment status, compliance and legal status, treatment & aftercare recommendations, and family/significant other involvement. Treatment participation and information relevant to the treatment of the patient.

**THE PURPOSE OR NEED FOR THIS DISCLOSURE IS TO PROVIDE UPDATES TO THE AGENCIES AND INDIVIDUALS LISTED ABOVE ON MY COMPLIANCE WITH AGREED UPON SUBSTANCE USE DISORDER TREATMENT IN MY CRIMINAL CASE.**

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I also understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected by HIPAA, but the information will remain protected by 42 C.F.R. Part 2 even if redisclosed. I understand that if my treatment providers disclose my substance use disorder treatment records pursuant to this consent, the recipient will be provided a notice of non-disclosure. I understand that recipients of this information may redisclose it only in connection with their official duties,

I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event, this consent expires automatically as follows: This consent will remain valid until 30 days following the final disposition (nolle prosequi, guilty, not guilty, nolo contendere or alford plea and sentencing if appropriate) of my criminal case.

I understand that the Diversion Program can withdraw my ability to participate in this program by refusing to sign this consent form or withdrawing consent. I have been provided a copy of this form.

\_\_\_\_\_  
(Date) (Name of Participant) (Signature of Participant)  
\_\_\_\_\_  
(Date) (Name of Witness) (Signature of Witness)

**PROHIBITION AGAINST REDISCLOSURE OF CONFIDENTIAL INFORMATION**

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical information is NOT sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient