

<p>STATE OF MICHIGAN  COUNTY OF MACOMB  16TH JUDICIAL CIRCUIT</p>	<p>MACOMB COUNTY CIRCUIT  MENTAL HEALTH COURT  Participant Agreement</p>	<p>Case Number(s):</p>
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I, \_\_\_\_\_, agree to participate in the Macomb County Mental Health Court (MHC) Program. I agree to follow all terms and conditions of the MHC program as established by the court and the mental health court team.

**I agree to:**

1. Complete any evaluations or assessments as directed by the mental health court, and follow the recommendation thereof. The treatment recommendation will be shared with the mental health court team.
2. Work with treatment staff to develop a treatment plan and follow the plan accordingly, including aftercare and continuing care recommendations.
3. Not use, possess, or consume alcohol, marijuana and/or other illegal or controlled substances, nor be in the presence of any person using, possessing, or consuming said substances; nor enter premises where alcohol is the primary source of revenue. I understand if I am found to be under the influence of drugs, alcohol, or medication not prescribed to me I may be sanctioned and/or terminated from the program.
4. I agree not to consume or use any expired/non-current prescriptions, medications not prescribed to me, over the counter medication, products or supplements that may contain alcohol or other mood altering substances, supplements (unless approved) or any other substances described in the MHC Drug and Alcohol Testing Policy. I agree if I am uncertain of their contents, I will not use until speaking directly to the MHC coordinator. I agree and understand that I shall be held fully accountable for any and all substances that I put into my body.
5. Submit to PBT's, electronic alcohol monitoring, and/or drug and alcohol screening as directed.
6. Be employed, enrolled in an educational program, or participate in another positive activity as directed.
7. Notify the mental health court of any changes in phone number within 24 hours.
8. Not change my place of residence without first notifying the mental health court.
9. Notify the mental health court of any police contact, arrest or criminal charge within 24 hours.
10. Make full and truthful reports to the mental health court as directed by any team member.
11. Not engage in any antisocial, assaultive, threatening, or aggressive behavior.
12. Not leave the state without the prior consent of the mental health court.
13. Maintain the confidentiality of other mental health court participants.
14. Pay all outstanding monies resulting from my conviction including but not limited to: court fines, court costs, court fees, and restitution. However, if the court determines that the payment of court fines or court fees would be a substantial hardship for me or would interfere with my treatment, the court may waive all or part of those fines or fees.
15. Appear in court on all scheduled court dates and to attend all appointments with my probation officer, coordinator and/or treatment provider.
16. Comply with the program's policies and conditions discussed within the MHC Participant Handbook.

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17. I will inform all treating physicians if I am a recovering addict, prescribed psychotropic medications and give the treating health care professionals the MHC Medical/Dental/Medication Form found in my introduction packet folder. If a physician wishes to treat me with narcotic or addictive medications or drugs or medication containing alcohol after I have disclosed I am an addict, prescribed psychotropic medications and handed them the form, I must disclose this to my treatment provider and inform the MHC team **PRIOR** to filling and/or taking the prescription.

**I waive the following rights:**

1. The right to a speedy trial.
2. With the agreement of the prosecutor, the right to a preliminary hearing.
3. To be present at the team staffing meetings.
4. The right to representation by an attorney at the review hearings, although I continue to have the right to an attorney for any program violation or probation violation where the facts are contested and a liberty interest is at stake, or if I may be terminated from the mental health court program.

**I understand that:**

1. The mental health court program has a duration of 18 to 24 months.
2. I must have prior permission from the mental health court before consuming any medication.
3. The data in my public and confidential file may be used for research, data analysis and program evaluation by the mental health court, court staff, or individuals or others independent of the mental health court. Any data used in this way will be de-identified prior to distribution.
4. I understand I am required to attend all appointments for court, treatment, ancillary services, and all drug and alcohol testing as scheduled.
5. I understand that mental health court staff may make unscheduled home visits, and I will allow mental health court team members, together with law enforcement officials if accompanied, into my home at any time for supervision or compliance reasons.
6. I recognize that professional and/or educational observers may visit the program and attend team staffing meetings and/or review hearings. Any nonteam member attending a team staffing meeting must sign a confidentiality agreement forbidding unlawful disclosure of confidential information. I understand that participants will not be present at staffing meetings.
7. Failure to fully comply with all the terms and conditions of the program listed above may result in the following:
  1. Notification to the judge that I am in violation of the program,
  2. Should I admit guilt to or be found guilty of a program violation, sanctions, up to and including jail, may be imposed or additional conditions may be added as determined by the Judge with input from the mental health court team, and/or
  3. Termination from the program

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- I understand that the mental health court may amend these conditions and/or add new conditions, notice of which will be provided to me in writing. I understand that I must comply with the amended or added conditions.

**The mental health court coordinator agrees to:**

- Meet with the program participant as needed to help assure successful completion in the program.
- Report the participant's progress and tests results to the court.
- Refer the participant to any community agency at the mental health court's disposal which may assist in the participant's recovery.

I have discussed the above listed conditions with my attorney or the mental health court coordinator and received a copy of this form and a copy of the MHC Participant Handbook.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

I have discussed the above listed conditions with the participant and have provided a copy of the agreement and the **Macomb County Mental Health Court** Participant Handbook to the participant.

\_\_\_\_\_  
Attorney/Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Attorney/Coordinator