

MONTGOMERY COUNTY  
MENTAL HEALTH COURT SERVICES  
301 N. Main, Suite 301  
Conroe, Texas 77301

**MENTAL HEALTH TREATMENT COURT REFERRAL PACKET**

In order for your client's case to be reviewed, **you must submit the completed 4 page Mental Health Treatment Court referral packet, and return it to Mental Health Court Services.** The completed packet will then be sent to the Diversion Court Prosecutor in the District Attorney's Office.

**Client Information:**

Name: \_\_\_\_\_

Cause #: \_\_\_\_\_

**Referral Source:**

ADA     Defense Attorney     Judge     Probation Department     Law Enforcement

**I am submitting the following documentation to the Mental Health Court Services:**

MH Court Screening/Referral Form                       MH Court Joint Request to be evaluated

MH Court Order for Medical Records                       MH Court Client Application

**Inclusion Criteria:**

**An eligible defendant for the MH Court must have a pending misdemeanor or felony case:**

This defendant's charge is: \_\_\_\_\_

Misdemeanor Class \_\_\_\_\_                      Felony Level \_\_\_\_\_

An eligible defendant must be competent and have a primary diagnosis of a Mental Illness (i.e., Bipolar, Major Depressive Disorder, Schizophrenia and Schizoaffective Disorder). Defendant may also have a co-occurring substance abuse disorder (must be secondary).

Defendant's primary diagnosis is one of the four (4) listed above

Defendant is competent.

**Exclusion Criteria**

The following issues will exclude defendants from participating in the MH Court Program:

1. Past or current charge of a sex offense
2. More than one (1) previous DWI offense
3. Aggravated cases involving the use of guns or knives
4. Primary diagnosis of a substance abuse disorder
5. No link between the mental illness and current offense
6. Assaultive offenses will be considered on a case by case basis
7. Substantial history of violent offenses

**An eligible defendant must agree to the basic program requirements. This defendant is willing to:**

- Undergo a clinical evaluation and a risk/needs assessment
- Plead guilty
- Adhere to an Individual Treatment Plan, which may include mental health and substance abuse treatment
- Comply with terms of Community Supervision
- Participate in frequent court appearances

**Failure to follow the program requirements may result in sanctions, changes of conditions or termination from the program. Failure to comply with the terms of Community Supervision may result in the revocation of bond, deferred adjudication status or probation, and may result in a conviction and sentence up to the full range of punishment.**

For questions regarding **general** eligibility, contact MH Court Services at 936-538-8110.

For questions regarding **legal** eligibility, contact the Montgomery County DA, Diversion Court Prosecutor at 936-539-7800.



**FOR USE BY MENTAL HEALTH TREATMENT COURT PERSONNEL ONLY**

**Reviewed by DA MH Diversion Court Prosecutor:** \_\_\_\_\_

**Date Form Received:** \_\_\_\_\_

**Date Eligibility Confirmed:** \_\_\_\_\_

## MENTAL HEALTH TREATMENT COURT PARTICIPANT APPLICATION

You have been given this Mental Health Treatment Court application because someone believes that participating in the MH Court would be a good thing for you. The MH Court is a problem solving court in which defendants living with a mental illness participate in mental health treatment, engage in frequent appearances before the Judge and maintain regular visits with a Case Manager and specially trained Community Supervision Officer (Probation officer). MH Court participants remain in the MH Court and on probation for a period of 12- 24 months (misdemeanors) and 18- 36 months (felonies) –it all depends on how a person does in treatment and following the MH Court’s expectations. The agreed probation term may last *beyond* the time of graduation from the MH Court.

### **As a MH Court participant, you would be expected to:**

- Plead guilty
- Attend bi-weekly court appearance until the Judge is comfortable that things are going smoothly and reduces the frequency of your court appearances
- Follow all Probation requirements and MH Court recommendations
- Participate in mental health treatment
- Participate in substance abuse treatment if recommended
- Not use drugs or alcohol
- Submit to random drug and alcohol testing
- Remain law-abiding

### **Please respond to the following statements regarding how you feel about participating in the MH Court:**

Participating in the MH Court sounds good to me because.....

I think I’d make a good MH Court participant because.....

You should consider me for the MH Court because.....

**Defendant’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Defendant’s Printed Name:** \_\_\_\_\_

# JOINT REQUEST TO EVALUATE DEFENDANT FOR MENTAL HEALTH TREATMENT COURT

## I. Defendant's Request to be Evaluated for Mental Health Treatment Court

I, \_\_\_\_\_, request to be evaluated for the Mental Health Treatment Court. In support of this request, I agree to submit to such evaluation for the purposes of determining my eligibility to participate in the Mental Health Treatment Court. I understand that the Mental Health Treatment Court will order copies of my medical and mental health treatment records from any treating physicians and that the information included in these records may contain information about substance abuse history and treatment. I further understand that the Mental Health Treatment Court will receive a copy of the evaluation, and that if I am declined by the Mental Health Treatment Court, the referring court may have access to my evaluation.

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Signature of Defense Attorney

\_\_\_\_\_  
Printed Name (Defendant)

\_\_\_\_\_  
Printed Name (Defense Attorney)

## II. State's Affirmation

The State of Texas believes that the Defendant may be a candidate for the Mental Health Treatment Court.

\_\_\_\_\_  
Signature of Assistant District Attorney

\_\_\_\_\_  
Printed Name of Assistant District Attorney

## III. Judge's Approval

The Court hereby approves and grants the Defendant's request to be evaluated for participation in the Mental Health Treatment Court.

\_\_\_\_\_  
PRESIDING JUDGE

\_\_\_\_\_  
DATE