

## San Luis Obispo County Superior Court – Department 10 Mental Health Diversion Agreement / Conditions of Treatment

Defendant: \_\_\_\_\_ DOB: \_\_\_\_\_

Case Number(s): \_\_\_\_\_ Charge(s): \_\_\_\_\_

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Current Mental Health Treatment Provider: \_\_\_\_\_ Case Manager: \_\_\_\_\_

**DEFENDANT SHALL (please initial the conditions imposed by the Court):**

_____	Comply with mental health treatment and chemical dependency treatment as approved by the Treatment Provider and attend all required individual and group appointments.
_____	Take all medications as prescribed.
_____	Obtain a chemical dependency assessment with the Treatment Provider within 7 days (if not already completed) and follow all treatment recommendations.
_____	Agree to be supervised by the Court.
_____	Agree to sign all releases of information as requested by the Treatment Provider to allow for the Court to monitor compliance with these Conditions of Treatment and other conditions as ordered by the Court.
_____	Comply with all rules and regulations of your residence. Do not change your residence or phone number without advance approval from the Treatment Provider. Current Phone: _____ Current Address: _____
_____	Do not use or possess alcohol, illegal drugs, any non-prescribed controlled drugs, marijuana/medical marijuana, synthetic drugs such as spice, or drug paraphernalia. Agree to submit to search by the Treatment Provider or a law enforcement officer of your person and property for the foregoing items. Agree to submit to random drug and alcohol testing when directed to do so by the Treatment Provider.
_____	Do not harm or threaten to harm yourself, others, or another's property.
_____	Do not possess, own, or have under your control, any firearm or illegal weapon.
_____	Do not commit any new criminal law violations.
_____	Attend all appointments as required by the treatment plan, to include appointments with medical doctors, psychiatrists, psychologists, therapists, counselors and other treatment providers. The number of meetings may be increased or decreased based upon need and compliance with your treatment plan.
_____	Attend regular review hearings with the Court as scheduled.
_____	Obtain permission from the Treatment Provider or the Court before traveling outside your county of residence for more than 24 hours.
_____	Pay any restitution that may be pending. A restitution status determination may be scheduled.
_____	Agree that the Provider shall notify the San Luis Obispo County Superior Court, the District Attorney's office, and Defense Counsel's office in writing within 2 business days if you are no longer participating in treatment or refuse services recommended by the Provider.
_____	Other:

Signature of Defendant: \_\_\_\_\_ Date: \_\_\_\_\_

Judge: \_\_\_\_\_ Date: \_\_\_\_\_