

***DO NOT FILE WITH CLERK OF COURTS**

APPLICATION FOR MENTAL HEALTH COURT PROGRAM

___ IILC/Diversion
___ Post Conviction
___ Prob. Viol.

Date: _____

Defendant's Name: _____ Case No: _____

Original Court (Inits.): _____ Assigned Judge: _____

Charges: _____

Application is hereby made on behalf of the above-named defendant for admission to the Ashtabula County Common Pleas Mental Health Court Program. Permission is given for the Adult Probation Department to begin a presentence investigation to help determine the defendant's final eligibility for the Mental Health Court Program. It is understood that no questions will be asked by the Adult Probation Department concerning the charges in this case.

The defendant, by requesting participation in the Mental Health Court Program, hereby knowingly, intelligently and voluntarily waives all rights to a speedy trial whether established by statute, rule of court or under the Constitution Of The United States Of America or the Constitution Of The State Of Ohio.

The defendant agrees to begin attending Mental Health Court sessions in Judge Sezon's courtroom as directed on Wednesday morning at 10:00 A.M., upon being notified of the initial approval of this application. The defendant will be subject to random drug testing.

Defendant's Signature

Phone: Home: _____
Cell: _____

Defendant's Attorney

Phone: _____
E-mail: _____

Submit this Application to the Ashtabula County Prosecutor's Office, 25 West Jefferson Street, Jefferson, OH 44047

INITIAL APPROVAL FOR MENTAL HEALTH COURT: (RECOMMENDED)
(NOT RECOMMENDED)

Prosecuting Attorney

Assigned APA: _____

*** THE MENTAL HEALTH COURT PROGRAM IS AVAILABLE AS AN ALTERNATIVE COMMUNITY CONTROL SANCTION WHICH CAN BE IMPOSED AT THE DISCRETION OF THE COURT AT TIME OF SENTENCING UPON APPLICATION OF THE DEFENDANT AND AFTER ASSESSMENT AND ACCEPTANCE BY THE MENTAL HEALTH COURT TEAM.**

Please check box if an application has been filed for ANY other Specialized Docket.