

**STATE OF MICHIGAN**  
**THE 15<sup>TH</sup> JUDICIAL DISTRICT FOR THE COUNTY OF WASHTENAW**  
**PARTICIPANT AGREEMENT**

**Washtenaw County Mental Health Treatment Court**

301 E. Huron Street, P.O. Box 8650

Ann Arbor, MI 48107

(734)794-6761

I \_\_\_\_\_, voluntarily agree to participate in the Washtenaw County Mental Health Treatment Court program. I understand that I will be waiving certain rights as discussed with my attorney. I agree to follow all conditions of the mental health court program as established by the court and the mental health court team. My participation in the mental health court is confidential.

1. I understand I will be on probation for a minimum of eighteen (18) months and will be required to cooperate with the mental health court treatment coordinator to complete assessments. A treatment recommendation will be made and shared with the mental health court team.
2. I understand I will be required to work with treatment staff to develop a treatment plan and follow the plan accordingly, including granting permission to periodic home visits.
3. I understand that if I am found to be under the influence of drugs, alcohol, or medication not prescribed to me that I may be sanctioned and/or terminated from the program and my probation may be revoked.
4. I understand that all terms of my probation will become terms of the mental health court program.
5. I understand I am required to attend all appointments for court, treatment, ancillary services, drug and alcohol testing, and meetings with my probation officer as directed by the court.
6. I understand that my progress and compliance within the mental health court may be discussed in open court.
7. I understand that the court team will have access to my criminal history, treatment information, and my progress/compliance.
8. I understand that the court team will be comprised of the presiding judge, court coordinator, probation officer, defense counsel, treatment providers, and prosecutor/city attorney.
9. I understand that sanctions may be imposed and additional conditions may be added due to my failure to comply with the mental health court program rules.
10. I understand that if I am terminated or choose to withdraw from the program I may be sentenced on the charge(s) I was convicted of/pled guilty to; or I may be required to serve the original sentence on the charge(s).
11. I understand that this agreement will last until I voluntarily leave, am terminated from, or complete the program.
12. I am entering this program voluntarily and shall maintain the confidentiality of other mental health court participants.

I have received a copy of this form, and have been given the opportunity to discuss the above terms with my attorney. I will notify the Mental Health Court immediately if I revoke my agreement to participate.

Participant/Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Witness Signature

Date

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