MULTNOMAH COUNTY MENTAL HEALTH COURT PROGRAM
PETITION AND AGREEMENT
(Probation)

Petitioner Name: _____
Last First Middle

Address: _____

_____

Phone: _____ Case #(s)_____

1. I have seen the "Mental Health Court Description" and I have talked about Mental Health Court with my attorney. I want to enter the Mental Health Court.

2. I agree to cooperate with an evaluation of my mental health so that my court monitor can put together the best treatment plan for me. I understand that my treatment plan may include drug or alcohol treatment and that I may be tested on a regular basis for drug or alcohol consumption.

3. I agree to complete the Mental Health Court program to the satisfaction of the Mental Health Court Judge.

4. I agree that:
   - I will go to all my treatment appointments on time.
   - I will go to all my meetings with my court monitor on time.
   - I will go to all my court appearances on time.
   - I will obey all laws and I will not commit any new crimes.
   - I will take all my medications exactly as they are prescribed.
   - I will do whatever else the Judge or my court monitor tells me to do.
   - I will not possess firearms, weapons, or dangerous animals

   I know that if I do not do any of these things that the Judge can punish me, change my treatment plan or even remove me from Mental Health Court. I know that if I am removed from Mental Health Court, my probation might be revoked and I could get a jail or prison sentence, whichever is applicable. I agree that the Judge can order that I go to court or treatment at any time, regardless of how well I am doing.

5. I know that if I do not follow my agreements then the Judge can give me:
   - Assignments to be completed in court or in the community
   - Community service
   - Jail
   - Additional treatment
   - Other sanctions as directed by the Court

6. I agree that as a part of the Mental Health Court program, the Court can require me to appear at any time including court sessions. I further agree that if I do not comply with the requirements of the Mental Health Court program the Mental Health Court Judge can impose sanctions that include assignments to be completed in the courtroom or elsewhere, community service, jail, or revocation of my probation.

7. I agree to keep my mental health treatment provider(s) and, if applicable, my substance abuse treatment provider and the Court advised of my current address at all times during the Mental Health Court program.

8. 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 release of all information necessary to appropriately invoice third party medical insurance plans for treatment services provided to me.

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

10. 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 will also sign releases as requested for release of information from non-treatment providers such as family members, housing programs, etc.

_____ _____

Date Signature of Petitioner

_____

Signature of Defense Counsel

_____

Signature of Deputy District Attorney

Updated: 03/07/12