



BEXAR COUNTY FELONY MENTAL HEALTH PRETRIAL DIVERSION PARTICIPANT AGREEMENT

Name: _____ SID: _____ Case Number(s): _____

I have chosen to pursue treatment and services in the Felony Mental Health Pretrial Diversion (Felony MHPTD). This agreement is a contract between me and the District Attorney. I understand that the purpose of the Felony MHPTD is to help me stay engaged in treatment for my mental illness so that I can live a better life and remain law abiding. I acknowledge the opportunity to participate in this program is a privilege, not a right. I understand that accountability is an important part of the program. I acknowledge I have been accepted into the Felony MHPTD, thus the following terms and conditions will apply to me (and I am bound to comply with them) as long as I am a participant in the program: **(initial each term and condition)**

- _____ 1. I understand that I may withdraw from the Felony MHPTD. However, I understand that in doing so will lead to my case being prosecuted by the District Attorney's Office I will waive any right to a speedy trial if I withdraw participation or I am discharged unsuccessfully from the program.
- _____ 2. I understand by entering into an agreement with Felony MHPTD, my case will be dismissed upon successful completion. I further understand that upon successful completion of the Felony FMHPTD, the District Attorney agrees to refrain from prosecution or criminal penalties in my case.
- _____ 3. I understand that the Felony MHPTD program is twelve (12) months long and may be extended if all the requirements of the program have not been met at the end of the supervision period. However, at the discretion of the Court, I understand that I may qualify for a modification or early release from the program in the event that all requirements of the program have been met before the end of the twelve (12) months.
- _____ 4. Upon entry into the Felony MHPTD, you will be represented by the Bexar County Public Defender's Office for the duration of your program participation. You can opt to hire a private attorney at any time during your participation in the Felony MHPTD.
- _____ 5. Attorney-client privilege is maintained throughout your participation in the Felony MHPTD. The Public Defender will not disclose confidential information to the Felony MHPTD team without your consent. The Public Defender will attend and advocate for you throughout all phases of the Felony MHPTD program, to include staffing, court reviews and admonishment hearings. The Public Defender representing you will NEVER disclose any information to the court or to the District Attorney without your consent or unless required by the Texas Disciplinary Rules of Professional Conduct. Everything you tell your Public Defender will remain confidential unless you agree otherwise.
- _____ 6. **I will appear at all FMHPTD Bond Reviews as instructed by any member of the Felony MHPTD team.** The Felony MHPTD team is comprised of representatives from the District Attorney's Office, Bexar County Pre-Trial Services, Public Defenders Office, Court Case Managers, treatment providers, and the Judge. I understand that I will be required to appear for Felony MHPTD bond reviews. I understand that Felony MHPTD is an open court and that my case will be discussed in front of other participants and any members of the public who may be in attendance. I also understand that bond reviews will not be recorded by a court reporter unless I or my attorney so request since reviews are informal and non-adversarial in nature.
- _____ 7. I understand that Pretrial Bond Officers will conduct supervisory contacts concerning me. These contacts may occur at my home, my work, the treatment center, the courthouse, or anywhere deemed necessary, consistent with the confidentiality of my treatment. I will report when and where as directed by the officers.

- _____ 8. I will maintain my residence of record within Bexar County and get approval from my pretrial officer before changing residence. I will notify my Pretrial Officer and Court Case Manager of any changes in phone number (or contact phone number) **within 24 hours** of a change.
- _____ 9. I **will not leave** Bexar County without the approval of the District Attorney's Office and Felony MHPTD Judge.
- _____ 10. I agree to complete an individualized mental health and substance abuse treatment plan with my treatment provider and to participate in the success of achieving my goals and objectives. Failure to make progress may result in increased treatment or sanctions. Additional group or individual counseling may be required by the Court. I will provide documentation of attendance to my treatment sessions or groups. I understand that I may be required to pay some or all expenses related to medication, out-patient or residential treatment.
- _____ 11. I agree to take medications as recommended by my prescriber. I agree to receive treatment and medications under the care of **one prescriber only**. I understand refusal or repeated failure to take my medications will result in sanctions being imposed by the Judge.
- _____ 12. I understand the Felony MHPTD encourages the use of non-narcotic, non-addictive medications while in treatment. **I will not use alcohol, illegal drugs or medications that are not prescribed to me. I will be responsible for what goes into my body that may affect my drug test or alcohol monitoring device results.** I will report any and all medications, prescribed or over-the-counter, to my treatment provider and the Felony MHPTD team. Any prescription medications must have a valid prescription.
- _____ 13. I understand that I will be required to **attend all scheduled appointments** given to me by my probation officer, case manager, counselor, prescriber or other treatment provider.
- _____ 14. I understand that if I should fail to appear for any Felony MHPTD court reviews, prescriber appointments, case management or counseling sessions, or required groups or meetings without prior communication with a Felony MHPTD team member, I may be called to appear in court early or a Judge's warrant may be issued for my arrest.
- _____ 15. If I am already employed, I need to disclose my employment information and provide proof of employment. I will advise the Felony MHPTD team of any changes in my educational or employment status within 72 hours.
- _____ 16. I understand that **I may be required to provide urine samples at any time during my participation in the program.** Failure to provide a timely, valid sample may result in sanctions. I will be required to be on the urinalysis call line. Payment of any urinalysis fees are the responsibility of the participant to include confirmations on contested presumptive positive tests.
- _____ 17. I will not enter an establishment whose primary purpose is to sell alcohol and thereby posts Texas Alcoholic Beverage Commission's sign "**over 51% of the gross receipts at the licensed premises are derived from alcoholic beverages**".
- _____ 18. **I will not unlawfully use or possess a firearm or other weapon.**
- _____ 19. I will **not violate the law or associate with any person engaged in criminal activity or affiliate with documented gang members.**
- _____ 20. **I understand that statements made by me to any Felony MHPTD team member regarding drug use will not be used against me for further prosecution,** but may be used to assess the need for further treatment.
- _____ 21. **I agree to promptly and truthfully answer all questions asked by any member of the Felony MHPTD Team.**

- _____ 22. **I consent to allow information concerning me to be given to all Felony MHPTD team members as needed to carry out official tasks for the program.** Includes but not limited to: urinalysis testing, group attendance, medical and psychiatric treatment, appointment compliance and overall program progress.
- _____ 23. I agree to fully participate in the program as outlined in the 5-phases of the Felony MHPTD. Advancement to a higher phase will be conditional upon recommendation of the Felony MHPTD team and final approval of the Felony MHPTD Judge.
- _____ 24. **I will not violate any laws of the State of Texas or any other state in the United States.** I shall report any new offenses (excluding Class C transportation code violations) to my Public Defender or Pretrial Bond Officer **within 24 hours.** I understand that any new offenses may result in my discharge from the Felony Mental Health Pre-Trial Diversion.
- _____ 25. **I will be recognized publicly by the Judge and the Felony MHPTD team for progress and achievements.** I will receive a certificate to acknowledge my accomplishments and advancement to the next phase.
- _____ 26. **I understand if I fail to comply with treatment, program requirements or conditions of bond, I will be sanctioned.** Sanctions may include: verbal admonishment, increased drug testing, additional community service, written assignments, increased supervision, incarceration, or termination from the program. Clinical responses may include entering a residential treatment facility, increased treatment sessions or groups. I understand that I will be required to comply and fulfill any sanctions imposed.
- _____ 27. **I agree to follow all rules and requirements in the Felony MHPTD as outlined in this agreement and the handbook.** I understand that I will be required to follow the instructions given in court by the Judge and I must comply with the treatment plan developed for me and with the terms and conditions of my bond. I must complete all tasks as ordered by the Felony MHPTD Judge. I understand the Felony MHPTD Judge can add or change any condition of this agreement. I agree to follow all instructions given to me by any Felony MHPTD team member.
- _____ 28. If it is claimed that I have failed to comply with the rules or requirements of the Felony MHPTD, before any sanction is imposed I am entitled to discuss with my Public Defender or chosen counsel to discuss my circumstances and any potential defenses and explanations.
- _____ 29. If I fail to satisfactorily complete the Felony MHPTD, the Court will discharge me from the program and the Judge has the discretion to modify and alter the terms/conditions of the bond. I understand that the District Attorney's Office may also refile my case.

I understand and accept the contents of this agreement which I have read or had read to me and agree to be bound by and follow all conditions.

Participant

Date

Defense Attorney

Date

District Attorney

Date

Judge Ron Rangel
379th Criminal District Court
Felony Mental Health Pretrial Diversion

Date