

IN THE DISTRICT COURT OF THE SECOND JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF CLEARWATER

STATE OF IDAHO,	)	
	)	
Plaintiff	)	
	)	Case No. CR-
-vs.-	)	
	)	CONTRACT TO PARTICIPATE
	)	IN THE MISDEMEANOR/FELONY
_____	)	MENTAL HEALTH COURT PROGRAM
Full legal name (printed)	)	
	)	
Defendant.	)	
_____	)	

I hereby apply for admission into the Second Judicial District Court  
Misdemeanor/Felony Mental Health Court program. I have read the Clearwater county  
Misdemeanor/felony Mental Health Court Handbook. I acknowledge that, as part of the  
application process:

- a. My prior criminal record, if any, will be reviewed to determine whether I am eligible to participate in the Misdemeanor/Felony Mental Health Court program.
- b. I will be required to complete a Level of Service Inventory-Revised evaluation
- c. I will be required to complete an alcohol/drug screening by an approved treatment provider.
- d. I will be required to complete a diagnosis/evaluation by the Mental Health Court Administrator.
- e. My application, my prior record, the results of the LSI-R, the results of the alcohol/drug screening, my pre-sentence investigation, and the results of

my diagnosis/evaluation will be reviewed by a Mental Health court team. Admission into the Misdemeanor/Felony Mental Health Court program will be at the sole discretion of the Mental Health Court team.

IF ACCEPTED INTO THE MISDEMEANOR/FELONY MENTAL HEALTH COURT PROGRAM I AGREE TO COMPLY WITH THE FOLLOWING CONDITIONS OF ADMISSION:

1. I will comply with all requirements contained in the Clearwater County Misdemeanor/Felony Mental Health Court Handbook.
2. I will sign a probation agreement with the State of Idaho Department of Probation and Parole and fully comply with all requirements of probation.
3. I will authorize release of all treatment information to the Mental Health Court Team which may include, but not be limited to, my attorney, the prosecuting attorney, the Mental Health Court judge, a representative of Probation and Parole, the Department of Health and Welfare, and other Mental Health Court team members and treatment providers. This information may be used by the Mental Health Court Team to determine my level of participation in and compliance with the Mental Health Court Program, to modify my release conditions and/or to decide to terminate my participation in the program. The information may also be used to modify or terminate probation. The information will not be used by the Prosecuting Attorney for the prosecution of any new crime.

4. I will appear in court for all scheduled hearings.
5. I will attend a community based support group for substance abuse as instructed by Mental Health court.
6. If my pending charge is a misdemeanor I agree to be placed on probation for two (2) years.

I understand that any failure on my part to comply with Misdemeanor/Felony Mental Health Court Program requirements may result in modification or revocation of my probation including the imposition of sentence.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2006

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Defendant's Signature

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Birthdate

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Defendant's address

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Defendant's Phone Number

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Attorney for Defendant

**Return to THE ORIGINAL:**  
Lisa Billings  
Mental Health Court Coordinator  
PO Box 896  
Lewiston, ID 83501