

**IN THE MUNICIPAL COURT OF DELAWARE COUNTY, OHIO
MENTAL HEALTH DOCKET**

The State of Ohio

Case No. _____

vs.

Defendant

PARTICIPANT AGREEMENT

I ask that my case be assigned to the Mental Health Docket. I am willing to participate and comply with all terms and conditions set forth in the Participation Handbook that has been reviewed with me. I understand that the Participation Agreement outlines the process and requirements of the Mental Health Docket and that I can refer to the Participation Handbook for further explanation.

I agree to participate in the Mental Health Docket for all further proceedings of the above captioned case.

1. Participation in the Mental Health Docket is voluntary.
2. I understand that I am pleading guilty to the charges against me and I have completed and signed a separate Guilty Plea form.
3. I will be given a Court Services Plan (Participant Handbook; pgs. 5-11) that I will have to agree to and understand that the Court Services Plan will be amended as I progress through the Mental Health Docket.
4. I understand that I will be placed on probation for 60 months while I participate in the Mental Health Docket. The Mental Health Docket is designed to be completed in approximately two (2) years. I understand that if I follow the terms of community control and my Court Services Plan, I can graduate from the Mental Health Docket in approximately two (2) years.
5. I agree to attend all Mental Health Docket Status Review Hearings as part of the important judicial interaction between the Judge and myself. I understand that at a minimum I will attend two hearings monthly during the initial phase and regularly as scheduled thereafter to review my progress with the Mental Health Docket team.
6. I may be referred to a number of community services for assistance with benefits, housing medical assistance, employment, and education.
7. I may be required to complete assigned hours of community service work as part of my community control sanction.
8. I may be referred to attend 12-step and/or support groups in the community.
9. I understand that I need to inform the Mental Health Docket Coordinator and the Mental Health Probation Officer of any change of address, arrest, or any contact with law enforcement as soon as possible.

10. I understand that commission of a new crime, repeated willful violations or repeated non-compliance with the requirements of my Court Services Plan may result in my dismissal from the Mental Health Docket. (Participant Handbook; pgs. 11-13)
11. I understand that the Judge has the discretion to dismiss me from the Mental Health Docket program at any time upon finding that I have not been honest and truthful with the Court.
12. I understand that if I am accepted into the Mental Health Docket and I do not comply with all the requirements of the Docket that I may be discharged from the Docket and my original sentence imposed immediately, and that my sentence could involve jail time, a fine, court costs, or all three.
13. I will keep all appointments and attend all Court Mental Health Docket Status Review Hearings as scheduled. (Participant Handbook; pg.3)
14. I will not consume alcohol, controlled substances, or prescription medications not prescribed to me. (Participant Handbook; pg. 11)
15. I will submit to frequent and random alcohol and drug testing upon request. I understand that all tests will be direct observation urine collections using a same sex collector.
16. Urine samples will also be analyzed for temperature, specific gravity, Creatinine and other chemical markers to ensure a valid urine specimen. I understand that if I fail to produce a urine specimen or if the sample provided is not sufficient quantity, it will be considered a positive test for drugs/alcohol and I will be sanctioned. I have been informed that drinking excessive amounts of fluids can result in a diluted urine sample and I understand that my urine sample will be tested to ensure the urine is not diluted. I understand that if I produce a diluted urine sample it will be considered as a positive test for drugs/alcohol and will result in immediate sanctioning and may be grounds for revocation from the Mental Health Docket. I understand that substituting, submitting the sample of another, or adulterating my specimen for the purpose of changing the drug testing results will be considered a positive test for alcohol/drugs and may result in immediate sanctioning and may be grounds for revocation from the Mental Health Docket. My test results will be shared at the treatment team meetings. Furthermore, I understand that the Judge will be notified immediately of any violations of the above.
17. I understand that any noncompliance on my part will be governed by immediate and graduated sanctions.
18. I will cooperate with all treatment and services outlined in my treatment plan and in any later or amended treatment plans for my treatment provider.
19. I will sign and keep all Disclosure of Confidential Information (consent) forms current as requested by the Court.
20. When I successfully complete my Court Services Plan through the Mental Health Docket, I am advised that the charges(s) against me may be dismissed.
21. Any misconduct on my part may result in consequences issued by the Judge. (Participant Handbook; pgs. 11-13)
22. I understand that I will retain all of my constitutional rights as to any discharge from the Mental Health Docket.
23. I have the right to request the attendance of defense counsel during the portions of a specialized docket treatment team meeting concerning my case.

24. I acknowledge receipt of the Mental Health Docket Participation Handbook.

I have read this Agreement and received a copy of it. I understand there are penalties for violating this Agreement. After consultation with my attorney, I hereby sign the Agreement to participate in the Mental Health Docket.

Defendant

Date

Attorney for Defendant

Date

The Court hereby accepts this case and the defendant into the Mental Health Docket.

Further:

It is so ORDERED.

Judge Kyle R. Rohrer

Date

Cc: Prosecutor's Office
Attorney for Defendant
Mental Health Docket Coordinator