

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, OHIO  
MENTAL HEALTH DOCKET

THE STATE OF OHIO, :  
 :  
 Plaintiff, :  
 :  
 -vs- : Case No. «case»  
 :  
 «DFNDT1nm», :  
 :  
 Defendant, :

ACKNOWLEDGEMENT OF REQUIREMENTS  
OF THE MENTAL HEALTH DOCKET

1. I request that my case be assigned to the Mental Health Docket.
2. I understand that I have pled guilty to the charges against me and have been placed on Community Control Sanctions or Intervention In Lieu of Conviction.
3. I understand that I have been placed on Community Control or Intervention In Lieu of Conviction for a period of time up to 36 months or until I have completed the Mental Health Docket.
4. I understand that I will be given a Court Services Plan that I will have to comply with and I further understand that the Court Services Plan will be amended as I progress through the Mental Health Docket phases.
5. I understand I may be referred to a number of community services for assistance with benefits, housing, medical assistance, employment, and education and that I must cooperate with these service providers.
6. I understand I may be referred to attend 12-step or other support groups in the community and that I must participate in these groups.
7. I understand that I may be required to complete assigned hours of community service work.
8. I understand that I need to inform the Mental Health Docket Coordinator and the Mental Health Probation Officer of any changes of my address or employment. Any new arrests or police contact must be reported to my Probation Officer within 24 hours.
9. I understand that the Mental Health Docket team members have a duty and the discretion to recommend to the Judge my dismissal from the Mental Health Docket program at any time upon finding that I have not been honest and truthful with the Court.
10. I understand any misconduct on my part may result in consequences issued by the Judge.
11. I understand that repeated non-compliance with the requirements of my Court Services Plan or Community Control Sanctions may result in dismissal from the Mental Health Docket and could result in further Community Control Sanctions.

12. I understand that costs will continue to be assessed in my case during my participation in the Mental Health Docket.
13. I will keep all appointments with my Mental Health Providers and attend all court Mental Health Docket hearings as scheduled.
14. I will not consume alcohol or non-prescribed controlled substances.
15. I will submit to random alcohol and drug testing upon request.
16. I will cooperate with all treatment and services outlined in my treatment plan and in any later or amended treatment plans from my mental health provider.
17. I will sign and keep current all Releases of Information requested by the Court.

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

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

The Court hereby accepts this case and the defendant into the Mental Health Docket.  
Further: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is so ordered.

\_\_\_\_\_  
Date

\_\_\_\_\_  
W. Duncan Whitney, Judge

cc: Assistant Prosecuting Attorney  
Attorney for Defendant  
Defendant  
Ed Klages, Mental Health Docket Coordinator  
Tamar Fowler, Adult Court Services