

1 **IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR JACKSON**  
2 **COUNTY**

3 STATE OF OREGON,

Case No. \_\_\_\_\_

4 Plaintiff,  
5 Vs.

**PETITION, WAIVER AND**  
**AGREEMENT**

6 \_\_\_\_\_,  
7 Defendant.

**MENTAL HEALTH COURT**

8  
9  
10 Related cases: \_\_\_\_\_

11 If this petition is allowed by the Court, the petitioner/defendant agrees to give up  
12 the rights and carry out the agreements listed below upon formal acceptance into  
13 the program.

- 14 1. I hereby give up any former jeopardy rights as to all Mental Health Court  
15 charges, severed charges, and civil forfeitures.
- 16 2. As to Mental Health Court charges, I hereby give up the following rights:  
17 a. My right to a speedy trial  
18 b. My right to a jury trial  
19 c. My right to call witnesses and to cross-examine the State's witnesses  
20 d. My right to testify  
21 e. My right to any motions to suppress or dismiss or demure.
- 22 3. I hereby acknowledge that criminal charges or civil actions arising out of  
23 this same episode or transaction as charges allowed into Mental Health  
24 Court will be severed and prosecuted or litigated separately.
- 25 4. a. I hereby agree that after opting into Mental Health Court should I be  
26 terminated, I will proceed to sentencing based upon my plea of guilty.  
27 Both the State and I agree that prior to opting into Mental Health Court, I  
28 may withdraw from the Mental Health Court Program and have all my  
constitutional rights restored. The State, likewise, prior to my opting into  
Mental Health Court may withdraw from this agreement and oppose my  
entry into the Mental Health Court Program as not eligible under the  
eligibility criteria.

1 b. The State at any time may request my termination from the Mental  
2 Health Court program for non-compliance. I understand that after  
3 entering Mental Health Court, my decision to participate is not revocable  
4 and I cannot opt out of Mental Health Court. The termination decision  
5 will be decided by the Court.

- 6
- 7 5. I give up my right to have any evidence seized by police in this case tested  
8 by the Oregon State Crime Laboratory or any other entity.
- 9 6. I understand and agree to fulfill the requirements and conditions stated in  
10 the Mental Health Court Program "Contract", copy with my signature  
11 attached to this petition.
- 12 7. I agree that participation in the Mental Health Court program will be for  
13 at least twelve (12) months and that the Court may extend the treatment  
14 program for additional time to allow me to successfully complete the  
15 program.
- 16 8. I agree that any failure to fulfill the requirements of this agreement or the  
17 Contract such as positive urinalysis tests, missing treatment, failure to  
18 abide by any Court order or commission of a new crime may result in  
19 modification or termination from the Mental Health Court program. I  
20 agree the Court can impose immediate consequences if the Court  
21 determines that I have not complied with orders of the Court or the  
22 requirements of the program. I agree the Court may impose other  
23 sanctions including, but not limited to, community service, work crew,  
24 court days, and jail, rather than terminating my participation with Mental  
25 Health Court.
- 26 9. I further agree that any failure to fulfill the requirements of this agreement  
27 or the Contract may result in modification of the treatment program,  
28 revocation of my pretrial release or probation, or termination from the  
program.
- 10.I agree to the general conditions of release under ORS 135.250, including  
but not limited to
- a. Appear in Court or anywhere else as ordered by the Court or its  
designee
  - b. Obey any future order of the Court
  - c. Not leave the state without permission of the Court
  - d. Remain a law abiding citizen

- e. Not frequent places or associate with persons using or possessing controlled substances or committing crimes
- f. Not possess firearms or restricted weapons
- g. I hereby permit any officer in Jackson County Community Justice (hereinafter, officer) or their designee to visit my residence or worksite and I hereby agree to consent to the search of my person, vehicle or premises upon the request of an officer having reasonable grounds to believe that evidence of a violation will be found.

11. The Court agrees that upon successful completion of the Mental Health Court program the Court shall:

I have read the above statement of the rights that I must give up and the agreements I must make. I understand what I have read and do hereby knowingly give up these rights and enter into these agreements with the Court.

Petitioner's Address:

Street City, State Zipcode

Telephone Number

Petitioner's Signature

Date

Attorney for Defendant

Date

Deputy District Attorney

Date