

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, OHIO
MENTAL HEALTH DOCKET

THE STATE OF OHIO, :
 :
Plaintiff, :
 :
-vs- : Case No.
 :
 : JUDGE DAVID M. GORMLEY
,
 :
Defendant. :

ACKNOWLEDGEMENT OF REQUIREMENTS OF THE MENTAL HEALTH DOCKET AND JOURNAL ENTRY ACCEPTING THE DEFENDANT INTO THE MENTAL HEALTH DOCKET

I wish to be placed in the Mental Health Docket and am willing to participate and comply with all terms and conditions set forth in the participant handbook that has been reviewed with me. I understand that the participation agreement outlines the process and requirements of the Mental Health Docket.

1. I understand that by entering the Mental Health Docket I will be waiving some of my rights such as (A) my right to due process, (B) my right to be represented by an attorney (C) my right to remain silent and my privilege against self-incrimination, (D) my right to freely associate with persons of my choosing, (E) my right to be free of some searches and seizures. I also understand that I have the ability to rescind these waivers at any time and that the consequences for rescinding may include unsuccessful termination from the Mental Health Docket.

_____initial

2. I understand that I will be given a Court Services Plan and a Treatment Plan and I will have to comply with those plans. I further understand that the Court Services Plan and Treatment Plan will be amended as I progress through the Mental Health Docket phases. The minimum length of the program is 18 months and will have four phases. I may also have to complete community service and/or Intervention In Lieu of Conviction.

_____initial

3. I am expected to willingly attend all individual and group-counseling sessions, educational sessions, and activities or assessment as required by my counselor.

_____initial

4. I will sign all necessary releases of information. I understand that I will be placed in appropriate treatment programs as soon as possible and am required to attend. I understand that I will keep confidential all the names of the participants and information obtained in the docket hearings or group sessions. I will cooperate with all the treatment services outlined in my treatment plan and in any later or amended treatment plans from my treatment provider including any additional assessments. I further understand that I may also have to attend community-support groups.

_____initial

5. I understand that my ability to pay any court costs, fines, restitution, or supervision fees will not be taken into account as part of my admission to the Mental Health Docket and that the Court will make reasonable accommodations for me based on my ability to pay any of those financial obligations.

6. I understand that I am being placed on reporting Community Control Supervision in order to monitor compliance. I will be expected to report to my probation officers to provide urine samples. I understand that my probation officer will discuss my case and overall performance with the treatment team prior to each docket hearing and in ongoing communication with my treatment provider. I understand that I have a right to request attendance of defense counsel at treatment-team meetings and at my own expense.

_____initial

7. I understand that progress through the phases of the Mental Health Docket are based on how well I am doing with my treatment plan and complying with the requirements of the Mental Health Docket. There are no pre-set timelines for completing each phase.

_____initial

8. I understand that repeated non-compliance with the requirements of my Court Services Plan or Treatment Plan may result in my dismissal from the Mental Health Docket and could result in further community control sanctions. Sanctions may be graduated and may include jail time before a hearing is required. Furthermore, I understand that by complying with my treatment plan and the Mental Health Docket, I will be rewarded for my compliance.

_____initial

9. I agree to attend all Mental Health Docket status-review hearings as part of the important judicial interaction between the Judge and me. I understand that at a minimum I will attend two status-review hearings monthly during the initial phase and regularly as scheduled thereafter.

_____initial

10. I understand that I will be randomly and frequently drug tested and that all tests will be direct-observation collections using a same-sex collector. _____initial
11. I am expected to remain free from alcohol and all other illegal mood-altering substances up to and including designer drugs unless otherwise prescribed by a physician and approved by my probation officer. _____initial
12. I understand that if I am late for a test or miss a test, it will be considered a positive test for drugs/alcohol and that I will be sanctioned. If I refuse to submit a urine sample, it will be reported as a refusal to test. I understand that I must provide a urine sample that is negative for all drugs or I will be immediately sanctioned. _____initial
13. Urine samples will also be analyzed for temperature, specific gravity, Creatinine and other chemical markers to ensure a valid urine specimen. I understand that if I fail to produce a urine specimen or if the sample provided is not sufficient quantity, it will be considered a positive test for drugs/alcohol and I will be sanctioned. I have been informed that drinking excessive amounts of fluids can result in a diluted urine sample and I understand that my urine sample will be tested to ensure the urine is not diluted. I understand that if I produce a diluted urine sample it will be considered as a positive test for drugs/alcohol and will result in immediate sanctioning and may be grounds for revocation from the Mental Health Docket. I understand that substituting, submitting the sample of another, or adulterating my specimen for the purposes of changing the drug-testing results will be considered a positive test for drugs/alcohol and will result in immediate sanctioning and may be grounds for revocation from the Mental Health Docket. My test results will be shared at the Treatment Team meetings. Furthermore, I understand that the Judge will be notified immediately of any violations of the above. _____initial
14. I understand that any noncompliance on my part will be governed by immediate and graduated sanctions. _____initial
15. I understand that in order to successfully complete and graduate from the Mental Health Docket I must complete all phases, remain abstinent for 12 months, have complied with Community Control and/or Intervention In Lieu. _____initial
16. I understand that I may be terminated from the Mental Health Docket for repeated and ongoing noncompliance with treatment, for treatment resistance, for new criminal convictions, or for any community-control violations. I further understand that I will not be terminated from the Mental Health Docket without a hearing similar to the type of hearing that the Court holds for community-control violations. I also understand that I may waive the right to a hearing, as long as I have been

given the right to consult an attorney and any waiver is made knowingly, intelligently, and voluntarily.

_____initial

17. I understand that the consequences of termination from the docket could include the loss of further eligibility for the Mental Health Docket, further legal action including revocation of any intervention-in-lieu status, the filing of a community-control-violation motion which could subject me to a jail or prison term, or other penalties. I also understand that the Mental Health Docket will not impose a jail sanction on me for non-compliance without providing notice, a hearing, and representation of me by an attorney. A docket participant may waive the right to a hearing, as long as the participant had the right to consult with an attorney and any waiver is made knowingly, intelligently, and voluntarily.

_____initial

18. I understand that it is my responsibility to inform all treating physicians of my mental illness and/or recovery from drugs and/or alcohol before I am given any addictive medication and that I am subject to drug testing. If a doctor believes that it is necessary to prescribe medication such as narcotic pain medication or any other medication that will yield a positive urine screen, the physician must submit a letter to the Mental Health Docket Probation Officer stating that he/she is aware of my status as a person in recovery and that the need for this medication outweighs the risks. I must have a letter prior to taking any medication that will cause a positive screen. If I test positive and do not have a letter from my doctor, I will be sanctioned immediately. I further understand that there may be over-the-counter medications that I may not take. In cases of emergency-room care, I understand that all emergency-room orders and discharge information will be made available to the Mental Health Docket Probation Officer no more than seven days after my release from the hospital, and all prescriptions must be cleared by a primary-care physician before I can continue taking the medications without sanctions. A pattern of visits to the emergency room for ailments that require opiate treatment may cause me to be brought back before the Court at the discretion of the Mental Health Docket team.

_____initial

19. I understand that I must bring all of my prescriptions in the original bottle to appointments with my probation officer.

_____initial

I understand that the conditions listed above are required parts of my community-control supervision. These requirements are also listed in the participant handbook, which I understand will be given to me during an upcoming orientation session with the Mental Health Docket Coordinator and the Mental Health Docket Probation Officer.

I have read this Acknowledgement and understand this agreement. I freely and voluntarily relinquish the rights discussed and agree to abide by all rules and conditions of the Mental Health Docket. After consultation with my attorney I hereby sign the Acknowledgement of Requirements of the Mental Health Docket.

Participant

Date

Having reviewed the Mental Health Docket Screening Recommendation and eligibility requirements, the Court hereby accepts this case and the defendant for the Mental Health Docket.

David M. Gormley, Judge

Date

cc: Assistant Prosecuting Attorney
Defendant
Mental Health Docket Probation Officer
Specialized Docket Coordinator