IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE

STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

STATE OF IDAHO,	)	
	)	
Plaintiff,	)	County:
	)	Case No. CR-
-vs.-	)	
	)	APPLICATION TO PARTICIPATE
_____,	)	IN THE MENTAL HEALTH COURT
Full Legal Name (Printed)	)	PROGRAM
	)	
Defendant.	)	
	)	

I hereby apply for admission into the Fifth Judicial District Court Mental Health Court program. I have read the Fifth District County Mental Health Court Handbook. I acknowledge that, as part of the application process:

a. The Prosecuting Attorney or his agent has approved my eligibility for the program.

b. My prior criminal record, if any, will be reviewed to determine whether I am eligible to participate in the Mental Health Court program.

c. I will be required to complete a Level of Service Inventory-Revised evaluation.

d. I may be required to complete an alcohol/drug screening by an approved treatment provider.

e. I will be required to complete a diagnosis/evaluation by the Mental Health Court Coordinator.

f. My application, my prior record, the results of the LSI-R, the results of the alcohol/drug screening, and the results of my diagnosis/evaluation will be reviewed by a Mental Health Court team. Admission into the Mental Health Court program will be at the sole discretion of the Mental Health Court team.

IF ACCEPTED INTO THE MENTAL HEALTH COURT PROGRAM, I AGREE TO COMPLY WITH THE FOLLOWING CONDITIONS OF ADMISSION:

1. I will comply with all requirements contained in the Fifth District Mental Health Court Handbook.
2. I will sign a probation agreement with the State of Idaho Department of Probation and Parole and fully comply with all requirements of probation.
3. I will authorize release of all treatment information to the Mental Health Court team, which may include, but not be limited to the Mental Health Court judge, a representative of probation and parole, the Department of Health and Welfare, and other Mental Health Court team members and treatment providers. This information may be used by the Mental Health Court team to determine my level of participation in and compliance with the Mental Health Court program, to modify my release conditions and/or to decide to terminate my participation in the program. The information may also be used to modify or terminate probation.
4. I will appear in court for all scheduled hearings.

I understand that any failure on my part to comply with Mental Health Court program requirements may result in modification or revocation of my probation, including the imposition of sentence.

DATED this ____ day of _____, 2007.

_____
Defendant's Signature

_____
Birthdate

_____
Social Security Number

_____
Attorney for Defendant

This application must be filed with the Mental Health Court Coordinator:

Trial Court Administrator's Office
427 Shoshone St. N.
PO Box 126
Twin Falls, Idaho 83303-0126

CERTIFICATE OF SERVICE

I hereby certify that on this _____ day of _____, I did send a true and correct copy of the foregoing **APPLICATION TO PARTICIPATE IN THE MENTAL HEALTH COURT PROGRAM** upon the parties listed below by mailing, with the correct postage thereon; by causing the same to be placed in the respective courthouse mailbox; or by causing the same to be hand-delivered.

Prosecuting Attorney
Mental Health Court Administrator

By_____
Attorney for Defendant