

# **SAN MATEO MENTAL HEALTH DIVERSION AGREEMENT TO PARTICIPATE**

**I have been asked to give consent for my participation in Mental Health Diversion (MHD) and my attorney has informed me of the following:**

**A. Recitals--I understand and by my signature below do agree to the following (initial all): \_**

- \_\_\_\_ 1. I am required to follow my approved treatment plan and attend MHD court as often as required by the judge. I also understand that my treatment plan may change over time depending on the determination of my clinical needs.
- \_\_\_\_ 2. If I fail to follow my individual treatment plan, the judge may be required to hold a hearing to decide whether my case will stay in MHD or be returned to criminal court for prosecution.
- \_\_\_\_ 3. If I am arrested for another crime, the judge may be required to hold a hearing to decide whether my case will stay in MHD or be returned to criminal court for prosecution.
- \_\_\_\_ 4. The judge may order me to pay restitution to the victim in my case, even if the charges against me are dismissed.
- \_\_\_\_ 5. I may be in MHD for up to two (2) years.

**B. Agreement--I further agree (initial all):**

- \_\_\_\_ 1. I agree to sign a release of information in order for my criminal case and my mental health history to be discussed in depth with members of San Mateo's Mental Health Diversion team including: the judge, prosecuting and defense attorneys, mental health professionals, treatment providers, and probation. This means that these individuals will have access to information about me, including my health history, current diagnoses and treatment, living situation, criminal history, social support and other information relevant to the court.
- \_\_\_\_ 2. I agree to follow the treatment plan designed by my treatment team, with my input, and approved by the judge.
- \_\_\_\_ 3. I agree to take psychiatric medication as prescribed to me by my treating psychiatrist, if any.
- \_\_\_\_ 4. I agree that I will waive my right to a speedy trial upon admission into MHD

**C. Questions—I have consulted (initial)**

- \_\_\_\_ 1. I have spoken with my attorney about Mental Health Diversion and my questions have been answered. Once I am accepted into MHD, I may contact my treatment providers or my attorney for more information.

**D. Consent**

**PARTICIPATION IN MENTAL HEALTH DIVERSION IS VOLUNTARY.** I am aware that I am permitted to decline diversion of my case and to withdraw from MHD at any time without jeopardy to the medical care and legal representation that I am required to receive. I understand that any information that is discussed by my treatment providers, the attorneys and the judge may not be used in any other proceeding without my consent unless the information is relevant evidence that is admissible under the standards described in paragraph (2) of subdivision (f) of Section 28 of Article I of California Constitution. The information may also not be used in any other proceeding without my consent unless otherwise ordered by the Court or authorized by statute. By signing below, I agree to participate in San Mateo Mental Health Diversion.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Name (printed)

\_\_\_\_\_  
Attorney Name

\_\_\_\_\_  
Date