

PD/Attorney: \_\_\_\_\_

Next Court Date: \_\_\_\_\_

### TUCSON CITY COURT

#### RELEASE OF INFORMATION AND REQUEST TO ENTER THE PROSECUTOR'S MENTAL HEALTH DIVERSION PROGRAM and/or to enter in Mental Health Court

FROM: \_\_\_\_\_ DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DOCKET #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

I, \_\_\_\_\_ would like to be considered for the Mental Health Diversion Program.  
Defendant's signature

My program is: (circle one) GMH SMI SA PRIVATE \_\_\_\_\_

My behavior health agency is: LFC COPE CODAC HOPE Other \_\_\_\_\_

My Doctor/Case Manager/Counselor's name is: \_\_\_\_\_ Fax #: \_\_\_\_\_

Professional's address: \_\_\_\_\_ Phone #: \_\_\_\_\_

I understand and agree to each of the following conditions: Please initial each number.

1. \_\_\_\_\_ Enroll/re-enroll/continue behavior/mental health treatment as prescribed by the above agency or case manager.
2. \_\_\_\_\_ Violate no laws.
3. \_\_\_\_\_ Remain alcohol and drug free.
4. \_\_\_\_\_ Cooperate and follow all requirements set forth in my treatment plan, including, if applicable, drug and alcohol testing and comply with all conditions of my release. The monitoring/supervision will last a minimum of six months.
5. \_\_\_\_\_ Attend and complete any additional diversion program requirements such as community service, education/counseling programs and pay all fines, restitution, etc.
6. \_\_\_\_\_ Failure to comply with court orders or mental health treatment may result in prosecution, and failure to appear in court will result in a warrant for arrest.
7. \_\_\_\_\_ Compliance with the above requirements will result in a recommendation to the Court that the charges be dismissed.
8. \_\_\_\_\_ I hereby consent to communication between the above mental health/alcohol/drug treatment program/agency/counselor and Tucson City Court, the Prosecutor's Office, the Public Defender's Office and the Regional Behavioral Health Authority for Southern Arizona (RBHASA).

I understand that the purpose of giving my consent is to inform the criminal justice agency(ies) listed above of my attendance and progress in treatment. The extent of the information to be disclosed is my diagnosis, information about my attendance or failure to attend treatment sessions, my cooperation with the treatment program, prognosis, and future treatment plans.

I also understand that disclosed information will only be used in the determination and participation in the Tucson City Court-Mental Health Court and the Prosecutor's Mental Health Diversion Program.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of diversion, probation, or other proceeding under which I was mandated into treatment.

I also understand that any disclosure made is bound by the federal law and regulations governing confidentiality of Alcohol and Drug Abuse Patient Records (42 U.S.C. § 290dd-2; 42 C.F.R. Part 2) and that recipients of this information may re-disclose it only in connection with their official duties.

\_\_\_\_\_  
Signature of Applicant or Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date