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**IN THE FIRST JUDICIAL DISTRICT COURT OF STATE OF NEVADA  
IN AND FOR CARSON CITY**

THE STATE OF NEVADA,  
Plaintiff,

vs.

\_\_\_\_\_

Defendant.

\_\_\_\_\_ /

Case No.: \_\_ CR \_\_\_\_\_

Dept. No.: \_\_

**PETITION FOR MENTAL HEALTH COURT**

The undersigned, \_\_\_\_\_, petitions the Court for admission to the Mental Health Court Program.

NAME OF DEFENDANT

In support of this Petition, the Petitioner has executed a document entitled Mental Health Court Agreement and Waivers, attached hereto and incorporated by reference, with lists the terms and conditions to which the Petitioner agrees if accepted by the Court for participation in the Program.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
NAME OF DEFENDANT, Petitioner

\_\_\_\_\_  
NAME OF ATTORNEY, Attorney for Petitioner

1  
2 **MENTAL HEALTH COURT**  
3 **FOR THE FIRST JUDICIAL DISTRICT COURT**  
4 **CARSON CITY**

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5 **MENTAL HEALTH COURT AGREEMENT AND WAIVERS**

6 **A. CRIMINAL CHARGES – PROCEEDINGS**

7  
8 1. After my initial arrest, if a formal complaint is filed against me in the  
9 Justice Court, which charge falls within the eligibility criteria for the *Mental Health Court*  
10 (hereafter MHC) program, I hereby agree to give up right to a trial on said charges and  
11 proceed upon the criminal complaint in Justice Court or upon the criminal information  
12 filed in District Court. I also agree to enter a guilty plea to the charge contained in the  
13 complaint or information on the condition that I am accepted into the mental health court  
14 program or as agreed in the plea negotiations.  
15

16 2. I further understand that the prosecution of the said charges(s) may be  
17 held in abeyance pending successful completion of my treatment program. (Except as  
18 in #4 below).  
19

20 3. I further understand that upon successful completion of the MHC  
21 program as ordered by the court, the court may dismiss the criminal charges pending  
22 against me and my record in this proceeding may be sealed.  
23

24 4. I further understand that if I am admitted to the MHC program on a  
25 probation violation, it is a condition of my probation, and the charges will not be  
26 dismissed nor will my record be sealed upon the completion of the program.

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1                   5. I further understand that if I fail to complete the MHC program for  
2 whatever reason, my case will proceed to sentencing on the charges(s) to which I plead  
3 guilty.  
4

5                   6. I understand that I will be assigned an attorney for the MHC  
6 proceedings that may not be the same attorney that was retained by me or appointed to  
7 me in the Justice Court or District Court. I agree to waive any conflict of interest and  
8 agree to allow the assigned MHC attorney to represent my best interests in the MHC  
9 proceedings. I understand that the MHC defense attorney is not my attorney for  
10 purposes out of MHC.  
11

12                   7. I understand and agree that successful completion of the MHC  
13 program will require a minimum of twelve (12) months participation and I understand  
14 that my participation and probation can be extended to two (2) years on a  
15 misdemeanor, three (3) years on a gross misdemeanor, or five (5) years on a felony.  
16

17 **B. WAIVER OF CONFIDENTIALITY**

18                   1. I will sign a consent form waiving confidentiality of any medical  
19 treatment or social service records. If I withdraw consent, I understand that I will be  
20 terminated from the MHC program.  
21

22                   2. I understand that after acceptance into the MHC program, statements  
23 made by me to any MHC team member regarding substance use, will not be used  
24 against me in any action or proceeding separate from MHC, while participating in the  
25 mental health court program. I am aware that this information as well as all treatment  
26 progress and participation will be shared with the entire team.  
27  
28

1                   3. I further understand that such statements are not confidential, and may  
2 be used against me if I attempt to commit perjury at a later date.

3 C. RULES OF PARTICIPATION

4                   1. I will participate in mental health counseling and alcohol and/or drug  
5 treatment as directed by the Court, including 12-step meetings, as set forth in my  
6 treatment plan and I agree to be supervised by the Department of Alternative  
7 Sentencing, the Division of Parole and Probation, and/or any other person designated  
8 by the mental health court. I will provide to my treatment counsel, the court and my  
9 supervising officer proof of attendance of any 12-step program that I am directed to  
10 attend. I will obey all rules of the treatment program, MHC rules and pay all treatment  
11 program fees. I will take substance use screening tests when requested. If I refuse or  
12 am unable to provide a sample, I understand that this may be treated as a positive test.  
13 I further understand that a "dilute" test will also be considered a positive test. I  
14 understand that the court may rely on an EtG test for alcohol metabolites in my urine. I  
15 have read the disclosure statement about this test and understand my responsibilities.

16                   2. I will obey all municipal, county, state, and federal laws and be of good  
17 conduct. I will report any arrest or citation to the MHC judge at my next court date.

18                   3. I will attend and fully participate in all treatment meetings, court  
19 hearings and court scheduled appointments, and I will be on time.

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1           4. I will fully participate in treatment and in all other programs to which I  
2 am referred by the court or my treatment providers to help maintain my mental health  
3 and sobriety and obtain a law-abiding lifestyle. I understand that this includes taking  
4 any mental health medication as prescribed by my treating psychiatrist. I will not  
5 change the dosage or stop taking the medication without consent of my treating  
6 psychiatrist.  
7

8           5. I will maintain employment and/or will attend an educational program or  
9 other program as ordered by the Court, potentially including community volunteering to  
10 prepare for employment.  
11

12           6. I will keep the Court and treatment provider informed of my current  
13 address, telephone number(s), including any beeper number, and employment and  
14 report any change within two (2) calendar days, excluding weekends and holidays.  
15

16           7. I will obtain permission from the MHC before any overnight travel.

17           8. I agree that I will not use, possess or associate with persons who use  
18 or possess any controlled substance or illegal drug (including but not limited to  
19 Marijuana, heroin, cocaine, Methamphetamine, PCP, or LSD. I will not use or possess  
20 alcohol. I will not use or possess any other drug without the permission of the drug  
21 court Judge. I will not eat foods containing poppy seeds or take over-the-counter  
22 medications prohibited by the court that may result in a false positive urine test.  
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1                   9. I will submit to random chemical testing to detect the presence of any  
2 prohibited substance, including drugs and alcohol. I will be honest with my treatment  
3 provider and the MHC regarding any use of alcohol, controlled substance, and/or  
4 prescribed or over-the-counter medications. I understand that testing is random and  
5 based on a color/call schedule. I understand that a "dilute" test will be considered a  
6 positive test, and sanctioned as such. I understand that the court may rely on an 80  
7 hour EtG (alcohol) test.  
8

9                   10. I understand that the results of any such test shall not be utilized by  
10 the District Attorney for any prosecution of criminal charges against me. I further  
11 understand and agree, however, that the court in determining whether I should remain  
12 in the MHC program may consider such information.  
13

14                   11. I agree that the court may generally rely on a presumptive chemical  
15 test result. I may request a further confirmation test, but if I test positive, I will not only  
16 bear the cost of the test but diversion may be terminated based on my failure to be  
17 candid with the court about my drug use.  
18

19                   12. I understand that my person, residence and vehicle are subject to  
20 search and seizure by any peace officer to determine the presence of alcohol or  
21 controlled substances.  
22

23                   13. I understand that this list of MHC rules is not exhaustive, and the  
24 court may add requirements at any time.  
25

26 **D. VIOLATIONS AND SANCTIONS**

27                   1. I understand that a violation of any MHC rule will result in sanctions,  
28 which may include termination from the MHC program.

1                   2. I understand that failure to fully participate, failure to appear, positive  
2 urine tests and other program failures will result in sanctions being imposed against me  
3 which may include being remanded to custody pending a MHC program termination  
4 hearing or summary termination from the MHC program.  
5

6                   3. I understand that any attempt to falsify a urine test is grounds for  
7 immediate termination from the MHC program and reinstatement of the criminal charges  
8 against me. I understand that a missed test or inability to or refusal to provide a urine  
9 test will be considered a test that is positive for drugs and I will be subject to the same  
10 sanctions as a test that actually tested positive for drugs.  
11

12                   4. I understand that a failure to appear for a court date or any other  
13 breach of this agreement will result in an immediate bench warrant.  
14

15                   5. I understand and agree that the court has the discretion to terminate  
16 me from the MHC program if I am arrested and formally charged with a new crime while  
17 I am participating in the MHC program, or if I fail to participate to the court's satisfaction.  
18

19                   6. I understand that any threat, violence or misconduct at or against any  
20 MHC member, including treatment providers, will result in termination from the program.  
21

22                   E. PAYMENT FOR THE MHC PROGRAM

23                   1. I understand and agree that I am responsible for the payment of my  
24 treatment in the MHC program. I also understand that I will be required to pay to the  
25 court five (\$5) dollars per week or I may complete one (1) hours of community service  
26 per week for participation in the MHC program.  
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28                   2. I understand that if I am ordered to attend an in-patient program, I am  
responsible to pay the costs of such program.

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3. I understand that if I have completed the counseling requirements of the program, but have not completed payment on any amounts owed to the court, the county, or the treatment providers, I will return to the court on a schedule determined by the court to ensure that I am paying the balance owed.

4. I understand an agree that if, after I have complete the counseling requirements, I still owe money to the court, the county, or the treatment providers, the criminal charges against me will not be dismissed until I have paid any and all amounts owed.

5. I understand that if I am terminated from the MHC program for a violation of any rule, I will still be required to pay any amounts owed to the court, the county, or the treatment providers.

I have read and understood all of the above agreement and I agree to abide by the terms and conditions stated therein. I have had the opportunity to discuss this agreement with legal counsel.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
NAME OF DEFENDANT, Defendant

\_\_\_\_\_  
NAME OF ATTORNEY, Attorney for Defendant