

**AGREEMENT TO PARTICIPATE
WASHTENAW COUNTY MENTAL HEALTH TREATMENT COURT**

I, _____, agree to participate in the Washtenaw County Mental Health Treatment Court Program. I agree to follow all terms and conditions of the Veterans Treatment Court program as established by the Court and the Mental Health Treatment Court team.

I agree to:

1. Complete any evaluations or assessments as directed by the Mental Health Treatment Court and follow the recommendations thereof. The treatment recommendations will be shared with the Mental Health Treatment Court team.
2. Work with treatment staff to develop a treatment plan and follow the plan accordingly, including aftercare and continuing care recommendations.
3. Not use, possess, or consume alcohol and/or other illegal or controlled substances, nor be in the presence of any person using, possessing, or consuming said substances; nor enter premises where alcohol is the primary source of revenue. I understand if I am found to be under the influence of drugs, alcohol, or medication not prescribed to me that I may be sanctioned and/or terminated from the program.
4. Submit to PBT's, electronic alcohol monitoring, and/or drug and alcohol screenings as directed.
5. Be employed or enrolled in an educational program or participate in another positive activity as directed.
6. Notify the Mental Health Treatment Court of any changes in phone number within 24 hours.
7. Not change my place of residence without first notifying the Mental Health Treatment Court.
8. Notify the Mental Health Treatment Court of any police contact, arrest or criminal charge within 24 hours of event or of release from jail.
9. Make full and truthful reports to the Mental Health Treatment Court as directed by any team member.
10. Not engage in any antisocial, assaultive, threatening, or aggressive behavior.
11. Not leave the state without the prior consent of the Mental Health Treatment Court.
12. Maintain the confidentiality of other Mental Health Treatment Court participants.
13. Set a payment plan to make substantial contributions toward payment of, the costs of the treatment and the mental health court program services provided to the participant, including, but not limited to, the costs of drug or alcohol testing or counseling. However, if the court determines that the payment of court fines, court fees, or drug or alcohol testing expenses would be a substantial hardship for me or would interfere with my treatment, the court may waive all or part of those fines, the fee, or costs of drug or alcohol testing.
14. Appear in court on all scheduled court dates and to attend all appointments with my probation officer, case manager, and/or treatment provider.
15. Comply with the program's policies and conditions discussed within the Washtenaw County Mental Health Treatment Court Participant Handbook.

I waive the following rights:

1. The right to a speedy trial.
2. With the agreement of the prosecutor, the right to a preliminary hearing.
3. To be present at the team staffing meetings.

I understand that:

1. The Mental Health Treatment Court program has a duration of eighteen to twenty-four months.
2. I understand I am required to attend all appointments for court, treatment, ancillary services, and all drug and alcohol testing as scheduled.
3. I understand that Mental Health Treatment Court staff may make unscheduled home visits, and I will allow Mental Health Treatment Court team members, together with law enforcement officials if accompanied, into my home at any time for supervision or compliance reasons.
4. Review hearings are held in open and public courtrooms, and although the court attempts to minimize confidential information in court, it is possible that an observer could connect a participant's identity with the fact that he or she is in treatment as a condition of participation in the Mental Health Treatment Court or that confidential information may be revealed.
5. Staffing meetings, which are held before review hearings, are typically closed to the public. Confidential information may be discussed by the Mental Health Treatment Court team members at a staffing meeting. I understand that if a nonteam member is invited to participate in a staffing meeting, they must sign a confidentiality agreement and receive my consent prior to observation. I understand that participants will not be present at staffing meetings.
6. The data in my public and confidential file may be used for research, data analysis and program evaluation by the Mental Health Treatment Court, court staff, or individuals or others independent of the Mental Health Treatment Court. Any data used in this way will be deidentified prior to distribution.
7. Failure to fully comply with all the terms and conditions of the program listed above may result in the following:
 1. Notification to the judge that I am in violation of the program.
 2. If I admit guilt to or am found guilty of a program violation; then sanctions, up to and including jail, may be imposed or additional conditions may be added as determined by the judge with input from the Mental Health Treatment Court team.
 3. Termination from the program.
8. I understand that the Mental Health Treatment Court may amend these conditions and/or add new conditions, notice of which will be provided to me in writing. I understand that I must comply with the amended or added conditions.

The Mental Health Treatment Court coordinator and/or probation staff agrees to:

1. Provide the participant with a copy of the Washtenaw County Mental Health Treatment Court Participant Handbook.
2. Meet with the program participant as needed to help assure successful completion in the program.
3. Report the participant’s progress and test results to the court.
4. Refer the participant to any community agency at the Mental Health Treatment Court’s disposal which may assist in the participant's recovery.

I have had the opportunity to discuss the above listed conditions with my attorney or have waived that opportunity and voluntarily signed this agreement.

Participant Signature

Date

I have discussed the above listed conditions with the participant.

Attorney Signature

Date

Printed Name of Attorney

I have provided a copy of the agreement and the Washtenaw County Mental Health Treatment Court Participant Handbook to the participant.

Coordinator/Probation Agent Signature

Date

Printed Name of Coordinator/Probation Agent