

APPLICATION FOR MENTAL HEALTH PRETRIAL DIVERSION

I, _____ have been advised by my attorney that I may be a candidate for the Mental Health Pretrial Diversion (MHPTD). I have also been fully advised of the details of the MHPTD, including its purposes, objectives, and understand that the MHPTD is voluntary. Further, I have been fully advised by my attorney of my constitutional rights as a criminal defendant and that the same will be set forth in writing and explained to me before I make any agreement to participate in this program.

If I am admitted into the MHPTD, it is my further understanding that I will abide by all terms and conditions of the program as explained to me by the MHPTD Staff including the payment of a program fee in the amount of \$250.00.

I hereby apply for consideration to participate in the MHPTD while my case is awaiting trial. I understand that the final decision to commence criminal proceedings or to divert from prosecution in my case rests with the District Attorney's Office.

I authorize the MHPTD staff to conduct a screening to determine my eligibility for this program. I understand that the screening may include interviews of persons deemed necessary by the MHPTD staff. I agree to sign an Authorization for Disclosure and Consent so MHPTD staff can interview and review records concerning me in the possession of such persons in a reasonable manner.

I understand that a false answer to any questions during the screening may be grounds for recommendation against placement into the MHPTD or removal after placement in the program, in which case the District Attorney's Office will resume prosecution on the original charges.

I understand that if I am accepted into the Mental Health Pretrial Diversion, a participant agreement will be signed by defendant, defense attorney, prosecutor and presiding Judge. If the defendant performs the conditions and program requirements in the written agreement within a specified period of time, the District Attorney's Office agrees to dismiss the case. Both the State and the defendant request that the court continue the present pretrial setting to a certain date in the future to give the defendant time to comply with the agreed conditions and program requirements. If the court approves the agreement, it grants the joint request for continuance and resets the case to a certain date in the future. If the court does not approve the agreement, the case proceeds in pretrial as scheduled on the docket.

I understand that MHPTD staff will be conducting this interview at my attorney's request. My attorney, by signing below, has given MHPTD staff consent to ask me questions to determine if I am eligible to participate in the MHPTD program and I agree with that consent. My attorney has advised me that the MHPTD staff will not enquire into the specific facts regarding my pending legal case or elicit incriminating evidence about my case without first discussing the circumstances with my attorney. If I am asked specific facts and circumstances about my case, my attorney has advised me not to answer. My attorney (**will / will not**) participate in the meeting where I will be present with these forms.

Defendant signature

Date

DOB

Defendant, printed name

SID

Defendant Phone #

Defense Attorney signature

Date

Defense Attorney, printed name

SBN

Offenses / Cause Numbers

Offense Date