

IN THE COURT OF COMMON PLEAS
ASHTABULA COUNTY, OHIO

THE STATE OF OHIO,)	CASE NO. _____
)	
Plaintiff,)	JUDGE _____
)	
vs.)	JUDGMENT ENTRY
)	
_____)	MENTAL HEALTH COURT
)	PARTICIPATION AGREEMENT
Defendant.)	

I, _____, understand that I am being considered for the Mental Health Court through the Ashtabula County Court of Common Pleas.

The participant understands by entering into the Mental Health Court Program that he/she is waiving certain constitutionally guaranteed rights to which he/she might otherwise be entitled:

- A. Waiver of the right to consult with and be represented by an attorney at the status hearings. However, the participant does retain the right to request the attendance of defense counsel during the portion of a treatment team meeting in which the participant's participation is discussed;
- B. Waiver of the right to a hearing for the imposition of a jail sanction for the violation of a condition of Mental Health Court;
- C. Waiver of the right to remain silent and not to incriminate himself/herself at status hearings;
- D. Waiver of the right to freely associate with other persons, who, in the sole discretion of the Court, interfere with or impede the recovery of the participant; and
- E. Waiver of the right against unlawful search and seizure; the participant agrees to a search, without warrant, of his/her person, including cell phones, computer, lap top, notepad, tablet and any other electronic device, motor vehicle, or place of residence by a supervising officer or authorized representative of the Court at anytime;
- F. Waiver of the right to due process in regards to the imposition of sanctions.

I understand the information in the Participation Handbook. I understand that participating in this Court may include: counseling, drug testing (random, frequent and observed), medication prescribed by a physician and/or placement in a residential treatment center. I will be actively involved in my treatment and the services that are deemed appropriate for my needs. I understand that as a condition of Mental Health Court, I will be required to appear regularly before the Mental Health Court Judge. This appearance schedule is based on phase and current concerns/risk and shall be no less than weekly during Phase 1. The Judge will determine if I am in compliance with my Mental Health Court conditions of supervision and sanctions.

Completion of the program shall include restitution paid in full, fines, and court costs unless otherwise determined through payment plan, community service credit, or waiver. If the Judge determines that I am not in compliance with my supervision, I may be subjected to a more restrictive sanction, including a period of incarceration. I also understand that as a part of this process, my records will be shared and released between the necessary departments and agencies. Mental Health Court participants maintain the right to request the attendance of defense counsel during the portion of the Treatment Team meeting concerning his or her participation. The Mental Health Court Judge will determine if the participant knowingly, intelligently, and voluntarily waives Constitutional protections.

The Mental Health Court monitors participant substance use by unscheduled, random, frequent and observed alcohol and drug testing protocols. The Probation Department will utilize a random automated system to determine the participants to be tested. The participant is required to be available for contact by the Probation Department, after which the participant is required to submit a urine sample by, the end of the day, no later than 4:30 p.m. The following acts are to be treated as positive tests and immediately sanctioned: failing to submit to testing; submitting an adulterated sample; submitting the sample of another individual; or diluting a sample. All participants are tested at intake to provide a baseline drug test result. This baseline test helps to determine the level of treatment services required as well as establishes future testing expectations.

The Specialized Docket Judge ensures that the random drug testing plans and subsequent sanctions are enforced and reinforced to the participant. The Specialized Docket Judge is made aware of non-negative drug results immediately and/or at the Mental Health Court Treatment Team meeting.

In lieu of a revocation/community control violation hearing, I am willing to allow the Mental Health Court Judge to impose periods of local incarceration (including a community-based correctional facility) not to exceed the maximum of six months. I understand I will retain all of my constitutional due process rights. Noncompliance is governed by immediate and graduated sanctions to include additional treatment/meeting attendance, community service and ultimately periods of incarceration.

I understand that I have the right to a revocation/community control violation hearing before the Court. At that hearing, the Judge would determine by a preponderance of the evidence whether I violated the conditions of the Mental Health Court. At the revocation/community control violation hearing, I would have the right to be represented by a lawyer. If I am unable to afford a lawyer, the Court would appoint a lawyer to represent me at no cost to myself. At the hearing, I would have the right to confront and cross examine the witnesses who are testifying against me. Also, I would have the right to present witnesses and evidence favorable to my defense.

If, at any time, I wish to have a hearing with my attorney present, I can revoke this waiver and request a full revocation/community control violation hearing. Should I request this hearing, the Court may impose a reasonable bond prior to said hearing.

The participant acknowledges that he/she has read and understands this agreement and received and reviewed the Participation Handbook, and freely and voluntarily relinquishes the rights discussed herein and agrees to abide by all the rules and conditions of the Mental Health Court Program. The participant understands there are sanctions/penalties for violating this agreement.

AFTER CONSULTATION WITH MY ATTORNEY, I HEREBY SIGN THE AGREEMENT TO PARTICIPATE IN THE MENTAL HEALTH COURT PROGRAM.

Defendant Signature

Attorney for Defendant

Date

Specialized Docket Judge

Referring Agency