

IN THE COURT OF COMMON PLEAS
ASHTABULA COUNTY OHIO

THE STATE OF OHIO,)	CASE NO. _____
)	
Plaintiff)	JUDGE _____
)	
-vs-)	
)	APPLICATION FOR DIVERSION
_____)	MENTAL HEALTH COURT PROGRAM
)	
Defendant)	

**APPLICATION FOR MENTAL HEALTH COURT
DIVERSION* PROGRAM**

***MENTAL HEALTH COURT DIVERSION PROGRAM IS AVAILABLE ONLY TO OFFENDERS WITH A SERIOUS PERSISTENT MENTAL DIAGNOSIS AND WHOSE CHARGES MEET THE LEGAL CRITERIA OF INTERVENTION IN LIEU OF CONVICTION PURSUANT TO O.R.C. 2951.041.**

Originating Court _____ Arresting Agency: _____

List **ALL CHARGES** 1) In the indictment and 2) Specifically identify all charges in accordance with a Plea Agreement reached with the State of Ohio.

Application is hereby made on behalf of the above-named defendant for admission to the Ashtabula County Common Pleas Mental Health Court Diversion Program. Permission is given for the Adult Probation Department to begin a pre-sentence 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.

I understand that upon my application to the Mental Health Court Program, I will have appointments and assessments to determine my eligibility for Mental Health Court. I understand that if I fail to comply with any assessment or appointment, or if my behavior is such that I am unable to be assessed for the Mental Health Court Program, I may be found to be ineligible for the Mental Health Court Program. I understand that the recommendation of any counselor, assessor, or other provider is not final and is simply a recommendation. All decisions regarding my treatment plan must be approved by the Mental Health Court Team, and the decision of the Mental Health Court Judge is final. I understand that I am subject to random drug testing any time after this application is submitted and during my time in the Mental Health Court Program.

I further understand that if I am placed into the Mental Health Court Program, an individualized treatment plan will be developed for me. This treatment plan will determine my treatment level and goals, and may include provisions regarding where I live and work. I understand that my failure to comply with my treatment plan will result in treatment adjustments, sanctions, including jail time, and/or termination from the Mental Health Court Program.

I agree to begin attending Mental Health Court in Judge Sezon's courtroom on the Wednesday immediately following my notification of my initial approval of my application by the Prosecuting attorney at 10:00 a.m. If I have questions about this requirement, I will contact the Mental Health Court Coordinator/Probation Officer.

*** 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 treatment team.**

By requesting participation in the Mental Health Court Diversion Program, I hereby knowingly, intelligently and voluntarily waive my 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.

_____ Phone : Home: _____
Defendant's Signature Cell: _____

_____ Phone: _____
Defendant's Attorney

Attorney's Email Address: _____

File the original of this completed Application with the Ashtabula County Clerk of Courts and submit a time-stamped copy on the same day of filing to:
Ashtabula County Prosecutor's Office, and Mental Health Court Coordinator, Zachary Wentink, 25 West Jefferson Street, Jefferson, OH 44047

The attached Release of Information for the offenders' most recent/current treatment provider **MUST** be filled out and submitted to the **Ashtabula County Prosecutor's Office** at the time the application is submitted. **DO NOT FILE THE RELEASE OF INFORMATION WITH THE ASHTABULA COUNTY CLERK OF COURTS.**

Please check the box if an application has been filed for ANY other Specialized Docket.
Date Applied to other Specialized Docket: _____

Please check the box if the defendant is affiliated with the U.S. Department of Veteran's Affairs.