

IN THE CIRCUIT COURT OF THE 21ST JUDICIAL CIRCUIT
KANKAKEE COUNTY, ILLINOIS

PEOPLE OF THE STATE OF ILLINOIS,)
 PLAINTIFF,)
VS.)
) Case No. _____
))

DEFENDANT)

CONSENT TO PARTICIPATE
IN KANKAKEE COUNTY MENTAL HEALTH COURT PROGRAM

1. I understand I have no legal right to participate in the Kankakee County Mental Health Court (KCMHC) Program. I reviewed this *Consent to Participate* with my Attorney and I hereby knowingly and voluntarily execute this *Consent to Participate* which allows me to participate in the MHC program.
2. I agree to participate in and cooperate with any and all treatment recommendations including, but not exclusively, any mental health or substance abuse assessments and/or treatment recommended by the MHC Team which includes the Judge, State’s Attorney, Public Defender/Private Defense Counsel, MHC Probation Officer, MHC Coordinator, Treatment Providers, Community Partners, and any other personnel designated by the MHC Team.
3. I understand it is essential for all MHC Team members, including the Judge, communicate as a team and share information regarding my participation in MHC including compliance with treatment. I agree to the MHC Team sharing such information. Upon acceptance into MHC, I consent to the MHC Public Defender representing me at MHC staffings and MHC status review hearings unless I retain private defense counsel. I understand retained private defense counsel shall be required to represent me at all MHC staffings and MHC status review hearings. I understand if my private defense counsel cannot attend staffings and/or court, my private counsel shall arrange for other counsel to appear in their stead on my behalf.
4. I agree to adhere to all components of my treatment, including attending all counseling sessions, treatment programs, taking my medication as prescribed, engaging in structured daily activities as recommended by MHC Team, and cooperation with home visits by MHC Team members.
5. I agree to remain drug and alcohol free (except for approved prescribed medications). I agree to submit to random drug and alcohol testing at the discretion of the MHC Team or any Treatment Provider. I agree to the disclosure of the results of such testing to the MHC Team. I understand I may be sanctioned for providing diluted, adulterated, or substituted test specimens.

6. I agree to appear in court as required. I understand my court hearings are open to the public and an observer could connect my identity with the fact I am in treatment. I hereby consent to this type of disclosure to a 3rd person.
7. I Agree to reside in Kankakee County and to keep the MHC Team advised of my current address, phone number, employment status, and any new arrests at all times during the MHC program.
8. I agree to sign any and all releases of information consenting to the disclosure of information to the MHC Team. I understand if I refuse to comply with signing a release when requested, this refusal may be grounds for my termination from MHC.
9. I agree to be truthful, cooperative, and respectful with the MHC Team.
10. I understand based upon any report (written or oral) of my violation for this *Consent to Participate*, the MHC Judge may: authorize a warrant for my arrest, impose any sanction, including jail time if ordered by the Judge, adjust my treatment plan, or modify or revoke any conditions of probation or bond. My violation(s) may result in proceedings seeking my termination from MHC. These proceedings are either resolved in MHC or referred back to traditional criminal court.
11. I understand my alcohol, drug treatment, and mental health records are protected by 42 CFR Part 2, HIPPA, and Illinois Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110 *et seq.*, 45 CFR Parts 160 & 164. I understand I may revoke this *Consent to Participate* at any time except to the extent action was taken in reliance on it. The *Consent to Participate* expires upon the termination of probation I am serving in this case or the termination of all proceedings with regard to this cause of action.
12. I understand I may voluntarily withdraw from the MHC Program in accordance with the KCMHC Policies. I understand there are consequences, actual or potential, which result from my withdrawal.
13. I understand, at the discretion of the MHC Judge, for research and/or education, other persons may be permitted to attend MHC Team meeting where communications regarding my case will occur.
14. I understand language help is available and if I need assistance, it is my responsibility to inform the court I need help.

I UNDERSTAND THE MHC PROGRAM IS AN OPPORTUNITY FOR ME TO AVOID CONVICTION, JAIL, AND/OR PRISON AND TO HELP ME OBTAIN TREATMENT AND MOVE FORWARD WITH MY LIFE. I ALSO UNDERSTAND ALL MEMBERS OF THE MHC TEAM WANT TO SEE ME SUCCEED AND ARE HERE TO HELP ME.

Print Name

Signature

Date

Interpreter Signature if applicable

Signature of Guardian if applicable

I REVIEWED THIS CONSENT WITH DEFENDANT. DEFENDANT UNDERSTANDS IT AND VOLUNTARILY AGREED TO PARTICIPATE IN MHC. I UNDERSTAND THE MHC TEAM DISCUSSES DEFENDANT'S COMPLIANCE AND COOPERATION WITH THEIR CASE MANAGEMENT AND TREATMENT PLANS AT MHC STAFFINGS AND AT MHC STATUS HEARINGS. I ACKNOWLEDGE IF I REMAIN COUNSEL OF RECORD FOR DEFENDANT, I SHALL APPEAR AT MHC TEAM STAFFINGS WHEN DEFENDANT IS SCHEDULED FOR STAFFING BY THE MHC TEAM AND FOR ALL OF DEFENDANT'S SCHEDULED MHC APPEARANCES. I UNDERSTAND IF I CANNOT ATTEND A STAFFING OR COURT DATE, I SHALL ARRANGE FOR OTHER COUNSEL TO APPEAR IN MY STEAD TO REPRESENT DEFENDANT AT ALL STAFFINGS AND MHC COURT APPEARANCES.

Print Defense Counsel Name

Signature Defense Counsel

Date: _____

This *Consent to Participate* is accepted by: _____
Mental Health Court Judge

ENTERED: _____