

**APPLICATION FOR MENTAL HEALTH
DIVERSION PROGRAM**

MDJ Docket #: _____ Criminal Docket #: _____ OTN: _____

Criminal Charge(s): _____

ANSWER ALL QUESTIONS

Name: _____ Age: _____ I _____

Address: _____

Phone (home): _____ Phone (cell): _____

Place of Employment: _____ Medical Insurance: Yes or No

Are you currently on Probation/Parole? _____ State or County: _____ In Jail? _____

Attorney name: _____ Phone: _____

Mental Health Issues/Diagnosis: _____

Physician: _____ Medications: _____

Caseworker: _____ Who referred you to this program? _____

Drug User: Yes or No Drug Choice: _____ Length of Use: _____

Alcohol User: Yes or No Frequency: _____ Length of Use: _____

Are you currently attending counseling (MH or D&A) or involved in any programs? Yes or No

If Yes, list agency: _____

VERIFICATION

I hereby verify that all answers contained herein are true and correct to the best of my information, knowledge and belief, and that false statements contained herein are made subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

Signature of Applicant

Date

DISTRICT ATTORNEY RECOMMENDATION

Recommended: Yes or No

Not Recommended (Why?):

Comments:

District Attorney

Date

VICTIM RECOMMENDATION

Recommended: Yes or No

Not Recommended (Why?):

Comments:

Victim/Witness Coordinator

Date

JUDICIAL ACTION

Approved or Denied

COMMENTS:

Judge

Date

MENTAL HEALTH DIVERSION PROGRAM

Upon agreement of the District Attorney, Victim/Witness Coordinator, Defendant, and approval of the Court, the Defendant must abide by the following conditions:

1. Report as instructed and remain in contact with the Forensic Case Manager and Clinton County Probation Officer.
2. Obey the law.
3. Submit to a mental health evaluation and/or drug and alcohol evaluation as deemed necessary by the Forensic Case Manager or other designated representative of the Clinton County Mental Health/Intellectual Disabilities Office. 570-748-2262
4. Attend all appointments for any outpatient mental health and/or drug and alcohol treatment as recommended by the Forensic Case Manager or other designated representative of the Clinton-Lycoming Mental Health/Intellectual Disabilities Program.
5. Take all medication currently prescribed by a psychiatrist and any medication prescribed by a psychiatrist in the future during the term of this program.
6. Obey the directions of any Adult Probation Officer.
7. Submit to drug and alcohol testing at the request of any service provider and/or the Adult Probation Office.
8. Pay all costs associated with the above services.
9. Pay any restitution directed by the Office of Adult Probation department.
10. Special conditions imposed by the Court, the Magisterial District Judge and/or the Adult Probation Office:

11. Appear at all court appearances.

Upon satisfactory completion of the above conditions and any required treatment, Defendant and/or Defendant's attorney must submit appropriate documentation to the Court, along with a Petition to Dismiss the Criminal Charge(s), to Remit all Costs and Expunge the Record.

District Attorney

Date

Victim / Witness Coordinator

Date

Defendant

Date

Defense Attorney

Date

Magisterial District Judge

Date