

Denton County
Mental Health Treatment Court
Program



APPLICATION BOOKLET

The Honorable Coby Waddill

Judge, County Criminal Court #5

The Honorable Margaret Barnes

Judge, 367th Judicial District Court

The Honorable Paul Johnson

Denton County Criminal District Attorney



DENTON COUNTY MENTAL HEALTH TREATMENT COURT

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APPLICATION OVERVIEW

This booklet is designed to make the application process for Denton County Mental Health Treatment Court efficient and easy to understand while protecting legal rights of prospective candidates. Because a potential candidate is charged with a criminal offense and their admission into Mental Health Treatment Court is not a guarantee several protections are put in place to help ensure the District Attorney's Office does not receive any information during the initial screening process which could be used during a subsequent prosecution if the candidate is not accepted or declines to enter the Court's program.

With the exception of providing the District Attorney's Office with a copy of your client's Mental Health Diversion report, none of the remaining forms provided in this booklet should be turned into the District Attorney's Office. Your client should turn these forms and documents into the Mental Health Court Screening Officer at the Denton County Community Supervision and Corrections Department (Adult Probation). The Community Supervision Department and third party doctor (psychiatrist/psychologist) will use the information completed by your client throughout the screening process to help provide the Court with as accurate account as possible.

Information gathered through forms provided in this packet, a screening interview and a forensic psychological evaluation will be used to produce a Mental Health Diversion Report. After the psychological evaluation is completed it will be forwarded to the screening officer who will add a summary of the psychological evaluation to the diversion report. At this point in the process the screening report will be available to the District Attorney's Office, the candidate's attorney, the program Administrator and the Judge.

This approach will allow your client to be open and honest throughout the screening process without providing the District Attorney's Office specific and personal information collected during the forensic psychological evaluation. Please remind your client the importance of being truthful during the screening process which can allow for a more accurate understanding of each individual's needs.

If your client has not completed an acceptable forensic psychological evaluation (s)he will be asked to do so. If an evaluation has been completed previously the Community Supervision Department will review to determine if it meets the Court's requirements. The Court will request a timely approach by all parties involved by asking the District Attorney's office to decide within one week of being notified if your client is eligible for Mental Health Treatment Court. Further your client is expected to have completed the screening report and forensic psychological evaluation (if necessary) within one month.

IMPORTANT CONTACT INFORMATION

Mental Health Treatment Court Prosecutor

Matthew Wiebe

Denton County Criminal District Attorney's Office

1450 E. McKinney Street, #3100

Denton, Texas, 76209-4524

940.349.2723 (phone)

940.349.2601 (fax)

matthew.wiebe@dentoncounty.com

Mental Health Court Program Administrator and Screening Officer

Tami Russell

Denton County Community Supervision and Corrections Department

650 S. Mayhill Road

Denton, Texas, 76208

940.349.3340 (phone)

940.349.5319 (fax)

tami.russell@dentoncounty.com

Court Administrators for Mental Health Treatment Court

County Criminal Court #5

Sandra Jones

1450 E. McKinney Street, 4th Floor

Denton, Texas, 76209-4524

940.349.2190 (phone)

940.349.2181 (fax)

sandra.jones@dentoncounty.com

367th Judicial District Court

Stacy Fruth

1450 E. McKinney Street, 3rd Floor

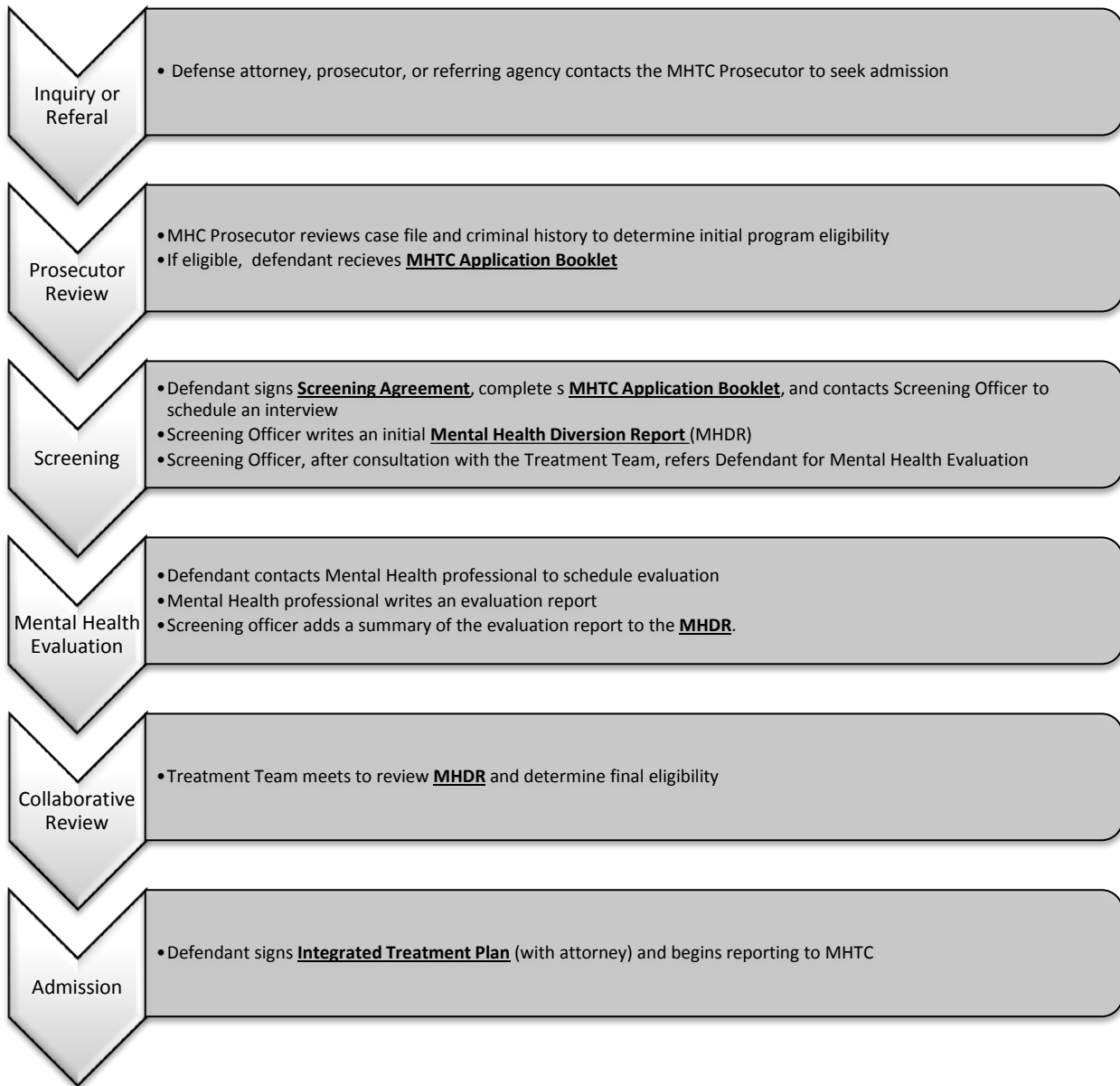
Denton, Texas, 76209-4524

940.349.2350 (phone)

940.349.2301 (fax)

stacy.fruth@dentoncounty.com

SCREENING PROCESS



PROGRAM OVERVIEW

The Denton County Mental Health Treatment Court is divided into three phases. **Participants must successfully complete each phase to the satisfaction of the Treatment Team before moving into the next phase.** Progression through the program will depend upon the participant's performance and success of their treatment.

The ultimate goal of Mental Health Treatment Court is to give participants the foundation they need to maintain their recovery and reintegrate into their families and communities.

The Three Phases of the Mental Health Treatment Court Program

PHASE 1: Intervention and Stabilization

PHASE 2: Active Recovery

PHASE 3: Maintenance and Reintegration

PHASE 1

INTERVENTION AND STABILIZATION

The purpose of Phase 1 is to provide an initial mental health intervention into the participant's life. Each participant's needs are different and the Integrated Treatment Plan (ITP) will reflect these individual needs.

The primary focus of Phase 1 will be to encourage and enforce compliance with the participant's mental health treatment to include the initial mental health screening as well as individual and/or group counseling.

The overall goal of Phase 1 is the participant will demonstrate both a desire and an ability to participate in treatment, counseling, maintain medication compliance along with drug and alcohol abstinence.

The following Goals and Requirements must be met in Phase 1 before advancing to Phase 2.

- Engage in Mental Health Counseling
- Submit to random Drug Testing as indicated or as ordered by the Court
- Coordinate special needs (Housing; Finances; Budgeting; Medical; Clothing etc.)
- Participant will work towards obtaining employment and/or attending school and/or community involvement
- Participant will establish goals for both the Mental Health Treatment Court and life goals
- Identify strengths and barriers to treatment
- Attend Mental Health Treatment Court settings twice a month or as directed by the Court
- Contact Denton County MHMR if directed and develop a treatment plan

Must be in compliance with each of the following requirements for at least 60 consecutive days:

- Attend all meetings and appointments required under the integrated treatment plan
- No new arrests or probation violations
- Abstain from alcohol and abused drugs
- Follow all Mental Health Treatment Court requirements
- Attend all appointments with Supervision Officer (no less than twice a month)
- Attend all medical and mental health appointments and counseling sessions
- Become stabilized on medication and take as prescribed

PHASE 2

ACTIVE RECOVERY

The purpose of Phase 2 is to continue the treatment process begun with the participant in Phase 1 and to continue to provide the monitoring necessary to insure the participant is progressing in treatment and to protect the community.

The primary focus of Phase 2 will be to continue the participant's mental health treatment and counseling. This will be accomplished by the participant continuing his/her individual and/or group counseling. The participant may also be required to complete classes ordered as a result of his/her criminal charge. The participant should also stabilize his/her family, living, work and financial situation during this phase.

The overall goal being in Phase 2 the participant will demonstrate an increased ability to remain in treatment, continue with all prescribed medication and maintain stability within the family and community.

The following Goals and Requirements must be met in Phase 2 before advancing to Phase 3.

- Continue to engage in Mental Health Counseling
- Maintain excellent attendance at all required counseling sessions and/or support groups
- Submit to random drug testing as indicated or as ordered by the Court
- Have safe and stable housing
- Continue to work and/or attend school and/or continue with community involvement
- Maintain or continue to improve personal/family finances
- Review and work towards goals for both the Mental Health Treatment Court and life goals

Must be in compliance with each of the following requirements for at least 60 consecutive days

- Attend Mental Health Treatment Court settings twice a month or as directed by the Court
- Attend all appointments with the Supervision Officer (no less than twice per month)
- Complete any remaining classes ordered as a result of the offense
- Comply with the requirements of the Integrated Treatment Plan
- Attend all meetings and appointments required under the Integrated Treatment Plan
- No new arrests or probation violations
- Abstain from alcohol and abused drugs
- Follow all Mental Health Treatment Court requirements
- Attend all medical and mental health appointments and counseling sessions
- Continue to be stabilized on medication and take as prescribed

PHASE 3

MAINTENANCE AND REINTEGRATION

The purpose of Phase 3 is to maintain the treatment gains the participant has made during Phase 1 and 2 and begin to prepare the participant to reintegrate into society without the assistance of the Mental Health Treatment Court.

The primary focus of Phase 3 is to ensure the stability of the participant in order to prepare the participant for his/her reintegration into the community. The participant must continue to demonstrate his/her ability to be responsible for their own treatment and vocational activities.

The overall goal being in Phase 3 the participant will demonstrate a continued ability to remain in treatment, remain sober and maintain stability within the family as well as the community. Phase 3 will also afford the participant an opportunity to fulfill any remaining requirements of the Mental Health Court.

The following Goals and Requirements must be met in Phase 3 before Graduation.

- Continue to engage in Mental Health Counseling
- No new Mental Health hospitalizations unless extraordinary circumstances exist
- Continue to take medication as prescribed and have at least six (6) months of medication compliance
- Maintain excellent attendance at all required counseling sessions and/or support groups
- Submit to random drug testing as indicated or as ordered by the Court
- Continue to work and/or attend school and/or continue with community involvement
- Continue to follow previously set goals and modify those goals to include graduation from the program
- Attend Mental Health Treatment Court settings at least once a month

Must be in compliance with each of the following for at least 60 consecutive days:

- Attend all meetings and appointments required under the Integrated Treatment Plan
- No new arrests or probation violations
- Abstain from alcohol or abused drugs
- Follow all Mental Health and Court requirements
- Attend all appointments with the Supervision Officer (no less than once per month)
- Attend all medical and mental health appointments and counseling sessions
- Maintain safe and stable housing
- Maintain a stable source of income and on-going medical care

Court Appearances

Mental Health Treatment Court dockets are scheduled for alternating Thursday's of each month at 8:30 a.m. Participants are required to report for court sessions on time and as directed. This could include weekly court dockets depending on the participant's individualized treatment plan. Any participant reporting late for court or who fails to report to court will be subject to sanctions of the court.

Reporting and Medical and Mental Health Appointments

Reporting to the Mental Health Treatment Court Supervision Officer and making all counseling appointments are two of the most important aspects of the Mental Health Treatment Court. The participants should make every attempt to make their appointments or, if they cannot attend their appointments, notify both their mental health care provider and their supervision officer so they can be rescheduled. If the participant fails to attend an appointment possible sanctions could be ordered by the Court.

Alcohol and Drug Testing

Any participant may be tested at any time for alcohol or drugs. Sobriety monitoring is critical for both the sobriety of the participant and the safety of the community. Any participant suffering from chemical dependency issues will be monitored regardless of the charge which brought them to Mental Health Treatment Court.

Incentives

Incentives are given to participants who are deserving of special recognition for achievements and/or progress while in the Mental Health Treatment Court. Any member of the Mental Health Treatment Court team can make recommendations for incentives.

Examples of Incentives:

- Judicial recognition
- Reduced court appearances
- Reduced reporting to the supervision Officer
- Praise/Applause
- Excused from Court early
- Graduation certificates

Sanctions

Sanctions can be either therapeutic, punitive or both. The Mental Health Treatment Court employs judicial sanctions, sanctions related to supervision, and therapeutic sanctions.

Examples of Judicial Sanctions:

- Increased contact with the Judge
- Court admonishment in front of other participants
- Jail Time

Examples of Supervision Sanctions:

- Zero tolerance
- Reprimand
- Community service hours
- Increased contact with Supervision Officer and/or Court
- Return to previous Phase

Examples of Therapeutic Sanctions:

- Essay assignment
- Address Judge/Peers in court
- Extension of time in phase
- Increased individual counseling

Graduation

Stable residence, employment or education, med-compliance and participation in counseling are required before being considered for graduation. After the participant has successfully completed all three phases of the program, he/she will be graduated. At graduation the Mental Health Treatment Court Presiding Judge will dismiss the participant's underlying criminal case by motion from the State.

Authorizations for Treatment

In some cases, additional treatment will be ordered for participants. Authorizations for treatment will be requested by the Supervision Officer.

Denton County Mental Health Court, Attention: Tami Russell
650 S. Mayhill Road, Denton, Texas, 76208-6313 Phone: 940.349.3340 Fax: 940.349.5319

WAIVER AND RELEASE OF MENTAL HEALTH COURT DIVERSION REPORT

TO THE PRESIDING JUDGE OF MENTAL HEALTH TREATMENT COURT:

I, _____, a defendant charged in Denton County, Texas, alleged to have committed acts constituting a criminal offense under the laws of the State of Texas, do knowingly, voluntarily, and intelligently consent to the release and inspection of the Mental Health Court Diversion Report prepared by officers of the Denton County Community Supervision and Corrections Department pursuant to Article 42.12, Sec. 9(c)(2) of the Texas Code of Criminal Procedure and in accordance with my request and application to be considered for the Mental Health Treatment Court Program. By providing this release, I understand I am waiving any rights or complaints of confidentiality regarding the information I provide to the Mental Health Court Screening Officer as a part of my application for Mental Health Court.

Pursuant to this section, I authorize the Presiding Judge of Mental Health Treatment Court to release the information contained in this report to my counsel of records, members of the Community Supervision and Corrections Department, the Denton County District Attorney's Office and approved outside medical personnel in order to facilitate the screening process to determine my eligibility for Mental Health Treatment Court. I understand until I accept the terms of the Mental Health Treatment Plan and volunteer to enter the Mental Health Court the supervision department will not release this information to the State or the Court.

I understand after I am presented with and accept the terms of my Mental Health Treatment Court Treatment Plan and volunteer to enter Mental Health Treatment Court my diversion report will be released to the State as well as the Presiding Judge for a final review and I further understand the Presiding Judge will make the final determination if I will be accepted into the Mental Health Treatment Court. I understand this report will be compiled, not to aid in prosecution, but rather to determine my eligibility for Mental Health Treatment Court.

By releasing and waiving my rights of confidentiality under Article 42.12, Sec. 9(c)(2) of the Texas Code of Criminal Procedure pursuant to the Denton County Mental Health Court Program, I understand the information I provide to the Denton County Community Supervision and Corrections Department could possibly be used in my subsequent prosecution for the crime I have been alleged to have committed should I not be accepted into Mental Health Treatment Court or fail to complete Mental Health Treatment Court successfully.

Defendant/Date

Defendant's Attorney

Mental Health Court Screening Officer/Date

FINANCIAL PROFILE

DATE: _____

NAME: _____

LIST YOUR MONTHLY INCOME:

SPOUSE'S SALARY: _____
ROOMMATE/FAMILY: _____
OTHER INCOME: _____

MISCELLANEOUS:

LIFE INSURANCE: _____
DONATIONS: _____
ENTERTAINMENT: _____
RECREATION/SPORTS: _____

MONTHLY EXPENSES:

CHILD SUPPORT: _____
RENT/MORTGAGE: _____
UTILITIES: _____
TELEPHONE: _____
OTHER: _____
CIGARETTES/TOBACCO: _____
FURNITURE: _____
VACATION: _____

SAVINGS: _____
CREDIT CARD(S): _____
CHILD CARE: _____
LOANS: _____
GROCERIES: _____
MISC. FOOD & DRINKS: _____
FOOD (EAT OUT): _____
CABLE TV/MOVIES: _____

TOTAL: _____

TOTAL: _____

TRANSPORTATION:

GAS & OIL: _____
TAXI: _____
OTHER: _____
INSURANCE: _____
CAR PAYMENT(S): _____

MONTHLY COURT ORDERED MONIES:

PROBATION: _____
COURT COSTS: _____
FINE: _____
ATTORNEY FEES: _____
RESTITUTION: _____

TOTAL: _____

TOTAL: _____

CLOTHING:

SPOUSE'S: _____
CHILDREN'S: _____

EDUCATION:

NEWSPAPER: _____
TUITION: _____
BOOKS/SUPPLIES: _____

TOTAL: _____

TOTAL: _____

THE ABOVE TOTALS ARE ACCURATE TO THE BEST OF MY KNOWLEDGE.

DATE: _____

DEFENDANT: _____

****BRING COPIES OF PAYCHECK FOR LATEST MONTH****

DATE: _____

OFFICER: _____

DENTON COUNTY CSCD -- MHTC DATA SHEET

INSTRUCTIONS FOR FILLING OUT THIS FORM / INSTRUCCIONES PARA LLENAR EL FORMULARIO:

PLEASE WRITE **DETAILED ANSWERS** TO THESE QUESTIONS. IF A QUESTION DOES NOT APPLY TO YOU, WRITE "N/A" (not applicable) INSTEAD OF LEAVING IT BLANK.

*Escriban **respuestas detalladas** a estas preguntas. Si una pregunta no se aplica a usted, escriba "N/A" (no aplicable) en lugar de dejarlo en blanco.*

Full Name: _____ **Sex:** _____
(Nombre completo) (Sexo)

Other Names Used: _____
(Alias)

With whom do you live: _____
(Con quien vive)

Your Street Address: _____
(Domicilio)
City _____ **State** _____ **ZIP** _____

Are there any firearms at this address? Yes ___ No ___
(¿Hay armas de fuego localizados en esta casa?)

Do you own or have access to any firearms not located at this address? Yes ___ No ___
¿Es dueño de cualquier arma de fuego o tener acceso a cualquier arma de fuego que no están ubicadas en la dirección antes mencionada?

If your answer is yes to either of the two questions above, please explain: _____
Si su respuesta es "sí" a cualquiera de las dos preguntas anteriores, explique:

Permanent Address: _____
(Domicilio permanente)

How long have you lived at your current address? _____
(¿Cuánto tiempo ha vivido en su dirección actual?)

If less than a year, how many times have you moved in the past year? _____
(Si menos de un año, ¿cuántas veces se ha cambiado en el último año?)

Why did you move? _____
(¿Por qué has cambiado de domicilio?)

Home Phone: _____ **Cell Phone:** _____
(Teléfono de casa) (Cellular)

Your Age: _____ **Your Date of Birth:** _____ **Your Email:** _____
(Edad) (Fecha de nacimiento) (Correo electrónico)

Marital Status: _____ **Number of Dependents:** _____
(Estado civil) (# de dependientes)

City/State of Birth: _____ **Citizenship:** _____
(Lugar de nacimiento, ciudad y estado) (Ciudadanía)

Ethnicity/Race: _____ **SS#:** _____
(Etnicidad/raza) (# de seguro social)

Drivers License #: _____ **State:** _____
(Licencia de conducir) (Estado)

Height: _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____
(Estatura) (Peso) (Color de pelo) (Color de ojos)

Vehicle Make: _____ **Model:** _____ **Year:** _____ **Type:** _____
(Marca de vehículo) (Modelo) (Año) (Tipo)

Color: _____ **Vehicle License Plate #:** _____ **State:** _____
(Color) (# de placa) (Estado)

Present Offense (Ofensa Presente)

Offense: _____
(Ofensa)

Explain in your own words what happened (Explica lo que ocurrió):

What was your specific involvement in the offense(s)? (What was going on that day? What led to your decision to commit the offense(s)? Who was with you?) (Cuál fue su participación específica en la/las ofensa(s)?)
(¿Qué estaba pasando en ese día? ¿Qué lo llevó a su decisión de cometer la/las ofensa(s) ¿Quién estaba con usted?)

Attorney: _____ **Plea Guilty** ___ **Not Guilty** ___ **No Contest**
(Abogado) (Culpable) (Inocente) (No disputa)

Weapon Involved? Yes ___ **No** ___
(¿Uvo una arma involucrada en esta ofensa?)

If yes, what kind of weapon and was it used during the offense?
(En caso afirmativo, qué tipo de arma y se la utilizó durante el delito?)

Pending Charges? _____
(¿Tienes cargos pendientes?)

LIST ALL PRIOR ARRESTS JUVENILE AND ADULT *(Apunte todos los previos arrestos)*

DATE <i>(Fecha)</i>	OFFENSE <i>(Ofensa)</i>	CITY/STATE <i>(Ciudad/Estado)</i>	AGE <i>(Edad)</i>	RESULT <i>(Resultado)</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Were you drinking and/or using drugs when involved with any of your prior offenses? (circle one)
(¿Estaba bebiendo y / o el uso de drogas cuando está involucrado en ninguna de sus ofensas anteriores?) (marque con un círculo)

NONE/ninguno SOME/algunos MOST/la mayoría de todos ALL/todos los casos

Have you ever been sentenced to jail? _____ # _____ Where _____
(¿Ha sido sentenciado a la cárcel alguna vez?) (Adonde)

Have you ever been sentenced to prison? _____ # _____ Where _____
(¿Ha sido sentenciado a la prisión alguna vez?) (Adonde)

Have you ever been on Juv Probation? _____ # _____ Where _____
(¿Ha estado en libertad condicional-juvenil?) (Adonde)

Have you ever been on Adult Probation? _____ # _____ Where _____
(¿Ha estado en libertad condicional-adulto?) (Adonde)

Have you ever been on Parole? _____ # _____ Where _____
(¿Ha estado en libertad condicional-parole?) (Adonde)

Have you ever had a Probation or Parole revoked? _____ Where _____
(¿Ha revocado alguna vez su libertad condicional?) (Adonde)

Have you ever been a member of a gang? _____
(¿Ha sido miembro de una pandilla?)

Name of Gang: _____ Where: _____
(Nombre de pandilla) (Adonde)

COMPANIONS *(Compañeros)*

Have any of your friends been on probation or experienced legal problems? Yes ___ No ___
(¿Alguno de sus amigos en libertad condicional o ha presentado problemas legales?)

If yes, what did they do? Were they (or are they currently) in jail or prison, or on probation or parole?

[En caso afirmativo, ¿qué hicieron? Eran (o son en la actualidad) en la cárcel o prisión, o en libertad condicional o libertad condicional?]

What do you do during your free time away from work or school?
(¿Qué hace durante su tiempo libre fuera del trabajo o la escuela?)

FAMILY HISTORY *(Historia Familiar)*

Father: _____

(Padre)

Street Address: _____

(Domicilio)

City/State/Zip: _____

(Ciudad/Estado/Código)

Occupation: _____ **Employer:** _____

(Oficio)

(Empleador)

Mother: _____

(Madre)

Street Address: _____

(Domicilio)

City/State/Zip: _____

(Ciudad/Estado/Código)

Occupation: _____ **Employer:** _____

(Oficio)

(Empleador)

Are your parents divorced? _____ **Your age at time of divorce:** _____

(¿Estan divorciados sus padres?)

(Edad de usted cuando se divorciaron)

LIST BROTHERS & SISTERS *(Apunte todos los nombres de sus hermanos/hermanas)*

Name <i>(Nombre)</i>	Age <i>(Edad)</i>	Address/City <i>(Domicilio/Ciudad)</i>	Phone <i>(Teléfono)</i>	Employer <i>(Empleador)</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

USE BACK OF FORM IF NECESSARY *(utilizar el reverso del formulario si es necesario)*

When growing up, how did you get along with your parents?

(Cuando usted estaba creciendo como un niño, ¿cómo se lleva con sus padres?)

When growing up, how did you get along with your brothers and/or sisters?

(Cuando crecen, ¿cómo se lleva con sus hermanos y / o hermanas?)

Has anyone in your family been on probation or experienced legal problems?

(¿Alguien en su familia ha estado en libertad condicional o ha presentado problemas legales?)

If yes, please provide their names, offense(s) and if they have been or are still on probation or parole?

(En caso afirmativo, indique sus nombres, delito (s) y si han sido o están todavía en "probation" o libertad condicional.)

MARITAL STATUS *(Estado Civil)*

Single **Married** **Separated** **Divorced** **Widowed** **Co-Habitating**
(Soltero) (Casado) (Separado) (Divorciado) (Viuda/Viudo) (Cohabitando)

Current Spouse Name: _____ **Phone:** _____
(Esposo/Esposa actual) (Teléfono)

Address: _____
(Domicilio)

Employer: _____ **Work Phone:** _____
(Empleador) (Teléfono de trabajo)

How well do you get along with your significant other and/or roommate? How satisfied are you with your relationship?

¿Qué tipo de relación tiene con su pareja y / o compañero de cuarto? ¿Qué tan satisfecho está usted con su relación?

LIST ALL CHILDREN AND STEP CHILDREN *(Apunto todos sus hijos/hijas)*

Name <i>(Nombre)</i>	Age <i>(Edad)</i>	Lives With <i>(Con quien vive)</i>	Address <i>(Domicilio)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOUR EDUCATION *(Su educación)*

Schools Attended <i>(Esuelas que asistió)</i>	City/State <i>(Ciudad/Estado)</i>	Grade completed <i>(Año terminado)</i>	Date <i>(Fecha)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently enrolled in school/college? Yes ___ No ___ If yes, what school/college and what is your major?

(¿Está usted actualmente matriculado en la escuela / universidad? En caso afirmativo, ¿a qué escuela / universidad y lo que es su especialidad?)

Did you have any problems doing school work? Yes ___ No ___ Were you enrolled in any Special Education, Resource or Content Mastery classes?

(¿Sabía usted algún problema al hacer el trabajo escolar?) (¿Ha estado en programas especiales en la escuela?)

What type of trouble did you get into in school (if any)?

(¿Si usted se metió en problemas en la escuela, ¿qué tipo de problemas?)

If you did get into trouble in school, what was the outcome?

(Si se meten en problemas en la escuela, ¿cuál fue el resultado?)

Your primary language? _____ **Do you speak any foreign languages?** _____
(¿Idioma principal?) *(¿Qué idioma (s) se puede hablar?)*

Have you ever repeated a grade? _____ **Which grades/why?** _____
(¿Reprobaste años en la escuela?) *(¿Cuales grados y por qué?)*

What plans do you have concerning your education/future?

(¿Cuales son tus planes sobre tu educación y futuro?)

MILITARY SERVICE *(Servicio Militar)*

Have you ever served in the military? _____ **Date entered:** _____ **Date Discharged:** _____
(¿Ha servido en el servicio military?) *(fechas de enlisto y termino)*

Branch: N/A AIR FORCE ARMY COAST GUARD MARINES NAVY

Current Service Status: Active Duty Reserve/Nat. Guard Inactive Reserve Discharged

Type of discharge *(Tipo de desalojo)* :

Honorable General General Less than Honorable Dishonorable
 Dismissed (Officers Only) Honorable Retired Retired Service-Connected Disability

DD214 form (Dept. of Defense Military discharge) attached: Yes No

Military 201 Records form attached Yes No

Eligible for or receiving Veteran's Administration Benefits? Yes No

Do you hold a combat service ribbon? Yes No

Combat zone: N/A WWII (1941-1945) KOREA (1950-1953) VIETNAM (1960-1975)

GRENADA (1983) PANAMA (1989-1990) GULF WAR (1990-1991)

KOSOVO (1998-1999) AFGHANISTAN (2001-PRESENT) IRAQ (2003-PRESENT)

Service in support of combat mission ribbon? Yes No

Mental health diagnosis of post-traumatic stress disorder? Yes No

Other mental health conditions (service-connected): _____

Combat-related traumatic brain injury: _____

Other combat injury: _____

Other service-connected injury/disability: _____

EMPLOYMENT *(Empleo)*

Occupation: _____ **Current Employer:** _____
(Oficio) *(Empleador actual)*

Address: _____
(Domicilio de trabajo)

Phone: _____ **Salary:** _____ **Supervisor:** _____
(Teléfono) *(Sueldo)* *(Nombre de supervisor)*

Start Date: _____ **Work Hours:** _____ **Full/Part Time:** _____
(Fecha de cuando empezo) (Horario de trabajo) (Trabajo tiempo completo?)

Vacation or paid leave available: _____
(¿Recibe vacaciones pagadas?)

Is your employer aware of your offense? _____
(¿Esta enterado su empleador de esta ofensa?)

WORK HISTORY (Historia de Trabajo)

Employer (Empleado)	City/State (Ciudad/Estado)	Date (from-to) (Fecha)	Duties (Obligaciones)	Reason for Leaving (Razón de despedida)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is the longest period you have worked at the same job? _____
(¿Que es el período más largo que has durado en un trabajo?)

What are your job skills? _____
(¿Cuáles son sus habilidades de trabajo?)

In the past year, how many months have you worked? _____
(En el año pasado, ¿cuántos meses trabajo?)

If unemployed, length of time? _____
(Si no está trabajando, ¿el tiempo en busca de trabajo?)

Do you and/or your family have medical insurance? _____ **What provider?** _____
(¿Tiene usted/su familia seguro medical?) (Con que servidor?)

FINANCES (Fianzas)

What is your annual income from all sources? _____
(¿Cuál es su ingreso anual de todas las fuentes?)

Have you ever had problems supporting yourself? _____
(¿Ha tenido alguna vez problemas por sí mismo apoyo?)

Have you ever been in trouble because of money problems (bad checks, fraud, stealing, etc.)?
(¿Alguna vez ha tenido problemas a causa de problemas de dinero (cheques sin fondos, fraude, robo, etc.)?)

What are your total monthly expenses? _____
(¿Cuáles son sus gastos mensuales totales?)

Do you pay child support? _____ **How much?** _____ **Is it court ordered?** _____
(¿Paga usted manutención de los hijos (child support)?) (Cuánto?) (Esta ordenado de la corte?)

During times of unemployment, how do you support yourself? _____
(¿Cómo usted se mantenes cuando no trabajas?)

Do you receive any federal assistance (Housing, SSI, Food Stamps)? If yes, specify how much per month and which type: _____
(Recibe asistencia federal (estampillas de comida)? En caso afirmativo, especificar la cantidad por mes y el tipo)

SHORT PERSONAL HISTORY (Historia Personal)

Have you ever been abused (physically, sexually and/or verbally)? _____
(¿Alguna vez ha sido víctima de abuso (físico, sexual y / o verbal)?)

Has anyone in your family abused another family member? _____
(¿Alguien en su familia había maltratado a otro miembro de la familia?)

What do you consider your health to be? _____

(¿Cómo considerer su salud?)

Have you ever thought of hurting yourself? _____ If yes, what did you think about doing?
(¿Alguna vez ha pensado en hacerse daño?) (En caso afirmativo, ¿qué ha pensado alguna vez acerca de hacer?)

Did you actually hurt yourself? _____

(¿Usted realmente lograr hacerse daño?)

Have you ever attempted suicide? If yes specify the date of the last attempt and the method used.

(¿Alguna vez ha intentado suicidarse? En caso afirmativo especificar la fecha del último intento y el método utilizado.)

What kinds of things make you feel depressed? ¿Qué tipo de cosas te hacen sentir deprimido?

What do you do when you are depressed?

¿Qué hace usted cuando usted está deprimido?

Have you ever been or are you now under the direct supervision of:

(¿Has recibido supervisión de alguno de estos médicos?)

- **Psychiatrist(s)** _____
(Siquiatra)
- **Psychologist(s)** _____
(Sicólogo)
- **Social Worker (MSW or A.C.S.W.)** _____
(Asistencia social)
- **Other Professional Counseling** _____
(Otra ayuda profesional)

If yes, when: _____ **Name of Doctor/Counselor:** _____

(Sí, su respuesta es si ,cuando)

(Nombre/s del Consejero)

Address: _____ **Phone:** _____

(Domicilio)

(Teléfono)

Treatment for: _____

(¿Tratamiento de que?)

What mental health residential services have you received? _____

(¿Has recibido servicios mentales?)

Do you have any physical handicaps, disabilities, or illnesses? _____

(¿Tienes discapacidades?)

Explain: _____

(De una explicación)

Are you Currently under the care of a Medical Doctor? Yes _____ No _____

(Recibe atencion medical en este momento?)

(Sí)

(No)

If yes, for what? _____

(Sí, su respuesta es si de una explicacion)

Were you physically abused as a child? _____ no _____ yes

Were you physically abused as an adolescent? _____ no _____ yes

Have you been physically abused as an adult? _____ no _____ yes

If you answered yes to any of the above stated questions please name the person and their relationship to you:

How were you disciplined as a child? (circle all that apply)

Time Out Spanking Verbally Other: _____

Did you feel your parent(s) method of discipline was fair? _____ no _____ yes

How old were you when you left home (went to live on your own)? _____

Have you ever been disciplined at a previous job? _____ no _____ yes If yes how many times? _____

Have you ever been fired or asked to leave a job? _____ no _____ yes If yes how many times? _____

Have you experienced financial stressors? _____ no _____ yes

Have the police ever been called to your home as the result of a conflict with a spouse/partner?

_____ no _____ yes

Have you ever been physically abusive of your spouse/partner? _____ no _____ yes

Have you ever been arrested on Assault/Family Violence charges? _____ no _____ yes

Have you ever been physically abused by your spouse/partner? _____ no _____ yes

Were you ever arrested/detained by the police as a teenager? _____ no _____ yes

Has your attorney discussed the psychological evaluation? _____ no _____ yes

Does your hearing require a hearing aide? _____ no _____ yes

Are you color blind? _____ no _____ yes

Do you wear eye glasses or contacts? _____ no _____ yes

Have you ever had a head injury resulting in long term impairment? _____ no _____ yes

If yes please list when:

How would you describe your health (circle one)? poor fair good excellent

Have you ever had a seizure? _____ no _____ yes

Have you ever consulted with a neurologist? _____ no _____ yes

Current Problems (check all which apply)

_____ change in sense of smell or unexplained bad odors

_____ loss of sense of taste or change in sense of taste

_____ visions or visual hallucinations

_____ intolerance of light

_____ hearing loss

_____ hearing ringing or buzzing noises

_____ hearing voices

_____ dizziness

_____ loss of strength

_____ loss of coordination

_____ slowness of movements

_____ difficulty walking

_____ numbness or loss of sensation

_____ crawling sensations

_____ pain

- anxiety
- depression
- emotional overreaction
- change in sexual interest
- irritability
- extreme mood swings
- change in sense of humor
- decreased capacity for pleasure or joy
- frustration
- anger
- crying spells
- poor concentration
- problems with reading
- problems with memory
- racing thoughts
- obsessions
- phobias
- feelings of persecution
- guilty feelings
- suicidal thoughts
- fears of hurting others
- thoughts of revenge or punishing others

Have you ever received psychological testing? no yes

If yes, date: _____ Location: _____ By Whom: _____

Have you ever engaged in self-injurious behavior (such as cutting, scratching, etc.)?

no yes
Have you ever been hospitalized for psychiatric reasons? no yes
 If yes, how many times? _____ If yes, when? _____

What was your diagnosis? _____

Are you taking current medication(s) as prescribed? no yes

Have you ever been prescribed medication for depression, anxiety or any mental health issues?

no yes
Have you ever taken medication prescribed for another person? no yes

Is there a family history of any of the following problems? (please respond yes or no to each)

- no yes depression
- no yes mania
- no yes suicide or suicide attempts
- no yes anxiety or panic disorder
- no yes schizophrenia
- no yes substance abuse
- no yes hospitalization for mental illness
- no yes outpatient treatment for mental illness
- no yes untreated mental illness

If you answered yes to any of the above please provide family member and relationship to you:

PRESENT PRESCRIPTION DRUG HISTORY *(Apunte todos los medicamentos que tomas)*

Type <i>(Tipo)</i>	Date Started <i>(Fecha que empezo)</i>	How Often <i>(Que tan seguido)</i>	Prescribed By <i>(Nombre de medico)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALCOHOL USE *(Uso de Alcohol)*

At what age did you first drink alcohol? _____
(¿Que edad tenias cuando probaste alcohol?)

How often did you drink? _____ **How much?** _____
(¿Que tan seguido bebes alcohol?) *(¿Cuánto?)*

What kind? _____ **When was the last time?** _____
(¿Que tipo de alcohol bebes?) *(¿La ultima vez que bebeste?)*

Have you ever blacked out? _____ **Have you ever missed work due to alcohol?** _____
(¿Alguna vez te has desmayado?) *(¿Has faltado al trabajo por causa del alcohol?)*

HAVE YOU EVER USED ANY OF THE FOLLOWING DRUGS

(Alguna vez a usado alguna de estas drogas)

(INDICATE D-DAILY, W-WEEKLY, M-MONTHLY, O-OCCASIONALLY)

(Favor de indicar: D-DIA, S-SEMANAL, M-MENSUAL, O-OCASIONALMENTE)

DRUG <i>(Tipo de droga)</i>	AGE FIRST USED <i>(Edad cuando uso)</i>	HOW OFTEN <i>(Que tan seguido usa)</i>	DATE FROM-TO <i>(Fecha de cuando uso)</i>	LAST USED <i>(La ultima vez que uso)</i>
AMPH/ADDERALL				
COCAINE				
CRACK				
HEROIN				
MARIJUANA				
METH/ICE				
LSD				
PCP				
BARBITURATES				
ROHYPNOL				
HASHISH				
MORPHINE				
CODEINE				
ECSTASY				
GHB				
INHALANTS				
MUSHROOMS				
SPECIAL K				
XANAX				

Have you ever used drugs intravenously (with a needle)? If yes, which drugs and how often did you use?
 (¿Alguna vez ha usado drogas por vía intravenosa (con una aguja)? En caso afirmativo, qué fármacos y con qué frecuencia usó usted?)

Indicate the type and number of incidents of drug counseling or treatment received:
 (Indica el tipo de tratamientos o clases que has recibido)

_____ DWI Education	_____ AA/NA, etc.
_____ Individual Counseling	_____ Drug education classes
_____ Out-Patient Counseling	_____ Residential Treatment

Were you drinking and/or using drugs when you committed the offense? (circle one)
 ¿Estaba bebiendo y / o el uso de drogas cuando cometió el delito? (marque con un círculo)

ALCOHOL/Alcohol **DRUGS/Drogas** **BOTH/Ambos**

Did you commit the offense in order to obtain funds for the purchase of drugs or alcohol?
 (¿Cometiste la ofensa para obtener dinero para comprar drogas?)

_____ **Yes (Sí)** _____ **No (No)**

What problems have alcohol and/or drugs caused you (other than those taken legally)?
 ¿Qué problemas han alcohol y / o medicamentos que causaron (excepto los que hubiesen sido recogidos legalmente)?

REFERENCES (Referencias de personas que lo conocen,
 puede incluir amigos, compañeros de trabajo, otros parientes -- no incluya a sus padres)

Name: _____ **Phone:** _____
 (Nombre) (Teléfono)

Street Address: _____
 (Domicilio)

City/State/Zip: _____ **Relationship (family or friend)** _____
 (Ciudad/Estado/Código) (¿Relación con usted (familiar o amigo)?)

Name: _____ **Phone:** _____
 (Nombre) (Teléfono)

Street Address: _____
 (Domicilio)

City/State/Zip: _____ **Relationship (family or friend)** _____
 (Ciudad/Estado/Código) (¿Relación con usted (familiar o amigo)?)

Name: _____ **Phone:** _____
 (Nombre) (Teléfono)

Street Address: _____
 (Domicilio)

City/State/Zip: _____ **Relationship (family or friend)** _____
 (Ciudad/Estado/Código) (¿Relación con usted (familiar o amigo)?)

How do you think Mental Health Treatment Court can help you?

¿Cómo crees que la libertad condicional le puede ayudar?

I certify the statements made by me in this information packet are true, complete and correct to the best of my knowledge. I understand the information I have been provided will be verified and any discrepancies will be noted in the subsequent screening report.

Signature of candidate

Date

DENTON COUNTY MENTAL HEALTH TREATMENT COURT

POST SCREENING INSTRUCTION LETTER

To Mental Health Treatment Court Candidate:

- The application process should take approximately four (4) weeks.
- We will notify your Court of jurisdiction you have applied and are being considered, if necessary.
- Please continue to follow all the directions of your original Court of jurisdiction, bondsman and attorney.

YOU ARE NOT EXCUSED FROM ANY COURT APPEARANCES OR BOND DIRECTIONS/INSTRUCTIONS

While your application is being considered:

1. You will not use drugs, re-offend or get arrested.
2. You will continue to follow all of your current Court, bond and attorney directives as well as conditions.
3. You will contact the Screening Officer and provide any information concerning any changes to your application (telephone numbers, employment, residence, etc.).
4. Return our telephone calls promptly.
5. Notify the Screening Officer within 72 hours if you need to cancel or reschedule any appointments. Failure to do so will result in a delay in the application process or removal from consideration.
6. Inform the Screening Officer when you have scheduled your forensic psychological evaluation and confirm when the evaluation has been completed.

Thank You

Denton County Mental Health Treatment Court Team

Defendant/Date

Denton County Mental Health Treatment Court Program
INTEGRATED TREATMENT PLAN -- **SAMPLE ONLY******

THE COURT ORDERS that the Defendant (hereafter Participant) shall:

- (A) Obey all laws and commit no offense against the laws of this State, of any other State, or the United States;
- (B) Abide by the Terms and Conditions of the Participant Agreement and Performance Contract;
- (C) Avoid persons or places of disreputable or harmful character;
- (D) Consume no alcoholic beverages;
- (E) Do not use illegal narcotics, barbiturates, controlled substances or improperly use prescription medications;
- (F) Participant will not purchase, possess, own, or carry any type of weapon while participating in the program;
- (G) Participant will take medications as prescribed by his/her treating physicians and will provide the Supervision Officer with a list of all prescribed medications upon entry into Mental Health Treatment Court. Participant will notify the Supervision Officer immediately of any changes to their medication or adverse reacts to his/her medications;
- (H) Report in person to the Mental Health Treatment Court twice a month or as directed by the Court and truthfully answer all inquiries from the Mental Health Treatment Court team members.
- (I) Report as scheduled to the Denton County Community Supervision and Corrections Department and obey all rules and regulations of the Program.
- (I) Permit the Community Supervision Officer to visit you at your residence or elsewhere, and notify your Supervision Officer of any change of address or employment prior to such change;
- (J) Work faithfully at suitable employment as far as possible and/or attend school;
- (K) Maintain affordable and stable housing within Denton County;
- (L) Submit to testing for alcohol or illicit drug usage at the request of the Court/Supervision Officer and pay for the costs of these tests within 30 days of giving the specimen. Any refusal, alteration, or failure to provide a specimen for urinalysis, will be considered a positive test results;
- (M) Sign all authorizations for release of information requested by the Mental Health Treatment Court and/or treatment provider(s) and/or other resource providers. Participant understands that he/she cannot revoke their authorization for release of information.
- (O) Participant will continue with current treatment with private provider or engage with treatment at MHMR or as directed by the Court and/or Community Supervision Officer. Participant will follow all treatment recommendations, report to all appointments as scheduled, and will be financially responsible for any programs referred to unless otherwise specified by the court or supervision officer.
- (P) Pay to the Community Supervision and Corrections Department, P.O. Box 1309, Denton, Texas 76202, a **SUPERVISION FEE** in the amount of \$50.00 on or before the 20th day of January, 2016 and pay that amount on or before the 20th day of each month thereafter during the period of Community Supervision;

Additionally, the Court orders the following terms and conditions if checked:

- ____ (Q) _____
- ____ (R) _____
- ____ (S) _____

You are hereby advised that the Court shall determine the terms and conditions of your treatment plan and your participation in the Mental Health Court. The Court also has the authority at any time during this treatment program to revoke your participation in Mental Health Court for any violation of the conditions of your treatment plan set out above.

Participant understands that their participation in the Mental Health Treatment Court Program is VOLUNTARY. The participant, by signing this document and other related documents is indicating to the Court, the State of Texas, and his Defense Attorney the desire to volunteer for the Denton County Mental Health Treatment Court and abide by and follow the rules of the program and their treatment plan. The Participant understands that these terms and their treatment plan may be modified at any time by the Court or their Supervising Officer, and the Participant agrees to follow those changes.

DONE AND ENTERED this the 1st day of January, 2016.

JUDGE PRESIDING
DENTON COUNTY, TEXAS

I, John Doe, admit that I committed the offense of Criminal Trespass on April 1, 2015. I agree to waive my right to a speedy trial, and I agree that this admission may be used against me in court.

I acknowledge and agree to the above court-ordered treatment plan as a condition of my participation in the Denton County Mental Health Treatment Court Program. I agree to abide by the Integrated Treatment Plan during all phases of Mental Health Treatment Court program. I understand that I volunteered to participate in the Mental Health Treatment Court.

I acknowledge that successful completion of the Mental Health Treatment Court Program shall cause the State of Texas to dismiss the charges in this matter. I also acknowledge that failure to comply with the treatment plan may result in immediate termination from Mental Health Treatment Court, and may cause the State of Texas to withdraw from this agreement and proceed with prosecution.

PARTICIPANT

ATTORNEY FOR PARTICIPANT

MENTAL HEALTH TREATMENT COURT
COMMUNITY SUPERVISION OFFICER
DENTON COUNTY, TEXAS

ASSISTANT DISTRICT ATTORNEY
DENTON COUNTY, TEXAS