

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

The State of Ohio	:	
Plaintiff,	:	
-vs-	:	Case No.
_____	:	
Defendant,	:	

AGREEMENT AND ADMISSION INTO THE MENTAL HEALTH DOCKET

1. I request that my case be assigned to the Mental Health Docket.
2. I understand that participating in the Mental Health Docket is voluntary.
3. I understand that I am pleading guilty to the charges against me and I have completed and signed a separate Guilty Plea form.
4. I understand that I will be placed on Community Control for a period of time up to 36 months while I participate in the Mental Health Docket.
5. I understand that I will be given a Court Services Plan that I will have to agree to and I further understand that the Court Services Plan will be amended as I progress through the Mental Health Docket phases.
6. 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 referrals.
7. 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.
8. I understand that I may be required to complete assigned hours of community service work.
9. I understand that I need to inform the Mental Health Docket Coordinator and the Mental Health Probation Officer of any changes of my address, any new arrests or charges within 3 days of it happening and/or changes in my employment.
10. I understand I need to live in Delaware County to access mental health provider services.
11. I understand that the Judge has the discretion to dismiss me from the Mental Health Docket program at any time upon finding that I have not been honest and truthful with the Court.
12. I understand that any misconduct on my part may result in consequences issued by the Judge.
13. I understand that commission of a new crime, repeated willful violations or repeated non-compliance with the requirements of my Court Services Plan may result in my dismissal from the Mental Health Docket and could result in further community control sanctions.

14. I understand that I will retain all of my constitutional due process rights regarding any proceedings to discharge me from the Mental Health Docket.
15. I understand that all proceedings and status hearings in the Mental Health Docket will be recorded.
16. I understand that costs will continue to be assessed in my case during my participation in the Mental Health Docket.
17. I will keep all appointments and attend all court Mental Health Docket hearings as scheduled.
18. I will not consume alcohol or non-prescribed controlled substances.
19. I will submit to random alcohol and drug testing upon request.
20. 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.
21. I will sign and keep current all Releases of Information requested by the Court.

I have read this Agreement and received a copy of it. I understand there are penalties for violating this Agreement. 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
 Zac Dean, Adult Court Services