STATE OF ALABAMA

v. CASE NO:

, Defendant

REQUEST BY DEFENDANT TO ENROLL IN THE

MENTAL HEALTH COURT PROGRAM

Having been charged with the criminal offense(s) of \_\_\_\_\_\_\_\_\_\_ , and believing that I may qualify to enroll in the Mental Health Court program, I hereby apply for referral of my case(s) to the Mental Health Court program.

I understand that the Mental Health Court program is a pretrial diversion program for first time offenders or an alternative to state probation for repeat offenders designed to address potential mental health issues that may have played a part in my becoming involved in the above listed incident. Mental Health Court is not a way for me to escape responsibility for my actions, but instead to address them in an appropriate forum.

Should I be approved for enrollment in the program, I understand that I will be required to work with the staff at the Mental Health Center and/or a private mental health provider to address various problems and issues that I may be facing. I also understand that I will be required to appear before the Judge presiding over the Mental Health Court program at regular intervals where inquiry will be made into my level of participation and progress within the program.

Because mental health issues are wide ranging and complex, I understand that there is no set time limit on my participation in this program. I realize that I will only be released from the program when the Judge, the Prosecutor, and the liaison of the Mental Health Center agree that I have made sufficient progress in addressing the mental health issues in my life.

In order to participate in the program, I understand that I will have to make a full disclosure about my involvement in the crime(s) I have been charged with. I also understand that I will have to give permission to the Mental Health Center, its affiliates and/or my private providers to release any pertinent information to the Judge, the Prosecutor, and any other agent or official designated by the Court that may relate to my participation in the program, even if this information would normally be protected by privacy rules or regulations. I also understand that my appearances before the Judge will be in open court at a docket designed for other Mental Health Court participants and that general information about my participation, my history, and my treatment may be discussed in that setting. Of course, every effort will be made to avoid discussion of extremely private, embarrassing, or sensitive information in that forum.

**IT IS UNDERSTOOD BY ALL PARTIES THAT IN THE EVENT THE CHARGES ARE REINSTATED THAT THE INFORMATION PROVIDED IN THIS APPLICATION MAY BE USED AGAINST A DEFENDANT IN THE PROSECUTION OF THE ORIGINAL OFFENSE. HOWEVER, IT IS ALSO UNDERSTOOD THAT INFORMATION PROVIDED DURING A MENTAL HEALTH COURT PROCEEDING OR IN THE COURSE OF TREATMENT MAY NOT BE USED AGAINST THE DEFENDANT IN SUBSEQUENT CRIMINAL ACTIONS.**

***I have read and understand the above information and agree with the above cited rules and policies. I also hereby give permission to the entities involved in the Mental Health Court program, including the Judge, the Prosecutor, the staff of the Mental Health Center, its associates, my private physician and/or psychiatrist, counselor, any probation officer or other official, and my attorney to disclose and discuss relevant information about me as it pertains to my participation in this program. I understand that this information may include otherwise private information regarding my diagnosis, treatment, criminal history, and the like.***

DEFENDANT

The Defendant read, acknowledged and signed the above statement in the presence of the undersigned Defendant’s attorney and/or the prosecutor, this the day of , 20 .

DEFENDANT’S ATTORNEY PROSECUTOR

TIMOTHY C. BURGESS

CIRCUIT COURT JUDGE

STATEMENT IN SUPPORT OF ENROLLMENT

The following is a statement in my own words concerning the events that led to my arrest on the current charge:

The following is a list of medications that I am currently taking or have taken in the recent past:

|  |  |
| --- | --- |
| MEDICATION | REASON FOR TAKING |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |

Have you been diagnosed with any type of mental health issue in the past?

If so, what was the diagnosis?

Where any medications prescribed? If so list all medications

How long ago was that diagnosis made?

Who made the diagnosis?

Are you currently under the care of a mental health professional?

If so, who is your doctor/therapist, including name, address, and telephone number.

**RULES FOR ENROLLMENT AND PARTICIPATION**

* I understand that I must fully qualify for the program and that determination will be made only after I have been assessed by an associate of the Mental Health Center and/or private psychiatrist, a copy of my assessment provided to the Court and approved by the Court for participation.
* I understand that admission to the Mental Health Court Program is within the discretion of the Court.
* I understand that if I am accepted into the program, I must complete all mandates of the program, and that if I fail to do so, I may be removed from the program and sentenced accordingly.
* I understand that enrolling in the Mental Health Court will not absolve me of the responsibilities for my actions, and that I will still be financially liable to any victim(s) in cases where the Court may order me to pay restitution. If required by the nature of my case, I may be required to pay restitution while I am participating in the program.
* I understand that I must submit to urinalysis for testing UPON REQUEST of the Court. A refusal or failure to provide a urinalysis will be viewed by the Court as a positive test result and sanctions will be imposed. If a test is altered in ANY form you will automatically be terminated.
* I understand that I must take any and all medications as prescribed for me by the Mental Health Center or private psychiatrist and attend all counseling and treatment as recommended.
* I understand that I must sign all authorizations for release of information requested by the Court, treatment provider(s) and other resource providers.
* I understand that if I am treated by a private psychiatrist and/or counselor, it is my responsibility to insure that the Court is given monthly verification of ongoing treatment and status reports from my mental health providers.
* I understand that if I do not show up to Mental Health Court on the designated dates and have not made appropriate arrangements prior to that date, I will be dismissed from the program.
* I acknowledge that the contact information provided below is true and accurate and that it is my responsibility to inform the Court of any changes in that information.

**RULES FOR ENROLLMENT AND PARTICIPATION (contd.)**

* **I understand that this packet is an application for acceptance into the Mental Health Court and that a determination of acceptance has not been made at this time.**
* If an emergency arises and I cannot make it to court on the required date, I will make contact with the Court at (256) 231-1821 to make other arrangements. I understand that regardless of the circumstances more than 2 absences, **excused or otherwise**, will result in removal from the program.

DATE

DEFENDANT

ADDRESS:

CITY: STATE: ZIP:

PHONE: ALTERNATE NUMBER: