DELAWARE MUNICIPAL COURT, DELAWARE, OHIO
MENTAL HEALTH DOCKET

THE STATE OF OHIO,	:	
Plaintiff,	:	
-vs-	:	Case No.
	:	Judge Kyle E. Rohrer
,		
Defendant.	:	

DELAWARE MUNICIPAL COURT MENTAL HEALTH DOCKET
PARTICIPATION AGREEMENT

I have been found eligible for admission into the Delaware Mental Health Docket. I understand that the Delaware Mental Health Docket is a Specialized Docket that was created for citizens whose underlying mental health diagnosis were underlying factors in their criminal behavior. The Delaware Mental Health Docket was created with the understanding that individuals with mental health diagnosis have unique needs that are better addressed using a more therapeutic approach. The goal of the Delaware Mental Health Docket is to provide participants with the services and support that they need so that they may lead stable and law-abiding lives as productive members of the community.

I understand that the Delaware Mental Health Docket is an intense program and that my participation in this program is **voluntary.** Upon my admission into the docket, however, I understand that continued compliance with the rules and expectations of the program is **mandatory.** I acknowledge that I have reviewed and understand the Participation Agreement and Participant Handbook and that I am voluntarily seeking entrance into this program.

RIGHTS TO BE WAIVED

I understand that participation in the Mental Health Docket requires the waiving of certain rights. These rights are as follows:

1. **RIGHT AGAINST SELF-INCRIMINATION**

   I understand that to participate in the Mental Health Docket that I will be required to appear before the Docket Judge for regularly scheduled status review hearings. During these status review hearings I understand that I will be asked about my compliance with ordered terms, behavior, and activities in the community. I understand that I must be honest with the Judge and Mental Health Docket Staff and that it is my responsibility to self-report any violations of Mental Health Rules or other Court orders. **The right to remain silent, however, is not waived in regard to pending criminal charges and any statements made by participants cannot be used as evidence in any criminal prosecution.**

2. **RIGHT TO DUE PROCESS.**

   I understand that if I do not comply with Mental Health Docket Requirements or other orders of the Court that the Court can impose sanctions. **If the Court is seeking to impose a jail sanction or terminate me from the Mental Health Docket, however, I understand that I am still entitled to receive notice, a hearing, and representation by an attorney unless I elect to waive these rights.**

   ***Adjustments in treatment activities are not sanctions. ***

3. **RIGHT TO TRAVEL**

   I understand that while on the Mental Health Docket that the Court may make restrictions on where I am allowed to travel if said restrictions are reasonably related to my

rehabilitative needs. I understand that I may not leave the State of Ohio without first obtaining the explicit permission of the Mental Health Docket Coordinator/Probation Officer. I further understand that I may be subject to house arrest and curfew with or without a GPS monitor.

4. **RIGHT TO FREELY ASSOCIATE.**

I understand that while on the Mental Health Docket that the Court may place restrictions on who I am allowed to associate with as long as such restrictions are reasonably related to my rehabilitative needs.

ROMANTIC RELATIONSHIPS BETWEEN DOCKET MEMBERS ARE EXPRESSLY PROHIBITED

5. **RIGHT AGAINST UNLAWFUL SEARCH OR SEIZURE.**

I understand that while I am on the Mental Health Docket that the Mental Health Docket Coordinator/Probation Officer may conduct searches of me, my residence, or my property without a warrant. **Participants who are not on community control may be searched as long as such searches conform to all constitutional prerequisites.**

6. **RIGHT TO AN ATTORNEY.**

I understand that I have the right to request the attendance of my attorney at treatment meetings and during docket sessions during the time that my case is being discussed. **I understand that it is my responsibility to notify counsel and arrange his/her attendance.**

7. **RIGHT TO REQUEST RECUSAL OF JUDGE.**

I understand that the Docket Judge is the only Judge assigned to the Mental Health Docket. I understand and agree that all matters regarding my participation on the Mental

Health Docket will be heard before the Docket Judge and I waive my right to request the recusal of The Docket Judge from any Mental Health docket hearings.

8. RIGHT TO CONFIDENTIALITY

I understand there is a purpose and need for the disclosure of confidential information to inform the Mental Health Docket of my attendance and progress in treatment. The extent of information to be disclosed will include, but not be limited to, my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with treatment program prognosis, and my drug and alcohol screens. I understand that my consent to disclose confidential information regarding my attendance and progress in treatment will remain in effect and cannot be revoked until there has been a formal and effective termination from my supervision by Mental Health Docket. I understand that any disclosure made is bound by HIPPA and 42 CFR Part 2 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that the recipient of this information may re-disclose it only in connection with their official duties.

PROGRAM EXPECTATIONS

I understand that I will be on the Mental Health Docket for a minimum period of (1) year. The Mental Health Docket is divided into 4 different phases: Phase 1, Phase 2, Phase 3, and Phase 4, and I understand that my advancement through these phases is dependent upon my performance with my case plan, my treatment plan, my sobriety, and my compliance with the terms and conditions of both the Mental Health Docket and my Community Control Supervision.

The expected time frames for these phases is listed below:

PHASE PROGRESSION	
PHASE 1	MINIMUM OF 6 WEEKS WITH PROGRAM COMPLIANCE.
PHASE 2	MINIMUM OF 24 WEEKS WITH PROGRAM COMPLIANCE.
PHASE 3	MINIMUM OF 24 WEEKS WITH PROGRAM COMPLIANCE.
PHASE 4	MINIMUM OF 24 WEEKS WITH PROGRAM COMPLIANCE.

While on the docket I understand that I will be required to appear in court without my attorney before the Docket Judge regularly for Status Review Hearings. I understand I may have my attorney present for my time during the hearing if I wish to do so. My attendance at these hearings will be dependent upon my current phase in the Mental Health Docket Program as well as my compliance with program expectations. I acknowledge that I must appear on time in appropriate attire and conduct myself in a respectful and appropriate manner silencing my phone and not talking during other participants time to speak. Attendance expectations are listed below:

STATUS REVIEW HEARINGS	
PHASE 1	EVERY 1ST AND 3RD WEDNESDAY OF THE MONTH.
PHASE 2	EVERY 1ST AND 3RD WEDNESDAY OF THE MONTH.
PHASE 3	EVERY 1ST WEDNESDAY OF THE MONTH.
PHASE 4	EVERY 1ST WEDNESDAY OF EVEN MONTHS.

POSSESSION OF SUBSTANCES

While on the docket I acknowledge that I cannot use or possess any alcohol, illegal or non-prescribed controlled substances, or enter any bars or establishments whose primary source of income is derived from alcohol sales. I will not possess or purchase alcohol and agree to inform any individual that I reside with that I am prohibited from having alcohol in my residence and will be subject to sanction for violation of this order. **For the purpose of the Mental Health**

docket, the presence of alcohol in the residence constitutes possession regardless of the ownership of the alcohol in question.

TREATMENT EXPECTATIONS

I understand that participation in the Mental Health Docket requires me to submit to substance use and mental health assessments. Based on the outcomes of the aforementioned assessments, I agree to enter into and complete outpatient and/or residential treatment and counseling, including any aftercare requirements, and pay any treatment providers any owed costs that are not covered by government or charitable sources. I further agree that I will take all medications as I am prescribed and provide my Community Control Officer with documentation of all prescribed medications. **I understand that I must sign any release/ROI to permit my Community Control Officer to obtain copies of treatment records. I further understand that Medical Marijuana is not an FDA approved medication and that its use is not permitted on the docket.**

SUBSTANCE TESTING

I understand that as a participation of the Mental Health Docket that I will be required to submit to random, frequent, and observed drug and/or alcohol testing upon request and follow the protocol for drug testing as outlined in the Delaware Mental Health Docket Handbook. I further acknowledge that I may be sanctioned to wear an alcohol monitor (SCRAM Bracelet). I understand that I will be required to make daily phone calls between 6:00 a.m. and 9:59 a.m. to the Sentry automated phone line to determine if I have been selected for substance testing. If I have been selected for a test **I must report to the Office of Community Control on that same day no later than 3:30 pm.** If a positive test is submitted, or if I fail to report for testing, I

understand that I will be subject to immediate graduated sanctions based upon my prior substance testing history and overall compliance with Mental Health Docket requirements. Any positive test results will be reported immediately to the Docket Judge.

***Failure to submit to a drug/alcohol screen, submission of a sample from another person, tampering with the urine specimen, urine dilution, or failure to provide enough urine will be considered positive tests and result in sanctions. Failure to submit to a breathalyzer test or failure to provide a sufficient breath sample with result in a sanction as if the test was positive for alcohol.**

OBEY ALL LAWS

As a participant of the Mental Health Docket, I understand that I will be required to obey all federal, state, and local laws as well as any orders issued by the Mental Health or any other court. I acknowledge that any further violations of law could result in sanctions or possible termination from the Mental Health Docket.

FINANCIAL OBLIGATIONS

I will comply with all financial obligations, including restitution, fines, court costs, probation service fees and child support as directed by my Community Control Officer and the Mental Health Judge to the best of my ability. I understand that the Delaware Mental Health Docket will not consider my ability to pay fees and/or other financial obligations in determining eligibility for the docket, progress while on the docket, and/or graduation from the docket. I understand that the Delaware Mental Health Docket will make reasonable accommodation based on my financial ability.

INCENTIVES AND SANCTIONS

I understand that as a participant of the Mental Health Docket I will be expected to comply with all program expectations and all terms of my Community Control Supervision. My adherence to these standards will be monitored throughout my time on the docket and my compliance or non-compliance will result in the issuance of incentives or sanctions as appropriate. My behavior will be discussed by Mental Health staff, treatment team members, and the Docket Judge. The Docket Judge retains exclusive authority over the issuance of incentives or sanctions as appropriate.

If I have been in compliance with Mental Health Docket expectations, I may receive incentives from The Docket Judge that can range from the following: praise at Status Review Hearings, certificates, money off fines and costs, gift cards, curfew adjustments, and any other incentives that The Docket Judge feels is appropriate.

I understand that I am also subject to graduated sanctions for non-compliance with Mental Health expectations. Examples of behavior that can result in sanctions are: failing to report for office appointments with Community Control, failing to appear for Status Review Hearings, positive results on substance tests, failure to report for substance testing, failure to comply with ordered conditions, etc. **I understand that if I'm facing a possible jail sanction, that I have the right to receive notice, to an attorney, and to have a hearing on the matter.**

COMPLETION REQUIREMENTS

I understand that graduation from the Mental Health Docket requires the successful completion of all 4 phases of the program. I understand that the Participant Handbook details the standards that I am expected to meet at each phase of the program and that I have read and understood the

Participant Handbook. I understand that there are minimum time expectations that I am expected to be on the different phases, however, movement between phases is dependent on my compliance and progress while on the docket.

TERMINATION TYPES

Neutral Termination

I understand that if my continued participation on the Mental Health Docket is no longer feasible due to outside extenuating circumstances, I may be terminated from the Mental Health Docket. This termination would be classified as a "Neutral Termination." While this termination would remove me from the Mental Health Docket, I understand that it does not remove any Community Control Obligations that I may still have or terminate any time I have left remaining on my original Community Control Sentence.

Unsuccessful Termination

I understand that if I fail to comply with the terms, conditions, and program expectations of the Mental Health Docket that I may be "Unsuccessfully Terminated" from the docket. **I understand that if I am facing unsuccessful termination from the Mental Health Docket that I have the right to receive notice of intent to terminate, a hearing, and representation by an attorney.**

*****Participants have a commensurate level of rights as those required for community control revocation hearings. Participants may waive said rights as long as they had the right to consult with an attorney and the waiver is made knowingly, intelligently, and voluntarily*****

Successful Termination

I understand that if I complete all program requirements successfully that I will be "Successfully Terminated" from the Mental Health Docket. I understand that my termination from the Mental Health Docket may not mean the termination of my underlying period of Community Control. As such, I understand that I must continue to maintain compliance with any and all remaining Community Control conditions as directed by my Community Control Officer.

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

_____ _____

Attorney for Defendant Date

cc: Defendant
Attorney for Defendant
Prosecutor
Docket Coordinator