

**Agreement to Participate in Mental Health Court Program
Delaware County, Pennsylvania**

Participant: _____

Address: _____ **Phone:** _____

I have worked with Adult Probation/Parole Office, a treatment provider and others to make a plan for living in the community. This plan is what lets me be part of the Delaware County's Mental Health Court Program (MHCP). I know that if I don't follow the plan that I agreed to, the Judge may decide I need to go to jail, be discharged from the program, or do other activities.

1. I will see my Probation/Parole Officer as often as I am required to. Sometimes they might come to my house and/or employment and sometimes I might have to go to their office. If I have a problem that keeps me from making an appointment I will call, before my appointment and inform them.

2. I must comply with all local, state and federal criminal laws. I will notify my Probation/Parole Officer immediately if I am arrested by and/or if I am cooperating with any law enforcement agency. I will not enter into any agreement to act as a confidential informant for any law enforcement agency without written permission from my Probation/Parole Officer. I will abide by the rules/regulations and conditions imposed by the Delaware County Adult Probation/Parole Department. I will conduct myself in a manner that will not create a danger to the community or myself.

3. I will live at my approved residence. I will contact my Probation/Parole Officer for approval before anyone is allowed to live with me or move into my residence. I will notify my Probation/Parole Officer before I change my address.

4. My daily travel is limited to the adjoining counties. Any travel beyond those counties, out of state or overnight travel must be approved seventy-two (72) business hours prior to the event. A travel permit must be obtained from my Probation/Parole Officer prior to my departure. Travel outside of the United States will require written approval from the visiting country's consulate, and fines, costs and restitution must be paid in full.

5. I will come to court whenever the Judge requires or as directed by my Probation/Parole Officer.

Client's Initials: _____ **A.P.O. Initials:** _____

6. I know that the treatment provider and/or designated agency/person is going to connect me with help in the community. I will meet as often as they tell me and make all appointments that are set up for me.

7. I will follow through with obtaining new benefits or getting my benefits back. If I need help, I will ask for it from my Probation/Parole Officer and/or treatment provider and/or designated agency/ person staff.

8. I will go to and participate in my approved treatment provider(s) and work with them. I know that getting help for my substance abuse, mental illness, and other issues is important to my recovery and I agree to follow the plans we make together. This includes going for therapy and/or meeting with my treatment provider and/or designated agency/person; taking my medicine as directed; signing confidential releases; seeing my psychiatrist; and complying with my treatment plan. My psychiatric medication is to be prescribed only by my psychiatrist.

9. I will not drink alcohol and/or use drugs as long as I am in Mental Health Court Program. I know that my Probation/Parole Officer or my treatment providers may ask me to give a urine specimen and/or breathalyzer test at any time. I will not go to bars, taverns and/or businesses that primarily serve alcoholic beverages.

10. I will request that my prescription medication be non-narcotic and non-addictive and will notify my Probation/Parole Officer and treatment team prior to consuming and/or using any prescribed medication or any over the counter medication. If my physician requires me to take any prescribed narcotic, pain, and/or potentially addictive medication, I may have to obtain a doctor's note describing my need for such treatment. I will not take anyone else's prescribed medication. I will notify my Probation/Parole Officer and/or treatment team if my medication(s) are changed.

11. I will not own, use, and/or possess any type of lookalike firearm, lethal weapon, explosives, and/or ammunition. I understand that hunting is prohibited.

12. I will notify my Probation/Parole Officer of the name, address and phone number of my employer. I will notify my Probation/Parole Officer within seventy-two (72) hours if I change my employment.

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13. I will dress appropriately in court, I will have performed proper hygiene before attending court, I will not talk during court proceedings, I will not bring food or drinks into the courtroom, I will stay until the Judge dismisses me, I will not use profanity and I will be on time.

14. I will be supervised by the Mental Health Court Program UNTIL FURTHER ORDERED BY THE COURT.

15. I understand the Office of Adult Probation/Parole has the authority to search my person, place of residence, or vehicle without a warrant, if the officer has reasonable suspicion.

16. Other special condition of the program:

I understand that if I leave the Commonwealth of Pennsylvania at any time I may be directed to return to Pennsylvania. I know that I may have a constitutional right to insist that Pennsylvania extradite me from any state where I may be found. This is commonly called the right to extradition. I also understand and acknowledge that I agree to return to Pennsylvania when ordered to do so. Therefore, I agree that I will not resist or fight any effort by any state to return me to Pennsylvania and I AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNTARILY AND INTELLIGENTLY.

I hereby acknowledge that I have read, or have had read to me, the foregoing conditions of the Mental Health Court Program, and that I fully understand them and agree to follow them. I fully understand the penalties involved should I, in any manner, violate them. I understand the Judge will be notified when I do not follow the foregoing conditions.

Signature of Participant

Date

Signature of Presiding Judge

Date

Signature of Court Coordinator

Date