



BEXAR COUNTY MENTAL HEALTH PRE-TRIAL DIVERSION PARTICIPANT AGREEMENT

Name: _____

SID: _____

Case Number(s): _____

I have chosen to pursue treatment and services in the Mental Health Pre-Trial Diversion (MHPTD). This agreement is a contract between me and the District Attorney. I understand that the purpose of the Mental Health Pre-Trial Diversion 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 Mental Health Pre-Trial Diversion, 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 Mental Health Pre-Trial Diversion. However, I understand that in doing so will lead to my case being prosecuted by the District Attorney's Office. **I will not be allowed to request a trial.** I can only negotiate a Plea Bargain.
- _____ 2. I understand by entering into an agreement with Mental Health Pre-Trial Diversion, I will waive any right to a Jury Trial for the instant criminal offense. I will waive any right to a speedy trial if I withdrawal participation or I am discharged unsuccessfully from the program.
- _____ 3. I understand that participation in the Mental Health Pre-Trial Diversion involves a minimum time commitment of **twelve (12) months** or longer if all the requirements of the program have not been met.
- _____ 4. **I agree to pay the Mental Health Pre-Trial Diversion fee, not to exceed \$250.00** to subsidize program costs.
- _____ 5. Upon entry into the Mental Health Court Program, 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 Mental Health Court.
- _____ 6. Attorney-client privilege is maintained throughout your participation in the MHC. The Public Defender will not disclose confidential information to the MHC team without your consent. The Public Defender will attend and advocate for you throughout all phases of the MHC program, to include at staffing, court reviews and admonishment hearings. The Public Defender is not your "best interest" attorney or ad litem.
- _____ 7. **I will appear at all Mental Health Pre-Trial Diversion Bond Reviews as instructed by any member of the Mental Health Pre-Trial Diversion team.** The Mental Health Pre-Trial Diversion 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 regularly MHPTD bond reviews. I understand that Mental Health Pre-Trial Diversion 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.
- _____ 8. I understand that Pre-Trial 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.

- _____ 9. 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.
- _____ 10. **I will not leave** Bexar County without the approval of the District Attorney's Office and Mental Health Court Judge.
- _____ 11. 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 groups 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.
- _____ 12. 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.
- _____ 13. I understand the MHPTD encourages the use of non-narcotic, non-addictive medications which my prescriber and medical care doctor will be informed about in writing. Before taking medication of any kind, I will check with the pharmacist to ensure that it is non-narcotic, non-addictive, and contains no alcohol.
- _____ 14. **I will be responsible for what goes into my body that may affect my drug test results.** I will report any and all medications, prescribed or over-the-counter, to my treatment provider and the MHPTD team prior to taking the medication.
- _____ 15. 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.
- _____ 16. I understand that if I should fail to appear for any MHPTD court reviews, prescriber appointments, case management or counseling sessions, or required groups or meetings without prior communication with a Mental Health Pre-Trial Diversion team member, I may be called to appear in court early or a Judge's warrant may be issued for my arrest.
- _____ 17. **I understand that during the early phases of treatment and recovery, I may not be allowed to work or gain employment.** However, within time and as directed by the MHPTD team; I will seek employment, job training and/or further my education as approved by the MHPTD team. If I am already employed, I need to disclose my employment information and provide proof of employment.
- _____ 18. **I agree not to change my educational or employment status** without the approval of the MHPTD team.
- _____ 19. I understand and agree to the search of my person, property, place of residence, vehicle or personal effects at any time with or without a warrant and with or without reasonable cause. This search can be conducted by the MHPTD Pretrial Bond Officer, Law Enforcement Officer or MHPTD staff. I specifically consent to the use of anything seized, as evidence in my MHPTD reviews.
- _____ 20. 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.
- _____ 21. I agree to **immediately report** any relapse of alcohol or illegal drug use to my Public Defender or Pretrial Bond Officer.

- _____ 22. **I will not use alcohol, illegal drugs or medications not prescribed to me.**
- _____ 23. I will not use prescription drugs without a valid prescription and will disclosure to the MHPTD team prior to taking the medications except in case of an emergency, disclosure can be the next day. I must disclose to the prescriber writing the prescription that I am a participant in the Mental Health Pre-Trial Diversion.
- _____ 24. **I will not enter an establishment whose primary purpose is to sell alcoholic beverages, nor will I remain at a location where alcohol is the main item for sale or consumption.**
- _____ 25. **I will not unlawfully use or possess a firearm or other weapon,** and I will disclose the presence of any weapons possessed by anyone in my household.
- _____ 26. I will **not violate the law or associate with any person engaged in criminal activity or affiliate with gang membership.**
- _____ 27. **I understand that statements made by me to any 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.
- _____ 28. **I agree to promptly and truthfully answer all questions asked by any member of the MHPTD Team.**
- _____ 29. **I consent to allow information concerning me to be given to all Mental Health Pre-Trial 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.
- _____ 30. I agree to fully participate in the program as outlined in the 5-phases of the MHPTD. Advancement to a higher phase will be conditional upon recommendation of the MHPTD team and final approval of the MHPTD Judge.
- _____ 31. **I will not commit any criminal law violations.** If/when contacted by law enforcement, I shall report such contact to my Public Defender or Pretrial Bond Officer **within 24 hours** regarding any potential charges and the receipt of any new citations. I understand that any new offenses may result in my discharge from the Mental Health Pre-Trial Diversion.
- _____ 32. **I will be recognized publicly by the Judge and the MHPTD team for progress and achievements.** I will receive a certificate to acknowledge my accomplishments and advancement to the next phase.
- _____ 33. I understand that I am required to **participate in the Mentor Program and Alumni Association.** I will be trained to mentor incoming participants. I will be required to participate in meetings, fundraisers and social activities that support current and past participants.
- _____ 34. I am required **to attend the Specialty Court Commencement Ceremony** as an active participant in the MHPTD Program and upon successful completion of the MHPTD **I will be required to participant in the commencement ceremony as a graduate.**
- _____ 35. **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.

_____ 36. **I agree to follow all rules and requirements in the Mental Health Pre-Trial Diversion as outlined in the 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 MHPTD Judge. I understand the MHPTD Judge can add or change any condition of this agreement. I agree to follow all instructions given to me by any MHPTD team member.

_____ 37. If it is claimed that I have failed to comply with the rules or requirements of the Mental Health Pre-Trial Diversion, I give up the right to a hearing or an attorney and agree to proceed with imposition of any sanction except removal from Mental Health Pre-Trial Diversion.

_____ 38. If I am in compliance with the other conditions of my bond, **I will be successfully discharged from the program and my case will be dismissed.** If I fail to satisfactorily complete the Mental Health Pre-Trial Diversion, the Court will discharge me from the program and it will be at the Judge's discretion to remand me without bond and sentence me in accordance with the provisions of the law.

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 Yolanda Huff
Bexar County Court of Law # 12
Mental Health Court Judge

Date