22ND JUDICIAL DISTRICT MENTAL HEALTH COURT

Information and Petition for Potential Participant

The Mental Health Court Program is a privilege you may exercise only once. To take part in this program, you must complete and sign the petition form and file it with the Court.

You are eligible for the Program if:

- Mental health issues contributed to your behaviors which led to your involvement with the Court; and
- You have not participated or are not currently participating in the Mental Health Court Program; and
- The District Attorney agrees to your participation in the Mental Health Court Program.

The District Attorney will review your file and will make a preliminary determination whether your case is one the State would be willing to consider for Mental Health Court and speak with your defense attorney or the Circuit Court Judge. Mental Health Court Program paperwork must be filed with the Court in order to be considered. The Court will establish a date for you to appear to make a decision about your eligibility for entry. It is important for you to remain in contact with your attorney and the Circuit Court office.

If, within 14 days of the day you sign the Mental Health Court agreement, you wish to withdraw from the Program, your case will be returned to normal criminal docketing for processing. If you withdraw after that time or are terminated from the program, all fees which you have paid to the treatment provider or Court are non-refundable and any remaining balance is to be paid in full.

Upon successful completion of the Mental Health Court Program, the Court will dismiss the charge(s) against you and the District Attorney cannot prosecute you in the future for these charges. Additionally, you may later file a motion to set aside the record of arrest under ORS 137.225.

Please contact the Jefferson County Circuit Court for a complete description of the Mental Health Court Program, including specific details of your potential benefit:

Jefferson County Circuit Court
75 SE C Street, Suite C
Madras, OR 97741
541.475.3317
www.courts.oregon.gov/jefferson

22nd JUDICIAL DISTRICT MENTAL HEALTH COURT

Mental Health Court Petition, Waiver and Agreement

Defendant Name:_____

DOB:_____ Case No._____

Address:_____

Phone: Home_____ Cell:_____

The Circuit Court post plea track of the Mental Health Court Program is an opportunity provided by recommendation of the District Attorney because of the nature of the criminal charges in this case. You will have the opportunity to participate in the Program after a guilty plea but prior to sentencing. If you fail to successfully complete the Program, your case will be placed back onto the regular docket and set for sentencing. However, while you are actively engaged in treatment and the Mental Health Court Program, a conviction will not be placed on your record. Upon satisfactory completion of the Mental Health Court Program, the Court will permanently dismiss the charge(s) and the conviction will never be entered onto your record. You may file a motion to set aside the record of arrest if you qualify, after the charges have been dismissed.

If this petition is allowed by the Court, you agree to give up certain legal rights and to carry out the agreements listed below. Your initials next to each subsection indicate that you have read, or have had read to you, these sections and understand the rights you give up and the obligations you accept.

Waivers

_____ I waive my right to have a preliminary hearing and/or grand jury indictment and agree to proceed upon the District Attorney's information by entering a plea of guilty or no contest to the charges. I give up my right to have any evidence seized by the police in this case tested by the Oregon State Crime Laboratory.

_____ I waive the following rights:

- My right to a speedy trial before a jury of my peers
- My right to call witnesses on my behalf
- My right to confront any witnesses
- My right to remain silent

_____ If the District Attorney files additional charges arising from the original incident on which my plea is based, I agree not to assert my former jeopardy rights.

_____ I agree not to file any motions, including motions to suppress any evidence obtained by search and/or seizure.

_____ I have discussed these waivers with my attorney and fully understand their significance. If I have signed this waiver without the assistance of an attorney, I acknowledge that I am aware I have the right to have an attorney, and if I cannot afford an attorney the Court would appoint one to assist me.

_____ If I wish to withdraw from the Mental Health Court Program, within 14 days on my entry into the program, this agreement will be voided and the case will be returned to the normal Court docket for processing.

Stipulated Section

_____ I hereby stipulate and agree that the conditions of my release agreement will include entry into, participation in, and successful completion of the Mental Health Court Program.

_____ I understand and agree that if I fail to complete the Mental Health Court Program to the satisfaction of the Court and Mental Health Court Team, that my case will proceed directly to sentencing. If I received a suspended sentence, that sentence will be imposed without further delay and may include jail or prison time. The State may request my termination from the Mental Health Court Program for non-compliance at any time. The ultimate decision to terminate me will be made by the Court.

Agreements and Conditions

_____ I agree that as a part of the Mental Health Court program, the court **will** require me to seek and maintain mental health treatment and take psychiatric medications as recommended and prescribed which may include monitoring of my taking such medications.

The court *may* require me to seek and maintain substance abuse treatment; take monitored urine tests and/or breathalyzer tests which may be a part of substance abuse treatment or required by the court independently of substance abuse treatment. The court *may* also require me to seek and maintain employment, counseling, educational programs, work release, or other program requirements as deemed reasonable and necessary by the court which may be required of me at any time during the course of my Mental Health Court program.

_____ I agree to satisfactorily complete a diagnostic evaluation for the development of my mental health treatment program and if applicable, a drug or alcohol treatment program as ordered by the Court. I hereby authorize release of all treatment information to the Court, District Attorney, Probation Department, and Defense Counsel. The information will be utilized by the Mental Health Court Team in the monitoring of my compliance with the program requirements.

____I understand I will be required to disclose any mental health treatment or supervision and any substance abuse treatment or supervision in which I am currently involved or in which I have previously been involved. Upon request of my treatment provider(s) or the court, I will sign a release of information and authorize any current or past mental health or substance abuse treatment provider or program to provide supervision and treatment information to the Mental Health Court, which the Mental Health Court may in its discretion release to any current treatment provider.

_____ I agree that as a part of the Mental Health Court program, the court can require me to appear at any time including regular weekly, bi-weekly or monthly Mental Health Court sessions as directed regardless of my compliance and success in the Mental Health Court program.

_____ I agree to pay restitution in the amount of _____ to _____. I agree to waive my right to challenge the amount of restitution. I also agree that if I do not pay restitution, I may be sanctioned or terminated from the Mental Health Court Program. I understand restitution needs to be paid in full prior to completing the Program.

_____ The Court agrees that, upon successful completion of the Mental Health Court Program, the proceedings against me will be dismissed.

_____ I understand that the Mental Health Court Program is a 12 month program. I agree that the Court may extend my program for a sufficient period of time to allow me to successfully complete my requirements. I also understand that all conditions of my release agreement remain in effect while I am in the Mental Health Court Program.

_____ I agree to follow all requirements of my Mental Health Court Participation Plan.

_____ I agree to totally abstain (not use at all) unlawful controlled substances, marijuana or alcohol. I also agree not to knowingly associate with any person possessing or using illegal drugs.

_____ I agree to not work with any police agency on drug cases or on cases where I may come into contact with illegal drugs.

_____ I agree that the Mental Health Court Judge may communicate with others about my participation in Mental Health Court without me or my attorney's presence.

_____ I agree that any failure by me in the Mental Health Court Program, such as, but not limited to, missing treatment, missing or being late for scheduled court appearances, a positive urinalysis test, any violation of the terms of this agreement, may result in a Court sanctions imposed by the judge including, but not limited to, assignments to be completed in the courtroom or elsewhere, community service, a jail sentence, work crew or termination from the program.

_____ I agree to appear for all scheduled Court times and dates.

_____ I agree that the Court has the discretion to terminate me from the Program upon the commission of a new crime.

_____ I agree to keep the treatment provider and Court advised of my current address and phone number at all times.

_____ I agree to submit current private or government funded medical insurance information upon admission to the Mental Health Court Program. I understand that I will be required to show proof of income and apply for the Oregon Health Plan if I am eligible. I hereby authorize the release of all information necessary to appropriately invoice third party medical insurance plans for treatment services provided to me.

_____ I hereby agree that should the treatment program be terminated, either by the Court or me, I will proceed to a sentencing hearing.

____ I agree that if I fail, without advance approval, to attend Mental Health Court appearances for 30 days, I will automatically be terminated from the program without a hearing. I understand that my case will be referred back to court for further disposition on my underlying criminal charge or for possible probation violation allegations. I may subsequently request a show cause hearing to be reinstated in the program.

____ I agree to follow all of the Special Conditions of Probation, if any, are imposed by the Court.

_____ I agree to complete the Mental Health Court Program to the satisfaction of the Court.

I have read the above statements and agreements. I understand them and do hereby knowingly and voluntarily enter into this agreement.

_____ _____
Defendant Date

_____ _____
Attorney for Defendant Date

_____ _____
District Attorney Date

22nd JUDICIAL DISTRICT MENTAL HEALTH COURT PROGRAM

Mental Health Court Program Declined

State of Oregon vs._____

Case No._____

I have been advised of the Circuit Court's Mental Health Court Program by the Court as well as by my attorney. I have reviewed the information, waiver, and agreements. I fully understand the opportunity it affords me and the responsibilities it would place upon me. I further understand that an election to not participate will result in my case being placed back on the regular Court docket for further proceedings. I further understand that I may not elect to participate in this program at any future date.

I hereby elect **not** to participate in the 22nd Judicial District Mental Health Court Program.

_____ _____

Defendant Date

_____ _____

Attorney for Defendant Date